Prosthodontics as a Specialty Private Practice: Net Income of Private Practitioners

Kent D. Nash, PhD^1 and David L. Pfeifer, DDS, MS, MEd^2

<u>Purpose</u>: The aim of this study was to use data from a survey of prosthodontists in the US to examine average net earnings of prosthodontists in private practice.

<u>Materials and Methods</u>: A survey of 2500 prosthodontists in the US was used to estimate the net earnings of practicing prosthodontists. The national average net earnings of prosthodontists in private practice was estimated along with average earnings for subgroups of prosthodontists. Estimates for private practitioners by age, gender, size of practice, full-time/part-time status, practice ownership, and by type of treatment procedures rendered by the practitioner were also included.

<u>Results</u>: Average earnings for prosthodontists in private practice on a primary or secondary basis were estimated to be \$215,300 and for prosthodontists who own or share in the ownership of a private practice, \$233,920. Reported earnings estimates ranged from \$96,160 for nonowners of a private practice and \$103,350 for part-time private practitioners to \$233,920 for practice owners and \$275,170 for prosthodontists in practice with two prosthodontists. The average earnings of prosthodontists who are practice owners were estimated to be 35% higher than the corresponding general practitioners.

<u>Conclusion</u>: Average net earnings are often used to examine the current economic health of a profession. The average net earnings of prosthodontists in private practice exceed the average net income reported by the American Dental Association for all dentists and all general practitioners and they are competitive with earnings among all specialty groups. This evaluation of the net earnings of prosthodontists shows that prosthodontics offers a competitive career opportunity for the general dentist with a personal desire to pursue advanced dental education in a specialty as a profession.

J Prosthodont 2006;15:37-46. Copyright © 2006 by The American College of Prosthodontists.

INDEX WORDS: prosthodontists, earnings, survey, economic, financial, practitioners, specialist

THERE IS limited information that reveals the characteristics of the specialty practice of prosthodontics in the US. Perceptions of this specialty are unclear, partly due to the lack of information characterizing the specialty. The American Dental Association (ADA) has published data about the number and location of practicing prosthodontists in the US. The ADA estimates there were 3237 professionally active prosthodontists in the US, of which 2545 (79%) were in private practice.¹ In an earlier series of studies, Dickey presented data about prosthodontist income associated with private practice and

Copyright © 2006 by The American College of Prosthodontists 1059-941X/06 doi: 10.1111/j.1532-849X.2006.00067.x presented financial data depicting the allocations of income and expenses within these practices.²⁻⁴ The ADA has also provided data from studies of the dental specialties as part of their annual series on the income from the private practice of dentistry.^{5,6} Special reports that included data about the earnings of prosthodontists in private practice were released by the ADA in 1993 and 1999. A third report is forthcoming based on data collected as part of the 2002 Survey of Dental Practice conducted by the ADA.

The purpose of this article is to examine some of the financial characteristics of specialty practice by focusing on the survey results related to the net earning of prosthodontists in private practice.

Materials and Methods

During 2002, a survey of prosthodontists was developed for the American College of Prosthodontists (ACP) and was mailed to practicing prosthodontists throughout the US.⁷ A random sample of 2500 prosthodontists practicing in the US was selected using lists of members

Journal of Prosthodontics, Vol 15, No 1 (January-February), 2006: pp 37-46

¹Consultant, President, Nash & Associates, Inc., Millican, Texas. ²Director, Dental Department, Rossmoor Medical Center, Walnut Creek, California.

Accepted May 2, 2005.

Correspondence to: Kent D. Nash, PhD, President, Nash & Associates, Inc., PO Box 382 Millican, TX 77866. E-mail: NAassoc@aol.com

and nonmembers of the ACP. The sample included 1761 (70%) members of the ACP and 739 nonmembers (30%). Nonmembers of the ACP were included in the sampling, since inferences about the total population of practicing prosthodontists are important. This total sample represents an estimated 77.2% of all active prosthodontists in the US. The ACP further estimates that 68% of all private practicing prosthodontists are members of their organization (ACP, e-mail communication August 10, 2004). An independent firm was engaged to conduct the survey by managing the printing, processing the receipt of returned questionnaires, validating and processing follow-up mailings to nonrespondents, and transferring survey information to an electronic format. A cover letter, which communicated the purpose of the survey and included a statement of confidentiality to safeguard data and identity of respondents, accompanied all mailings. Also included was the listing of an ACP contact to allow the respondent an opportunity to validate the legitimacy of the survey.

