

A History of the American Board of Periodontology by Decade

1930 to 1939

Although the decade of the 30's is remembered primarily for the Great Depression, when family incomes dropped by 40 percent and dreams for the future seemed to vanish, it was also a time when structures were put in place for a more solid future, including the Social Security Act of 1935. The 1930s was also a decade of achievement: Amelia Earhart became the first woman to fly solo across the Atlantic, Jesse Owens won four gold medals at the 1936 Olympics in Berlin, and many of America's most memorable buildings were erected, including Rockefeller Center and "Falling Water," Frank Lloyd Wright's masterpiece. In the background, the music of Duke Ellington reminded Americans, "It Don't Mean a Thing (If It Ain't Got That Swing)."

During the 1930s, while the government created a wave of programs to address the impact of the Depression, periodontology also assumed a more structured form. In the early years of the 20th century, there was only one recognized dental specialty, Orthodontia, although the specialty of periodontology can be said to have had its genesis in the organization of the American Academy of Periodontology in 1914. Later, in 1922, the American Dental Association (known as the National Dental Association at the time) moved to establish a Periodontia section and members of the National Dental Association approached the American Academy of Periodontology with the request that the Academy merge into a section of the larger organization. The Academy declined and a Section of Periodontia was established within the American Dental Association.

In the years that followed, there was growing awareness that some mechanism had to be developed to ascertain the qualifications of practitioners claiming to specialize in periodontology, and other branches of dentistry as well.

In 1931, the National Association of Dental Examiners initiated a study of dental specialization and specialist certification and beginning in 1935 the American College of Dentists also had a committee studying the subject. An article appearing in a 1970 issue of the Journal of Periodontology noted that during this period "Six branches of dentistry needed specialty certifying boards at that time, namely, Periodontology, Oral Surgery, Pedodontics, Prosthodontics, Public Health Dentistry, and Orthodontics..." By 1937 the State of Illinois passed a law defining five dental specialties: Exodontia, Orthodontia, Prosthodontia, Periodontia, and Pedodontia and established criteria for examining and licensing dental specialists. Tennessee, Oklahoma and Arizona all had laws applying to specialists in orthodontia.

Despite actions by the states, questions still arose, however, as to whether the public was being adequately protected. Dr. W.F. Bell, chairman of the Committee on Dental Specialists of the National Association of Dental Examiners and a member of the AAP, raised the issue in San Francisco in 1937. As a result the Committee on Dental Specialists of the National Association of Dental Examiners, under the chairmanship of Dr. Bell, sent a questionnaire regarding the specialist's role to the deans of the nation's dental colleges, state boards of dental examiners, and approximately 30 general practitioners and specialists. Two major issues emerged from the resulting responses: (1) the present system of specialization was inadequate to protect the public and (2) better training and certification were necessary.

Dr. Bell turned to the AAP to help “work out the problem of the specialist in periodontia.” and Dr. Edward B. Spalding, in his 1937 presidential address to The Academy, urged that a special committee of five members be appointed to work on the issue of specialization and certification as it applied to periodontia. Concluded Spalding, “...the certification of specialists is an important problem which the Academy should aid in solving as it pertains to periodontia....”

The Academy of Periodontology responded by sending a request to “...all national organizations dealing with dental education or certification to send delegates to a meeting to be held in St. Louis on October 24th (1938) to organize an Advisory Board for Dental Specialties.”

At the St. Louis meeting, which was actually held October 23rd, Dr. Harold J. Leonard of the Specialization Committee of the Academy was elected permanent chairman. Dr. John Oppie McCall was the other delegate from the Academy. Delegates to the St. Louis meeting approved the idea of an advisory board for dental specialties and appointed a committee to draft a constitution and by-laws.

In July 1939, an organizing meeting for the advisory board was held at the Schroeder Hotel in Milwaukee and the formation of the Advisory Board for Dental Specialties was approved and a constitution and by-laws—based on those of the Board for Medical Specialties, was also approved.

At the same time, in the Wisconsin Hotel on July 14, Dr. Spalding’s recommendation two years earlier regarding certification of periodontists bore fruit and the American Academy of Periodontology formally organized the American Board of Periodontology. The Board’s purpose was threefold: (1) to set up qualification standards for those wishing to be “recognized as competent periodontists,” (2) perform examinations of those who qualify and wish to be certified and (3) publish a roster of certified periodontists. In addition, the Board hoped to stimulate the teaching of periodontology.

