1 **COUNCIL ON DENTAL EDUCATION AND LICENSURE**
2 **AMERICAN DENTAL ASSOCIATION**
3 **HEADQUARTERS BUILDING, CHICAGO**
4 **OCTOBER 21, 2019**
5
6 **Call to Order:** Dr. Linda C. Niessen, chair, called a meeting of the Council on Dental Education and
7 Licensure to order on Monday, October 21, 2019 at 5:00 p.m. via teleconference call.
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9 **Roll Call:** Dr. David F. Boden, Dr. GeriAnn DiFranco, Dr. Bruce Donoff, Dr. Rekha C. Gehani, Dr. Uri
10 Hangorsky, Dr. Willis Stanton Hardesty Jr., Dr. Steven M. Lepowsky, Dr. William Litaker, Dr. James D.
11 Nickman, Dr. David L. Nielson, Dr. Linda C. Niessen, Dr. Joan Otomo-Corgel, Dr. Jacqueline Plemons and
12 Dr. Donna Thomas-Moses were present. Dr. Daniel A. Hammer, Dr. Jun S. Lim and Dr. Maurice S.
13 Miles were unable to participate in the call.
14
15 Dr. John F. Harrington, ADA Board Liaison to the Council was also on the call. Mr. Craig McKenzie, the
16 American Student Dental Association representative, was unable to join the call.
17
18 The following ADA staff members attended the meeting: Mr. Thomas Elliott, Deputy General Counsel
19 and Director, Council on Ethics, Bylaws and Judicial Affairs, Ms. Karen M. Hart, Director, Council on
20 Dental Education and Licensure, Ms. Annette Puzan, Manager, Dental Education and Licensure, Dr.
21 Meaghan Strotman, Manager, Dental Licensure and Education and Dr. Anthony J. Ziebert, Senior Vice-
22 President, Education and Professional Affairs.
23
24 **Adoption of Agenda, Disclosure of Business or Personal Relationships, and ADA Professional**
25 **Conduct Policy:** The Council approved the agenda. Dr. Niessen directed the Council's attention to the
26 ADA Disclosure Policy. Dr. Jacqueline Plemons disclosed that she is an Active Member of the
27 American Academy of Oral Medicine (AAOM). The Council voted to allow Dr. Plemons to participate in
28 the discussion related to the AAOM's application for specialty recognition, but to recuse her from the
29 Council's vote regarding comment to the National Commission of Recognition of Dental Specialties and
30 Certifying Boards on the AAOM specialty recognition application.
31
32 **Consent Calendar:** A consent calendar was prepared to expedite the business of the Council. Dr.
33 Niessen reminded Council members that any report, recommendation or resolution could be removed
34 from the consent calendar for discussion. The following reports in their entirety were placed on the
35 consent calendar and adopted as received:
36
37 Committee Meeting Dates
38 Council Meeting Dates
39
40 **Review of Application to Recognize Oral Medicine as a Dental Specialty:** The Council reviewed
41 the Summary Report of the CDEL Committee on Recognition, noting that the American Academy of
42 Oral Medicine (AAOM) submitted an application to the NCRDSCB requesting that oral medicine be
43 recognized as a dental specialty. The NCRDSCB announced receipt of the application and invited
44 comment from the communities of interest on whether the application satisfies the Recognition
45 Requirements. The Council reviewed the Recognition Committee's Summary Report, the application
46 and discussed whether the application meets each of the six Requirements.
47
48 In regard to Requirement 1, the Council discussed that the sponsoring organization for Oral Medicine is

the American Academy of Oral Medicine (AAOM); its membership is reflective of the proposed specialty of Oral Medicine. The Council noted that Appendix 1 of AAOM's application contains language that supports that the privileges to hold office and to vote on issues related to the Oral Medicine specialty are reserved for AAOM regular member dentists who have completed an advanced education program in Oral Medicine accredited by the Commission on Dental Accreditation (CODA) or have sufficient experience in Oral Medicine as deemed appropriate by the AAOM. The Council noted that the ABOM certifying board was established in 1955 and awarded the first diplomate status to Samuel Charles Miller in 1956. The ABOM is the single certifying board that provides credentialing and an examination process in the field of Oral Medicine. The Council believes Requirement 1 is met.

In regard to Requirement 2, the Council agreed that the comparison of the predoctoral accreditation standards with the accreditation standards of advanced education programs in Oral Medicine demonstrates that graduates of Oral Medicine programs have advanced knowledge and skills regarding comprehensive patient evaluation, diagnostic techniques, systemic disease, medicine, pharmacology, management of medically complex patients, mucosal diseases, orofacial pain, and salivary and chemosensory disorders beyond those possessed by dental school graduates. The Council also noted that AAOM's application estimates that 15% of patients (19 million people) with chronic conditions may benefit from dentists trained in providing Oral Medicine care. The Council referenced Table 10- *Prevalence of Selected Chronic Conditions: Rates per 1,000 by Age in Years* and Figure 5- *Prevalence of Top Chronic Conditions, Now and in the Near Future* and agreed that a unique knowledge and skill set is needed to address these chronic diseases. The dental student experience is limited to familiarity with the basic biological principles and recognition of a disorder, but seldom involves exposure to clinical Oral Medicine care or comprehensive rotations regarding Oral Medicine patients. The Council believes the application has demonstrated that Oral Medicine is a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the Accreditation Standards for Dental Education Programs and that Requirement 2 is met.