The survey questionnaire was sent to active prosthodontists and covered several topics, including occupation and years in practice, characteristics of the practice, percent of time treating patients by type of procedure, financial characteristics, comparisons of fees charged and reimbursements, and demographics of respondents (age, gender, and years since completion of residency). Survey respondents were asked to report their net income from practice as income after business expenses and business taxes but before personal taxes. Net earnings from practice are important since they are one annual indicator of the economic health of the profession of prosthodontics. Annual earnings are also important because they represent the economic returns to the prosthodontist subsequent to their financial investment in advanced prosthodontic education beyond dental school.

The earnings of prosthodontists in private practice were examined in relation to several characteristics of prosthodontists and their practice of prosthodontics. The average net earnings were estimated for prosthodontists by age, gender, and years since completion of a residency in prosthodontics. Earnings were also reviewed for solo and non-solo practitioners, annual hours in the practice, annual hours treating patients, and the percent of prosthodontist time used to render prosthodontic procedures. A final examination of the earnings data compared the mean net earnings between members and nonmembers of the ACP.

Results

Upon completion of the survey, the total number of questionnaire mailings was reduced from 2500 to 2431 to reflect deaths and bad mailing addresses determined during the survey. After adjusting for duplicate survey responses, there were a total of 1222 responses to the survey for a response rate of 50.3%. Duplicate survey responses can occur because of multiple mailings, since a few questionnaires are returned by respondents and are not received before the next mailing of the survey.

Respondents to the survey included members and nonmembers of the ACP and prosthodontists in various occupations. The results presented in the remainder of this article are based on 1218 respondents after excluding four respondents who began practice of prosthodontics in the year 2002. Eighty-six percent of respondents were members of the ACP and 14% were nonmembers (Table 1). Most of the respondents were in private practice (68%), while 16% reported their primary occupation as university/academic. Thirteen percent of respondents had occupations in the military, VA, or public health. Respondents were also asked to report a secondary occupation, which is not shown in Table 1. Among the 385 prosthodontists who did not report private practice as their primary occupation, 206 (54%) reported they had no secondary occupation, 118 (31%) reported private practice as their secondary occupation, and 61 (16%) indicated some other occupations such as a university position, hospital, consulting, or other occupations.

The net income reported by the survey respondents included 661 prosthodontists who were in private practice as a primary or secondary activity. About 68% of all active prosthodontists are in private practice as a primary occupation.

Table 1. ACP Membership and Primary OccupationalStatus of Respondents, 2002

	Number	Percentage
Membership status		
Member	1051	86.29
Nonmember	167	13.71
Total	1218	100.00
Primary occupation		
Private practice	804	67.62
University/academic	195	16.40
Hospital	13	1.09
Military	117	9.84
VA	35	2.94
Public health	4	0.34
Consulting	6	0.50
Other occupation	15	1.26
Total	1189	100.0

Characteristic	Mean	Median	Standard Deviation	Number
Private practice	\$215,300	\$180,000	\$160,015	694
Owner	\$233,920	\$200,000	\$160,380	600
Nonowner	96,160	65,000	92,750	90
Solo prosthodontist	\$208,160	\$178,000	\$146,010	477
Two prosthodontists	275,170	250,000	187,300	119
Three or more prosthodontists	229,840	200,000	184,132	65
Female	\$158,780	\$127,500	\$135,210	68
Male	221,020	186,000	161,710	622
Full-time	\$239,490	\$200,000	\$158,160	570
Part-time	103.350	65,000	117,360	119
ACP member	\$222,270	\$190,000	\$163,140	613
ACP nonmember	162,615	120,000	184,130	81