The first members of the Board were: Drs. Dickson G. Bell of San Francisco; M. Monte Bettman of Portland, Oregon; A.W. Bryan of Iowa City, Iowa; Austin F. James of Chicago, Illinois; Olin Kirkland of Montgomery, Alabama; Harold J. Leonard of New York, New York; and Arthur H. Merritt of New York, New York.

One year later, in 1940, the American Board of Periodontology was incorporated in the State of Illinois.

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1. The Journal of Periodontology. “Early Years of the American Board of Periodontology and the Advisory Board for Dental Specialties,” by Harold J. Leonard, DDS. Vol. 41, 1970, p.179.

2. The Journal of Periodontology. "Certification of Periodontists." A presidential address by Edward B. Spalding, read before the AAP, July 8, 1937, Atlantic City, NJ. Vol. 9, 1938, p. 53.
3. Ibid. P. 53.
4. The Journal of Periodontology. "A Board of Periodontology." Vol. 9, 1938, p. 50.
5. The Journal of Periodontology. "The American Board of Periodontology." Vol. 10, 1939, p. 90.

1940 to 1949

With the outbreak of World War II, U.S. isolationism ended and the country was swept out of the Depression and into battle. Unemployment practically disappeared, Victory gardens sprouted, and automobile production virtually ceased. When the war ended in 1945, the country was ready to turn its attention home. Levittown sprang up, Tupperware was invented, and television sets multiplied, bringing viewers the Original Amateur Hour, Texaco Star Theater and the Howdy Doody Show.

As the new decade opened, the first order of business for the ABP was to incorporate. Lawrence C. Mills, an attorney in Illinois, was retained to proceed with incorporation, which was completed in May 23, 1940. Before that could happen, some changes in the primary function of the Board had to be made so that it would be in compliance with Illinois law. To be in compliance, the articles of incorporation were rewritten so that the primary function of the Board shifted from the issuance of certificates to raising the standard of practice. "The examination of candidates who are qualified and the issuance of certificates are incidental to the purpose." 1

Before any candidates could be examined, however, the Board members had to examine and certify each other. This was done at the third meeting on February 11, 1940, and certificates were issued. Dr. Arthur H. Merritt became the first Diplomate and Dr. Dickson G. Bell was awarded the second Diplomate Certificate 2. Officers of the first Board were Drs. Arthur H. Merritt, of New York City, Chairman; Olin Kirkland, of Montgomery, Alabama, Vice-Chairman; and Harold J. Leonard, of New York City, Secretary/Treasurer.

At this same meeting, after protests from Dr. R.W. Rule, Sr. of the Specialization Committee and Dr. Bell of the Board, that the original requirement of ten cases was "excessive," this was "modified."

According to Board minutes from that meeting, the examination process would consist of: "Three case reports of varied character, including a full set of Roentgenograms, study casts and photographs before and after treatment." In September 4, 1940, meeting the Board determined that requirements for examination include five years of practice focused primarily on periodontology and "that the examinations be of such a character as practically to require at least a year of postgraduate education in preparation thereto." 3

At the time, there were nine charter members. In addition to Drs. Merritt, Kirkland, and Leonard, they were Dickson G. Bell of San Francisco, California; M. Monte Bettman of Portland, Oregon; A. Wesley Bryan of Iowa City, Iowa; Edgar D. Coolidge of Evanston, Illinois; Austin F. James of Chicago; and Bernard D. Friedman, also of Chicago.

The Board recognized that the initial certification process would differ from later processes, once graduate courses leading to a degree in periodontology were well established. The constitution provided that candidates seeking certification prior to 1944, who were recognized by their peers as proficient in periodontology (and as a result had patients referred to them for such procedures) or who had been teaching for a lengthy period or time, or published in recognized journals, would be considered as having satisfied periodontal educational requirements.

In addition, candidates were also required to provide proof of graduation from a recognized dental school, membership in the ADA or equivalent foreign dental organization, and of “his high ethical and professional standing in the community and his professional experience.”⁴ Candidates were also required to submit papers or books they had published and of at least ten “varied” cases that they had treated. A fee of \$50 was charged for examination and certification if the candidate successfully passed. Candidates who failed had the option of retaking the exam within three years at no additional fee.