Table 2. Net Income from Private Practice, 2001

Prosthodontists in private practice were asked to report net income for the year 2001, the year prior to the year in which the survey was conducted. For prosthodontists in private practice on a primary or secondary basis, the average net income from practice was estimated to be \$215,300 with median net earnings of \$180,000 (Table 2). Based on a statistical test of differences using the tdistribution, the mean net income of \$233,920 for prosthodontists who own or share in ownership of a practice was significantly larger than the mean net income of \$96,160 for nonowners (t = 7.9493).⁸ The average net earnings of female prosthodontists were significantly lower than the average earnings for males [average earnings of females were 72% as large as the average earnings of males (t = 3.0584)]. Prosthodontists in practice with two prosthodontists were estimated to have average earnings greater than both solo-prosthodontists and prosthodontists in practice with three or more prosthodontists. Prosthodontists who practice fulltime earn about 2.3 times more than those who practice part-time (t = 8.8907). The mean net income of prosthodontists shown in Table 1 who are members of the ACP differed significantly from the mean net earnings of the nonmembers of ACP (t = 3.1739).

The age of private practicing prosthodontists and the number of years since completion of residency are sometimes used as experience indicators when associated with net income. Dentists who are older generally have worked more years and have gained greater experience in practicing prosthodontics. Likewise, prosthodontists who have been out of residency the longest have practiced more years and have gained greater experience. Average earnings are generally expected to rise during early years while the prosthodontist gains experience in practice, and then decline as the prosthodontist ages and begins to consider retirement or part-time practice (Table 3). The mean earnings of private practitioners are usually lowest for the youngest and the oldest, as well as for the practitioners with the fewest and most years since completion of residency. Age and years since completion of residency are not, however, perfect substitutes for experience. There are more respondents in the "less than 5 years" experience group compared with the "less than 35 years" age group, suggesting that a prosthodontic residency is not always completed by the youngest prosthodontists. The years since residency and net income relationship suggest that earnings increase as the number of years since completion of a residency grows, regardless of age.

An alternative presentation of earnings is to use statistical regression analysis to estimate a relationship (equation) between age and net income.⁹ The resulting statistical equation can then be used to predict net income for each age from 30 to 72 years (Fig 1). Regression analysis is a means of estimating income by age when the sample size for each age group is too small to reliably estimate earnings for each age group. Net income increases from age 30 to a maximum of \$239,400 at age 48 and then declines through age 72. A similar statistical relationship is estimated between years since completion of residency and net income (Fig 2). Similar to the age earnings curve, net income rises during the years just after the completion of residency, reaches a maximum earnings of \$243,400 at 21 years since residency

Age/Years	Mean	Median	Standard Deviation	Number
Age groups				
<35	\$154,453	\$145,738	\$105,707	45
35 to 39	184,049	162,500	137,916	106
40 to 44	240,302	200,000	169,570	128
45 to 49	236,310	200,000	165,035	118
50 to 54	232,978	195,000	163,878	123
55 to 59	219,587	183,000	168,793	107
60 to 64	218,835	190,000	148,646	34
Years since graduation		,	,	
<5	\$143.365	\$120,755	\$110.435	59
5 to 9	186.461	165,000	135.956	105
10 to 14	218.335	180,000	157.501	122
15 to 19	236.679	200,000	166.178	135
20 to 24	247.873	210,000	169.749	111
25 to 29	222,656	191,500	176,281	74
30+	226,643	144,000	204,339	37

 Table 3.
 Net Income from Private Practice by Age and Years Since Completion of a Residency in Prosthodontics,

 2001

and then declines out through 42 years after residency. The regression analysis used for the ageearnings curve was significant based on a 5% level of significance [F(3690) = 7.23].¹⁰ The regression analysis used for the years since completion of residency and net income was similarly significant [F(3,643) = 8.57].

The hours treating patients is a one measure of input by the practitioner into the production of patient care. More time spent treating patients by the prosthodontist also requires more expenses in terms of staff, laboratory, operatory and equipment, supplies, and utilities. These practice expenses together with the billings of the practice essentially determine the net income of the prosthodontist. Given the demand for the time of the prosthodontist, there are numerous factors, such as the complexity and selection of treatment procedures, that will influence the net income. Ultimately, it is the responsibility of the



Figure 1. Estimated mean net income by age for prosthodontists in private practice, 2001.