Early growth was rapid. On February 16, 1941, the applications of thirty-six “well recognized” periodontists were examined and certified. In October of the same year, five more were certified. Four were held for further study and two were rejected. At the time, procedures were deemed insufficient to examine and certify applicants who were not well known as competent. “The development of standards was in the hands of the Advisory Board for Dental Specialties and the Board had to mark time in some respects until the thinking for all specialties was better developed.”⁵ While wartime restrictions on travel made Board meetings difficult, the ABP was able to meet in the summers of 1942 and 1943, then again in February 1945 to examine and certify many “well known” periodontists.

On October 16, 1946, the Board decided for periodontists with less than ten years in practice to present as qualified candidates they must have one academic year postgraduate education and four years of dental practice. Two years later, the Board decided that an approved three-year postgraduate or graduate courses could be substituted for one-year postgraduate work and four years of practice.

Preparation for certification continued to be debated and in 1947 discussions focused on what content matter was comprised in periodontology—which would be presented as postgraduate course material and also serve as the basis of Board examinations.

“I would suggest...additional emphasis...on pathology, diagnosis, interpretation of roentgenograms, and nutritional and endocrine relationships to oral disease....” suggested Dr. A.W. Bryan of Iowa City.

Others spoke to the issue of logistics: “By setting up...requirements that can be met only by the practitioner closing his office and returning to school for two years, we shall make it impossible for a large number of capable and experienced men to qualify as specialists,” said Dr. Houghton Holiday of New York City.

At the time, a 15-case report requirement was also debated. “A fifteen case report requirement is not unreasonable,” said Dr. R. Gordon Agnew of Toronto, Canada. But others disagreed: “An unfair hardship,” declared Dr. Samuel Charles Miller of New York City. “I am not in favor of requiring fifteen case reports at present,” said Dr. John Oppie McCall, also of New York City. “My idea is that few candidates will have the opportunity to bring together fifteen cases representing any considerable variety of basic conditions....”

As for the role of the ABP, Dr. Irving Glickman of Boston, Massachusetts, said, “The real goal of the American Board of Periodontology should not (be)...setting up requirements for

certification, but rather in the...guidance of educational agencies in such directions as will achieve maximum qualitative improvements in postgraduate training.”

The 1940s closed on a high note for the Board when, in 1949, the House of Delegates of the ADA recognized the American Board of Periodontology as the official specialty board for the certification of periodontists. Only one other board was recognized earlier, the board for oral surgery.

1950 to 1959

In 1953, with the election of its 34th president, Dwight David Eisenhower, the country entered a period of remarkable calm. Families moved to the suburbs, women transformed themselves from the well-muscled Rosie the Riveter of WWII to a more demur “kinder und kuchen” image, and the tranquilizer Miltown was introduced in 1955 for those who couldn’t make the transition to either the suburbs or the kitchen. For all sorts of reasons, the country entered a period of mellowness.

But not the ABP, which continued its evolution with a wide range of changes throughout the decade. Many focused on the examination process itself: According to a report written by Dr. Maynard Hine, in 1952 the Board determined that the order of examinations would be case reports, accompanied by color photographs, due February 1; written examination to be taken the same month; and oral examination.

In its February 1953 meeting, the Board decided on implementing a practical examination for those candidates whose case reports were accepted and who had passed the written portion. As Dr. Harold J. Leonard, secretary of the board at the time, explained in the *Journal of Periodontology*, “It has ...become apparent to the Board that the eight case reports plus the written examination and the oral interview and examination before the Board are not enough to screen out those who are mentally agile but manually and technically unfit. The ‘heavy handed that butcher their patients,’ or those so slow as to require twenty or more hours to do the work of three, may not be detected by these tests.”

The first clinical examination was held June 25-26 that year at Indiana University School of Dentistry, where Dr. Hine was dean. An all-day written examination was also instituted that year. The Board hoped that the practical exam would test the candidate’s technical proficiency and treatment of patients. It was decided to conduct the oral interview and examination at the same time, thereby eliminated the need for candidates to have yet another meeting with the Board.

Certifying exams were held at Indiana University and patients for the practical component came from the clinic of the University’s dental school. This was actually a two-day process: on the first day the candidate would thoroughly clean the patient’s teeth and on day two the actual surgery would be performed. While some on the Board expressed mixed feelings about the practical exam because of the circumstances under which it was performed, these concerns were overridden by the greater concern that candidates demonstrate their hands-on skills.

Logistically, taking the exam was no easy task for candidates. During the 50s and into the 60s there were few practicing periodontists and most were flooded with patients. Taking time away from their practice to prepare and then actually go through the examination process was extremely difficult for most periodontists.

In matters of periodontal education, a two-year postgraduate educational requirement was adopted at the insistence of the Council of Dental Education of ADA, which wanted to make dental education more similar to that of medical specialties. The ABP was not so enthusiastic

about the move, feeling that educational facilities were insufficiently developed to accommodate candidates. At the time six dental schools offered a two-year postgraduate or graduate course in periodontology and several others were known to be giving one-year courses that would soon develop into two-year programs.

“There were few post graduate programs in the 1950s,” says Dr. Robert Reeves. “Most periodontists learned the process through preceptorships.”

Nonetheless, in the fall of 1951 it was decided that persons who submitted applications for the boards after December 31, 1952, must have at least two academic years postgraduate periodontal education and three years of practice devoted primarily to periodontics.

In September 1953 the number of required case reports was also changed, lowered from eight to five (there seems to be no written record of when the number of case reports was increased from three to eight). It was also decided that the examination process would include case reports, written examination, clinical examination, and oral examination.

The demands on the Board were heavy. Noted Dr. H.J. Leonard in an article in the *Journal of Periodontology*: “The receipt of approximately one hundred and twenty applications between October 1 and January 1, meant the sending out of over a thousand letters to references, etc. in that time. The labor of evaluating educational qualifications for the number is also extremely heavy. Twenty-eight sets of case reports (eight each) have come in by Feb. 1. Each case report required two hours of study, on average, a total of four hundred forty-eight hours.”

Travel expenses continued to be a concern and placed pressure on the Board’s treasury. In the fall of 1952 the board increased fees for examinations to \$200 and for re-examination of any step, \$25.

The *Journal of Periodontology*. “The American Board of Periodontology,” by Harold J. Leonard. Vol. 24, 1953, p. 123.

The *Journal of Periodontology*. “The American Board of Periodontology,” H.J. Leonard. Vol. 24 1953, p. 124.

1960 to 1969

The 1960's began with a transition for the country, as the Eisenhower years gave way to the energy of the Kennedy administration ushered in by the 1961 election. Sadly, excitement gave way to tragedy in a decade of assassinations, an increasingly controversial war, and dissention that rocked the country.

The work of the Board appeared to be relatively untouched by external events: Candidates continued to go to Indianapolis for Board examinations. Through the early 60s, candidates were required to submit five cases in advance and, if these were accepted, candidates then went to Indianapolis for the written, oral and clinical segments. The oral exam was held in two sessions, one based on the cases candidates had submitted earlier and the other focusing on clinical pathology.

The clinical exam was performed on real patients drawn from the dental school at Indiana University. Examiners reviewed patient records to find appropriate patients and two patients were assigned to each candidate. The clinicals took place over two days: on day one, the candidate would give their patients a “good cleaning” and on day two the candidate performed surgery. “There were mixed feelings about this,” reports Dr. Robert Reeves, who was an examiner at the time. “We wanted candidates to demonstrate their physical skills but the environment may not have been conducive to bringing out their best.” Dr. D. Walter Cohen says, “I thought the clinical in a strange environment was traumatic.” ABP minutes of the 1963 exam noted: “The clinical examination was conducted without interruption for the first time...This was

a definite improvement.” Without knowing what the report is referencing, it would be easy to draw some rather dramatic conclusions about the nature of the interruptions. The report concludes that the absence of interruption “...allowed the candidates a better chance to demonstrate their abilities.”

Periodontists in the Military

Despite their small numbers, periodontists did have a presence in the military during the 1960s. Major General Joseph L. Bernier, who was president of the American Academy of Periodontology in 1959, served as the chief of the US Army Dental Corps from 1960 to 1967. Dr. Arthur J. Sachsel, who completed an Air Force-sponsored residency in the early 60s, rose to the rank of Assistant Surgeon General for Dental Services, US Air Force Headquarters, Washington DC. Major General Sachsel retired from that position in 1987.