Figure 2. Estimated mean net income by years since completion of residency for prosthodontists in private practice, 2001.

prosthodontist to apply practice management skills (time efficiency) that envelope all variables affecting treatment in order to provide quality patient care while yielding a positive financial outcome. The annual hours spent in the practice and the hours spent treating patients are the product of the number of weeks worked per year and the number of hours in the practice per week or hours treating patients per week. Prosthodontists spent, on average, 1823 hours per year in the office and 1519 hours per year treating patients (Table 4). This suggests that about 83% of the office hours were spent treating patients. Sixty-three percent of prosthodontists spent between 1400 and 2200 hours in the office and 70% spent between 1400 and 2200 hours treating patients. While 15% of prosthodontists spent less than 1400 hours per year in the office, 27% spent less than 1400 hours treating patients.

Average net income of prosthodontists is the lowest, on average, for those who treat patients less than 1400 hours per year (Table 5). Average earnings increase from a low average of \$153,500 for less than 1400 hours per year to a high of about \$262,850 in the range of 2200 to 2599 hour per year and \$263,580 in the largest hours group of 2600 hours or more per year. The pattern suggests that net earnings increase throughout the range of hours shown in Table 5 with some flattening out in the range of 2200 hours or more.

Table 4. Annual Hours in the Office and Annual Hours Treating Patients by Prosthodontists in Private Practice,2001

	Hours in the Office		Hours Treating Patients	
Annual Hours	Number	Percentage	Number	Percentage
<1400	96	14.52	176	26.63
1400 to 1799	190	28.74	332	50.23
1800 to 2199	224	33.89	132	19.97
2200 to 2599	106	16.04	17	2.57
2600+	45	6.81	4	0.61
Total	661	100.00	669	100.00
Hours	Mean	Median	Standard Deviation	Number
In the office	1823	1840	595.8	661
Treating patients	1519	1568	441.8	661

Hours	Mean	Median	Standard Deviation	Number
<1400	\$153,499	100,000	\$152,659	176
1400 to 1799	234,743	200,000	147,323	332
1800 to 2199	246,108	202,500	164,046	132
2200 to 2599	262,847	200,000	208,876	17
2600+	263,578	215,000	177,445	4

Table 5. Net Income from Private Practice by Annual Hours Treating Patients, 2001

While average net earnings reflect the amount of time spent treating patients, the amount of net earnings should also be reflective of the types of procedures rendered during the hours of treatment. The 2002 Survey of Prosthodontists also asked respondents to indicate the percentage of their treatment time used to provide various treatment procedures. The procedure categories included diagnosis, operative, complete denture, removable denture, fixed prosthodontics, implant restorations, implant surgical placement, TMD treatment, sleep apnea disorders treatment, other maxillofacial-related treatment, patient counseling, and other miscellaneous procedures. Prosthodontists reported that, on average, they spent about 23% of their treatment time providing diagnosis and operative care (Table 6). Forty-nine percent of treatment time is spent providing denture care and fixed prosthodontics, while 17% of treatment time is used to provide implant restorations and implant surgical placements. Eleven percent of time is spent on all other miscellaneous procedures.

Since prosthodontists reported the percentage of treatment time spent in each of the procedure categories, the data from the survey could also be used to determine the set of procedures where each respondent spent the "largest" percent of his/her treatment time. Forty percent of the respondent prosthodontists indicated they spent the largest percent of their treatment time providing fixed prosthodontics care (Fig 3) while 27% reported the largest percent of time was in diagnostic care. Another 12% of prosthodontists indicated that implant care (restorations and surgical placement) represented the largest percent of their treatment time.

Average net earnings tend to reflect the procedure groups where prosthodontists tend to spend most of their time (Table 7). For example, 40% of prosthodontists indicated they spent most of their time in providing fixed prosthodontics and the average net income was highest for this group (\$229,900). The smallest mean net income was for complete dentures (\$187,950) and removable partial dentures (\$169,780) which were the procedure groups where respondents reported spending the least amount of time. Except for operative care, the size of the mean net income tends to follow those procedures where prosthodontists reported they spent the largest percentage of their treatment time.