Examiners in 1963 were Drs. Frank Beube, Donald A. Kerr, Neilson, Henry M. Swenson, and B.O.A. Thomas.

In 1964, 24 candidates were examined, with 18 passing and in 1965, 22 were examined and 14 passed. Fifty candidates were approved as of November 1965 to take the 1966 exam, but “on the

basis of past experience, however, it is unlikely that more than 24 will present themselves,” observed the Board’s Secretary-Treasurer, Dr. B.O.A. Thomas, in a report to the AAP. Dr. Thomas was close: 18 candidates were examined in 1966. Of those, 14 passed.

In 1967 only 13 candidates were examined and in 1968 there were 11 (of which, 10 passed). The continued decline in numbers of interested candidates raised deep concerns and the Board responded with significant changes. On June 4, 1968, Dr. Swenson wrote to the Executive Council of the AAP:

“There have been many changes made by the Directors of the American Board of Periodontology in the conduct of the examinations. In order to encourage more men to take the examination it was felt that the examination should be given in sections. The examinations will now be divided into three parts, namely, the written, case reports and the oral-clinical. The written examination may be taken upon completion of a satisfactory two-year post doctoral training program. Upon passing the written examination the individual is eligible to present case reports. There will still be a three-year minimum upon the completion of post-graduate training before case reports may be presented. After the case reports have been passed the individual then may take the oral-clinical examination.”

The first written examination was scheduled for October 22, 1968, at the Diplomat Hotel in Hollywood, Florida, and 58 candidates were examined. The next written exam was scheduled for October 7 in Philadelphia, the day before the AAP Annual Meeting and as of May of that year, 82 individuals expressed an interest.

“By allowing individuals to take the written portion right after finishing their training, we saw a tremendous increase in the numbers,” says Dr. Cohen. He also notes that in the 1950 and 1960 there were actually very few periodontists and those few were swamped with work. “This made it difficult for them to make time for taking the boards.”

American Board of Periodontology-Minutes of Annual Examinations Session. Indiana University Dental School, April 7-10, 1963.

1970 to 1979

The 1970s brought more than the VCR, Earth Shoes, The Pentagon Papers, and the end of US involvement the war in Viet Nam. For the American Board of Periodontology, the decade ushered in 10 years of changes that would help to streamline the examination process and reorganize the Board.

The ABP had high hopes for the recent division of the certifying examination into three parts. In his January 26, 1970, report to the Executive Council of the AAP, Dr. Henry M. Swenson, Secretary-Treasurer of the ABP, wrote: "It is anticipated that the number of diplomates certified in 1972 will double those certified this year." The written examination had been offered to 75 candidates in October 1969, and 69 of those candidates passed. Twenty-two candidates were eligible to take the clinical-oral examination, scheduled for April in Indianapolis.

Participation in the written examination continued to increase: 91 candidates turned out for the September 15, 1970, exam at the University of Pennsylvania, School of Dentistry and the following year 101 candidates took the written exam at Loyola University Dental School. Two years later the number taking the written exam, held in San Diego, dipped to 81 but in 1973 jumped up to 120 candidates, of whom 108 were successful, and in 1974 the number swelled to 151 with 133 successful completions.

Recalls Dr. Erwin Barrington, who took his exams in the 70s: "At the time, you presented five cases to the Board. You went to Indiana University to be examined for your orals and you were there for four days. During that time you saw two or three patients (for the hands-on segment) and you went through several oral examination, all within that four-day period." Dr. Barrington used the drive back to Chicago to unwind from the intensity of the experience: "There were Interstates to drive home, but instead I took every side road I could find, and the three-and-a-half hour trip must have taken me seven hours...just to get over that four days of immersion that we had in the Board exam."

Throughout the mid-70s, the Board continued to look at modifications in the exam. In April 1972 the Board voted to reduce the number of case reports from five to three, with the requirement "that cases be comprehensive in terms of periodontal pathology, treatment and

documentation." In 1973 the Board also began to consider establishing requirements for recertification of diplomates, and adopted a recertification system two years later, in 1975.

The Board itself also underwent some significant changes, starting in the early years of the 1970s when criticism arose over the method of selecting nominees for the Board. A special committee, called the Committee on Selection and Function of the American Board of Periodontology, was formed to study the issues and recommend possible changes. In September 1972, the Committee recommended to the Executive Council of the Academy, among other changes, that the number of Board Directors be increased to eight and the term of membership should be six years, with a limit of one term per Director (in 1980 Bylaws were enacted changing term limits from two three-year terms to a single six-year term). The Committee also recommended that the eight-member Board be composed of four full-time academicians and four practitioners who were not

full-time academicians. It also made numerous recommendations regarding elections of Directors. As ultimately incorporated into Academy Bylaws, they led to the creation of the Nominating committee for the ABP, which consisted of eight members, one each from the eight Academy Districts. Initially, these committee members were elected at District Caucuses. (In 1981 the Academy adopted another bylaw change that instituted selection by mail ballot.)

“These political changes were very important,” explains Dr. Robert Reeves, who served on the Board from 1966 to 1972. “For example, with the adoption of the single, six-year term, directors were better able to focus on the job at hand rather than be distracted by the process of running for a second, shorter term.”

External forces also impinged on the Board’s work. An April 12, 1975, memo to the ABP Directors from the Committee on Selection and Function of the American Board of Periodontology, expressed concern about achieving the goals of certification, the most important being assurance that certified specialists have “superior skill” and “high level of competency.” The memo recommended that the Board encourage state specialty boards to accept ABP certification as fulfillment of licensure requirements. It also included suggestions regarding case reports and the clinical examination, asking that the ABP “give serious consideration to modifying the clinical phase.” In 1976 the Board discontinued the patient-related clinical phase of the examination and decided to expand the oral examination, using the case reports previously submitted by candidates. It was decided in 1977 that the oral phase consist of two examinations of one hour each, with two teams of two directors.

The Board also decided in 1977 that at least two years of practice “devoted to periodontology” must take place “after completion of the advanced educational program” before the case reports could be submitted. It also set a deadline of September 1 each year for submission. (Previously, the requirement had been three years “devoted to periodontology before the examination for certification can be completed.”) Two years later, in October 1979, the Board modified Parts II and III of the certification examination, eliminating the written narrative portion of the case reports, and expanding the oral examination to two, two-hours sessions.

As the 70s drew to a close, it was apparent that the Board had made many significant achievements, refining the examination process, making it more accessible to the growing number of periodontists, and resolving internal concerns about the Board’s political processes. Still, concerns remained, revolving primarily around the number of periodontists taking the exam, which began to decline again as the decade closed.

Memo to the Executive Council, American Academy of Periodontology, from Robert L. Reeves, DDS, Secretary-Treasurer of the ABP. October 5, 1972.

1980 to 2002

If the 80s are remembered for anything, it is as the decade the Baby Boomers came of age. Later to be characterized as the “splurge generation,” the Boomers led the way on a path through the 80s that was littered with the debris of “conspicuous consumption”: VCRs, designer labels on even the most mundane garments, megamergers, and LBOs. It would be easy to forget that this was also the decade that saw the funding of the Human Genome Project (1988) and the fall of the Berlin wall (1989), events with consequences that continue to reverberate in our lives as we begin the 21st Century.

As the American Board of Periodontology approached the anniversary of its first 50 years in 1989, and moved toward the 21st Century, it became increasingly apparent that increasing the numbers of certified periodontists needed to be intensified and yet, while desired, success in those efforts would stretch the Board’s resources—human and financial.

In the early 1980s, the Board felt pressed by the impact of double-digit inflation and the time-intensive process of screening case reports (for example, thirty-seven sets of reports were examined in 1980) and conducting oral examination. To offset rising costs, the Board raised application fees from \$150 to \$250 and case reports from \$300 to \$450. “The Board anticipates that these fee increases will strengthen its financial position sufficiently so that additional increases will not be needed in the foreseeable future,” noted a September 3, 1981, memo from the Board to the Executive Council of the AAP.

With regard to the demands on the examiners, a 1982 memo from the Ad Hoc Committee on Board Examiners to the Executive Council noted:

"The present American Board of Periodontology Oral examination...consists of two two-hour sessions, each conducted by a team of two Board directors. Recently, between 30 and 35 candidates have been examined. In 1981, four sessions a day were scheduled (two in the morning and two in the afternoon). The directors found this arrangement to be so exhausting that in 1982 a maximum of three sessions a day were scheduled....This, of course required increasing the number of days for the examinations; in 1982 five and a half days were needed."