Discussion

The information about earnings reported in this article is based on the results of a survey commissioned by the ACP in 2002. The survey was sent to a

Procedures	Mean Percent Time	Median Percent Time	Standard Deviation Percent Time
Diagnosis	10.70	10.00	7.19
Operative	12.85	10.00	11.01
Complete denture	11.79	10.00	10.07
Removable partial denture	8.58	7.89	6.14
Fixed prosthodontics	28.96	27.50	15.08
Implant restorations	15.08	13.73	11.46
Implant surgical placement	1.47	0.00	4.85
TMD treatment	2.06	0.91	4.29
Sleep apnea disorders	0.56	0.00	4.05
Other maxillofacial treatment	1.34	0.00	4.16
Patient counseling/management	2.65	1.00	3.86
Other procedures	3.99	0.00	10.45

Table 6. Percent of Treatment Time by Procedures for 870 Prosthodontists in Private Practice, 2001



Figure 3. Where prosthodontists in private practice spent the largest percent of their treatment time by procedure group, 2001.

sample of 2431 private practicing prosthodontists in 2002 and included 1222 active prosthodontists for a 50.3% response rate. In addition to earnings, the survey was used to collect information on a variety of topics including occupation and years in practice, characteristics of the practice, percentage of time treating patients by type of procedure, financial characteristics, comparisons of fees charged and reimbursements, and demographics of respondents (age, gender, years since completion of residency, and regional location).

The average earnings for a private practicing prosthodontist in the year 2002 were estimated to be \$215,300 with median net earnings of \$180,000. While the single average earnings results are not very descriptive, the overall mean earnings were compared in this article to average net income by gender, age, owners versus nonowners, full-time practice versus part-time, size of practice, and membership in the ACP. Comparisons were also made with years since completion of residency, hours treating patients, and by procedure groups. The age-earnings relationship was estimated to show how earnings vary by age across the entire sample of prosthodontists. The age-earnings analysis is important in studies examining lifetime earnings of prosthodontists;¹¹ it is also useful in estimating lost future earnings in cases of personal injury or disability.

While the average net earnings were compared for several groups within private practice, there are two groups of particular interest. First, prosthodontists who own or share in ownership have average net earnings 2.4 times larger than

Procedure Group	Mean	Median	Standard Deviation	Number Spending Most Time	Percentage Spending Most Time
Diagnosis	\$214,617	\$180,000	\$163,013	189	27.2
Operative	226,745	203,500	127,547	32	4.6
Dentures	187,952	157,500	133,492	32	4.6
Removable	169,780	120,000	152,269	11	1.6
Fixed	229,904	190,000	176,429	280	40.4
Implant	204,081	175,000	135,761	83	12.0
Miscellaneous	185,211	175,000	128,037	67	9.7

Table 7. Number and Percentage of Prosthodontists and Net Income from Private Practice by Procedure Group Where Respondents Reported They Spent the Largest Percent of Their Treatment Time, 2001 (N = 694)

their non-owner colleagues. The non-owner dentist tends to be younger than average and among those who have recently completed residency. Part of the difference in earnings between owners and nonowners may be related to the risk of ownership in a practice. That is, part of the larger average earnings for owners is a reward for undertaking the risk of ownership.

Second, the average earnings of female prosthodontists in private practice were about 72% of the earnings of male prosthodontists. The average income of female solo practicing prosthodontists reached \$158,470 and was equivalent to 75% of the \$212,610 earned by male solo prosthodontists. The ADA reported that in 1999 female solo dentists (among all private practicing dentists including specialists) earned about 70% of the level of average net income for male solo dentists.¹² Female private practicing prosthodontists included 80% who were owners (compared to 87% for males) and were on average younger, more recently out of residency, worked fewer hours annually in the office, and spent fewer hours annually treating patients; twice the percentage of females reported they worked part-time. Sixty-two percent of the female practitioners indicated they spent most of their treatment time in fixed prosthodontics and implants compared to 51% of males. The average earnings for these two procedure groups were \$168,520 among the female practitioners compared to \$231,300 for male prosthodontists. More information is needed to identify the critical factors differentiating practice characteristics by gender that influence differences in net earnings and a longer period of experience in the practice of prosthodontics among the female prosthodontists.