Because of the possibility that an increasing number of candidates will become eligible to take the Oral examination the Board concluded that a mechanism should be established for the selection of Special Examiners to augment the Board during the examination period...

Special examiners became part of the process and their presence proved to be especially critical in 1989, when 62 candidates planned to take the oral examination in Dallas. Four former directors were chosen to serve as examiners that year.

The examination process itself was continuously refined and improved. As a result of work with the ADA Joint Commission on National Dental Examination, it was anticipated that by 1986 a microscopic examination would be incorporated into the overall examination, “thereby improving the reliability and efficiency of the examination. The ability to make such a major

financial modification was in part due to funds provided by the American Academy of Periodontology,” said a report to the AAP Executive Council in February 1984.

Concerns with periodontal education were also in the forefront and the Board went on record in October 1982 as asking the AAP Executive Council to reaffirm its position that programs directors in periodontics be Board certified and asked that the Council support the Commission on Dental Accreditation in its effort to require Board certification of Program Directors.

“The ADA requirement that Program Directors be Board certified is certainly a major milestone in the history-of-the-board of our Board,” observed Gerald M. Bowers, who has served as Executive Secretary-Treasurer of the ABP since 1984.

The written examination, first introduced in October 1968, continued to draw a large number of candidates to the boarding process. In 1985, 121 candidates took the written exam (which had an 88 percent success rate) and in 1986, the number rose to 128 with a 93 percent success rate.

The 1990s saw steady growth in the number of board-certified periodontists. In 1990 163 applicants took the written examination and 83 percent of those passed. While only 45 took the oral examination that year, 96 percent passed the exam. Although the number of persons taking the written examination fluctuated over the decade of the 90s, as did the numbers taking the oral examination, the general trend was upward: In 1990 there were 781 board certified periodontists and by 1999 their numbers had nearly doubled, to 1318, jumping to 1390 in 2000.

Over the course of more than 60 years, the American Board of Periodontology clearly established its place as a leader in dental care excellence by continuously upgrading the certification process and actively encouraging periodontal specialists to seek board certification. Because of the importance of a strong certifying board in promoting excellent oral healthcare for the public and ensuring the specialty’s prominent role dental care, The AAP Foundation launched a 5-year, \$1.5 million campaign for the Board in October 2001. Interest from the Gerald M. Bowers Endowment Fund for the ABP will be used to strengthen the Board’s financial position, enable the Board to incorporate appropriate testing technologies, and help to extend certifying opportunities to much larger number of periodontists.

By mid-2002 the Fund had surpassed \$600,000 in pledges thanks to the generosity of early donors—individuals and corporate friends. In addition, the American Academy of Periodontology is providing significant funding over a six-year period that will guarantee support to the ABP while the Endowment Fund is building. These gifts have laid a strong foundation for the campaign. They also carry a challenge: to build on that foundation to ensure the Fund’s success and the specialty’s pre-eminence in coming years.

Memo to the Executive Council, American Academy of Periodontology from the Ad Hoc Committee on Board Examiners, September 20, 1982.

Minutes, AAP Executive Council. October 4, 1982.

2003 to 2013

During this decade the Board instituted several major changes and innovations. These can be grouped into five categories; encouraging Board Certification, improving the Qualifying (written) Examination (QE), improving the Oral Examination (OE), changes in the Recertification process and Administrative changes.

The Mission of the ABP and one of its primary goals is to encourage periodontists to seek Diplomate status through the Board Certification process. This was always a goal that Jerry Bowers stressed and worked towards during his tenure as Executive Director. There were two major changes in the certification process that motivated a greater number of periodontists to take the Board exams while continuing to maintain the high standards of the Board. The first was to offer the Written Exam as a computer based examination at professional testing centers world-wide. Previously, a candidate had to attend the American Academy of Periodontology (AAP) Annual Meeting to take the exam on paper which was a financial burden on new graduates. The second was to eliminate case reports for the OE with introduction of cases (protocols) where candidates were questioned on contemporary periodontal therapy and implantology by calibrated Examiners. This encouraged many more recent graduates to complete the certification process. Additionally, many periodontists who had been in practice for long periods of time decided to take the boards. The eligibility period to complete both exams was shortened to two years to encourage periodontists to stay on track to achieve Board Certification. As of 2013 approximately 2,500 periodontists are Board Certified with them not only reaching an important personal professional goal but also contributing toward the well-being of our specialty.

Several changes in the QE were approved by the Board over the past ten years. In keeping with other certifying boards the designation for the exam was changed from Written Examination to Qualifying Examination (QE). In 2007 the Board moved the management, administration and analysis of the exam from the American Dental Association to the Board office where staff assumed responsibility for the administrative development and management of the exam. A private psychometric company in Chicago was hired to assist with these tasks as well as providing analysis of the exam. The QE is administered world-wide through Pearson Vue computer testing centers. This allowed the Board to have better control of the yearly work in developing exam and also provided cost savings. Recently, the Board voted to use the talents of past Directors through service as members of the QE Committee. A maximum of three past Directors will be named to join the QE committee to assist in question development and construction of the exam.

As mentioned above, the most significant change in the OE was going from requiring case reports to protocols. Another major change was being able to administer the OE at a designated testing center in Dallas. This testing center has only one function; providing for the administration of oral exams by medical and dental boards. It is also utilized by the Pediatric Dentistry and Oral and Maxillofacial Surgery boards for their oral exams. Candidates stay in a hotel that is separate from the one used by our Directors and Examiners. It was beneficial moving to this arrangement so that we can transport the two groups to the testing center separately. It has also been advantageous not having to use hotel rooms for administering the OE as was the case when the exam was administered at the infamous Harvey Hotel; a much more

professional environment at the testing center. The Board also decided in 2010 to only offer the OE once per year; in early May. This change saved the Board about \$80,000 per year on OE costs. In addition, it saved our Examiners and Directors from the loss of several practice days each year. In 2012 we felt it important to supplement the major procedural protocols with a small number of scenarios that could test the candidate's expertise in such areas as periodontal medicine, periodontal pathology, medical emergencies, post-op complications and failures. We now present five 30 minute full length protocols and one protocol that consists of three, 10 minute "vignette" protocols. As is the case with the QE we can invite three past Directors to serve on the OE committee to assist with development of new protocols and to help assemble the next OE.

Over the past 10 years the Board also made some significant changes to the Recertification process. In 2005 the Directors felt that it would be beneficial to offer a recertification self-study for all Diplomates recertifying. The idea was to develop a computer delivered "self-study" program, with references provided for each question, to bring Diplomates up to date on newer techniques and technologies and to also provide a review of accepted therapies in periodontology and implantology. In 2007 the Board decided to make the Self-Study Recertification Program (SSRP) mandatory. No grades are recorded by the Board office; the Diplomate receives his/her results on-line at the conclusion of completing the SSRP. Several of the other boards have high stakes exams for recertification where a passing grade is mandatory to maintain Diplomate status. In 2010 the Board decided to extend the recertification period from three years to six years with an increase in required continuing education points from 30 to 60 in addition to continuing with the required SSRP. This will be fully implemented beginning in 2014. As of the May, 2013 Oral Exam, new Diplomates will have time limited certificates. Failure to recertify during their required year of recertification will cause the periodontist to lose their Diplomate status, mandating beginning the process again with the QE. Most of the other certifying boards now have time limited certificates. Diplomates who became Board Certified prior to 2013 will not have time limited certificates.

Several "administrative" changes took place during the past 10 years. Jerry Bowers retired in October of 2008 after distinguished service as Executive Director since 1984. Kent Palcanis became Executive Director that October following the AAP meeting. The Bowers Fund reached its \$1.5 million goal and continues to grow and provide support for many of the Board's activities. This, along with a greater number of periodontists becoming board certified, allowed the Board to become self-sustaining, bringing to a close financial support from the AAP. In the summer of 2011 the Board office moved to a professional building in Severna Park, MD. This improved security and also provided required maintenance of the office, as well as greater convenience with regard to mailings and deliveries. Because of the greater amount of responsibilities and expertise in managing Board business the titles of our two staff members were changed; from Executive Secretary to Associate Executive Director and from Executive Assistant to Exam Coordinator. In 2013 the Board voted to change the term of office for a Director from six years to five years. This was done to encourage more qualified Diplomates to consider running for election as a Director. This will go into effect following the 2015 election and has been coordinated with the AAP's election procedures.