Most of the prosthodontists (83%) who responded to the survey reported they work in private practice on a full-time basis and as a result have higher net earnings from private practice. The full-time practitioners reported an average income of \$239,490 which was 2.3 times larger than the average income reported by those in private practice on a part-time basis. The following groups are descriptive of the occupational characteristics of prosthodontists who reported being in private practice on a part-time basis.

1. Forty percent reported their primary occupation as a university position and a secondary occupation as private practice (average net income from private practice: \$62,000 and an average gross salary from the university position: \$112,630).

- Thirty-two percent reported their primary occupation as private practice with no secondary occupation (average net income from private practice: \$148,690).
- 3. Eighteen percent reported their primary occupation as private practice and a secondary occupation in a university position (average net income from private practice: \$132,095 and average net income for all other occupations in dentistry including the university: \$49,430).

About 10% of part-time private practitioners reported occupations with other groups such as a hospital, the Veterans Administration, and consulting. Respondents to the 2002 Survey of Prosthodontists who indicated they were not in private practice as a primary occupation were asked to report their gross salary (before all deductions) from their primary occupation. Almost one-third of the part-time private practitioners reported they were not engaged in any other secondary occupation. Fifty-eight percent were involved in a university position on either a primary or a secondary basis. Average earnings of the various occupational groups described above for the parttime private practitioners are comparatively lower than average earnings of \$239,490 reported for full-time private practitioners.

The average earnings of private practicing prosthodontists (\$215,300) were reported for all prosthodontists who were in private practice as a primary or secondary occupation. The average earnings of the same group of prosthodontists but limited to those who own or share in the ownership of a private practice were reported in Table 2 as \$233,920 versus \$96,120 for prosthodontists in private practice but not involved in the ownership of a practice. These average earnings data for prosthodontists can be compared to reported data by the ADA using the annual reports of results from their annual survey of dental practice.¹³ The overall net earnings of dentists in private practice and who are owners of a practice (independent dentists by the ADA) reached \$191,690 including an average of \$173,140 for general practitioners and \$244,230 in average net earnings for all specialists combined. Both the overall earnings of prosthodontists and the average earnings of owner prosthodontists exceeded the average earnings among all dentists reported by the ADA but were less than the average earnings of specialists. Prosthodontists in 2002 who owned or shared in the ownership of a private practice had net earnings that were 35% greater than the general practitioner who owned a private practice in 2001.

The ADA has reported the earnings of prosthodontists in private practice in two previous surveys, conducted in 1993 and 1999.5,6 The average net income of private practicing prosthodontists was reported by the ADA in 1993 to be \$119,570 (median of \$92,000). By 1999, the average earnings of private practicing prosthodontists reached \$165,790 (median of \$140,000). The comparable mean net income reported for prosthodontists in this article for 2002 was \$233,920. Since 1993 this represents an average annual growth in prosthodontist net earnings of 7.7% per year. Since 1999, the average annual growth in earnings has been about 12% per year. Adjusted for inflation averaging 2.5% per year since 1993 and 2.8% since 1999, the average annual growth in earnings of prosthodontists has been 5.2 and 9.5% for the two periods, respectively.

The top ten average earnings in 1999 of the year-round full-time workers in the US ranged from \$92,000 for optometrists to \$150,000 for physicians and surgeons (Table 8).¹⁴ Dentists ranked second in this group at \$130,000 along with chief executives. While the earnings data are for 1999, it is of interest to compare the average earnings in Table 8 with the earnings for private practicing prosthodontists. The ADA reported average earnings for prosthodontists as \$165,790 which is higher than any of the net earnings included in Table 8. Given the annual growth of 9.5% estimated since 1999, it is likely that average prosthodontist earnings still exceed the average earnings from the top ten occupations.

Conclusion

Earnings are often used to examine the economic health of a profession. Earnings that are relatively high and growing are given higher marks than those occupations where earnings are low and stagnant (or declining). The earnings estimates for private practicing prosthodontists seem to reflect a relatively high position among other dental **Table 8.** Average Earnings of All U.S. Year-Round Full-Time Workers by Top Ten Earning Occupations, 1999¹⁴

Occupation	Average Earnings
Physicians and surgeons Chief executives Dentists Lawyers Financial analysts Podiatrists Securities, commodities, and financial services Actuaries Personal financial advisors Optometrists	150,000 130,000 120,000 120,000 110,000 100,000 96,000 93,000 92,000

professions and year-round worker occupations. In addition, the average earnings show "real" annual rates of growth that exceed the overall growth in the nation's rate of inflation. But the economic health of a profession based only on average earnings is not sufficient to explain why individuals enter and continue to enter a profession such as prosthodontics. The decision to enter a profession is not only influenced by current net earnings of prosthodontists but also by the expected lifetime earnings from a career as a prosthodontist, the tuition and expenses required to complete advanced dental education in prosthodontics, the earnings forgone from not practicing dentistry while in residency, and the uncertainty about the amount and future course of net earnings. These are educational risks common to specialty training; however, when evaluating the potential financial outcome and coupled with a personal desire to pursue advanced dental education in a specialty as a profession, prosthodontics offers a competitive career opportunity for the general dentist.

Acknowledgments

Dr. Nash is President, Nash & Associates, Inc. and consultant on the economics of dentistry. Dr. Pfeifer is Director of the Dental Department at the Rossmoor Medical Center and served as Chairman of the Retention and Recruitment Survey Task Force (2002-2003) of the American College of Prosthodontists (ACP). Members of the Task Force also included Alfred Fehling, DDS, Gregory Guichet, DDS, Keith Dickey, DDS, MS and Kent D. Nash, PhD. Thanks go to the American College of Prosthodontists (ACP) for funding the survey and to the ACP staff for their helpful assistance.

References

- American Dental Association. Distribution of Dentists in the United States by Region and State, 2001. Chicago, American Dental Association, 2003,17
- Stade EH, Dickey KW: Private prosthodontic practice: a status report. J Prosthet Dent 1990;64:716-722
- Dickey KW: A survey of private prosthodontic practice. J Prosthodont 1994;3:167-171
- Dickey KW: A survey of private prosthodontic practice. J Prosthodont 1999;8:119-125
- American Dental Association. The 1993 Survey of Dental Practice, Specialists in Private Practice. Chicago, American Dental Association, 1995
- American Dental Association. The 1999 Survey of Dental Practice: Prosthodontists in Private Practice. Chicago, American Dental Association, 2001
- American College of Prosthodontists. 2002 Survey of Prosthodontists. Chicago, American College of Prosthodontists, 2002
- 8. Hamilton LC: Modern Data Analysis: A First Course in

Applied Statistics. Pacific Grove, CA, Brooks/Cole, 1990, pp. 311-333

- 9. Greene WH: Econometric Analysis (ed 5). Delhi, Pearson Education, 2003, pp 7-38
- Hamilton LC: Regression with Graphics: A Second Course in Applied Statistics. Pacific Grove, CA, Brooks/Cole, 1992, pp. 30-63
- Nash KD, Pfeifer DL: Private practice and the economic rate of return for residency training as a prosthodontist. J Am Dent Assoc 2005;136:1154-1162
- 12. Lazar V, Brown LJ: Dentist and practice trends: gender differences, In Brown LJ, Nash KD (eds): Studies of Dental Workforce, Dental Health Policy Analysis Series, Health Policy Resources Center, American Dental Association, 2001, pp. 41-53
- American Dental Association. 2002 Survey of Dental Practice: Income from the Private Practice of Dentistry. Chicago, American Dental Association; 2004
- United States Census Bureau. Earnings Distribution of All U.S. Year-Round Full-time Workers by Occupation. Washington, U.S. Census Bureau, 2004 Available from: URL: http://www.census.gov.

Copyright of Journal of Prosthodontics is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.

Copyright of Journal of Prosthodontics is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.