In regard to Requirement 3, the Council agreed that the overlap between the discipline of Oral Medicine and the recognized specialties is minimal in both subject matter and scope and depth of knowledge. AAOM's application notes that none of the existing dental specialties include "medically related, medicine or medically complex" in their definition of scope and purpose. While most of the dental specialties provide care for medically compromised patients, that care is limited to those specific procedures defined by the respective specialty. The Council believes that the application documents that the advanced knowledge base that applies "directly and exclusively to Oral Medicine" is unique from the existing dental specialties and cannot be offered by minimal modification of a recognized dental specialty. The Council believes Requirement 3 is met.

In regard to Requirement 4, the Council discussed that the application provides ample evidence that the proposed Oral Medicine specialty actively contributes to new knowledge in the field through annual scientific meetings, offered since 1946. In addition to the annual scientific meetings, the specialty applicant actively contributes to professional education by sponsoring and providing speakers for numerous continuing education programs sponsored by the ADA, state dental meetings, and dental societies. AAOM also supported development of the accreditation process by the Commission on Dental Accreditation (CODA) and the Accreditation Standards for Advanced Education Programs in Oral Medicine. The Council noted that the proposed application demonstrates that AAOM members conduct and contribute to research needs of the profession. AAOM has established and continues to sponsor the Oral Medicine section of the journal, "Oral Surgery, Oral Medicine, Oral Pathology, and

Oral Radiology" and has sponsored and published numerous textbooks, position papers, clinical practice statements and clinical guidelines focusing on Oral Medicine conditions. The application outlines that AAOM facilitated the public's access to members with Oral Medicine expertise in the diagnosis and management of patients who have Oral Medicine needs through the Find-A-Doctor web portal, demonstrating that the proposed applicant provides oral health services for the public which are currently not being met by general practitioners or dental specialists. The Council believes Requirement 4 is met.

In regard to Requirement 5, the Council discussed and agreed that the proposed Oral Medicine specialty provides extensive oral health services to the public at large and sponsors many activities that directly benefit clinical patient care. AAOM's application notes the following examples: experts in the field of Oral Medicine provide primary care to patients who have acute and chronic and complex medical issues that require long-term management and modifications in the delivery of oral health care because of their medical status; AAOM has developed and published consensus and evidence-based diagnosis and treatment guidelines that are widely accepted nationally and internationally by dental organizations, insurance providers, educational institutions and government agencies; and Oral Medicine experts publish textbooks, monographs and scientific reports that lead to improvements and advancements in the diagnosis and management of medically complex dental patients and patients with oral mucosal diseases, salivary gland disorders, and orofacial pain conditions.

AAOM's application references the Delta Dental database findings which provide compelling evidence that the procedures performed by recognized dental specialists are much more dental-structure-based, and instrument-and-materials-driven than Oral Medicine. The application includes data that validates that the main health care services, settings, and referral patterns for experts in Oral Medicine are unique from those common to the recognized dental specialties. Evidence is also provided indicating that the demand for Oral Medicine services exists and will continue to grow in parallel with the growing and aging population. The Council agrees and believes Requirement 5 is met.

In regard to Requirement 6, the Council noted that AAOM's application states that there are six (6) CODA-accredited advanced education programs in Oral Medicine in the United States and two (2) programs in Canada. The advanced education programs are at least two years beyond the predoctoral dental curriculum as defined by CODA. The Council noted that as of 2019, there are 30 residents actively enrolled in the advanced education programs in Oral Medicine in the U.S. There are 206 dentists currently in practice who have two or more years of formal advanced education in the proposed specialty. The Council concludes that Requirement 6 is met.

> **Action:** The Council directed that written comment be sent to the National Commission on Recognition of Dental Specialties and Certifying Boards noting its conclusion that the application submitted by the American Academy of Oral Medicine meets the ADA Requirements for Recognition of Dental Specialties and urging that Oral Medicine be recognized as a dental specialty.

Review of Application to Recognize Orofacial Pain as a Dental Specialty: The Council reviewed the Summary Report of the CDEL Committee on Recognition, noting that the American Academy of Orofacial Pain (AAOP) submitted an application to the NCRDSCB requesting that orofacial pain be recognized as a dental specialty. The NCRDSCB announced receipt of the application and invited comment from the communities of interest on whether the application satisfies the Recognition Requirements. The Council reviewed the Recognition Committee's Summary Report, the application

and discussed whether the application meets each of the six Requirements.

In regard to Requirement 1, the Council discussed that the sponsoring organization for Orofacial Pain is the American Academy of Orofacial Pain (AAOP). AAOP's narrative response addressing Requirement 1(b) states, "Members of the AAOP who hold office and vote on issues related to the specialty are dentists and other health professionals who either have completed an advanced education program accredited by the Commission on Dental Accreditation of Orofacial Pain or have sufficient experience in that specialty as deemed appropriate by the sponsoring organization and its certifying board." In reviewing AAOP's Bylaws, the Council noted that AAOP defines "Active Members" as not only dentists, but also licensed physicians and/or non-dental or non-physician allied health care professionals or researchers in good standing within the state or country within which they practice. The AAOP Bylaws also state, "active members shall be eligible to hold office, serve on the Academy Council, or chair a committee; active members shall possess the right to vote in the election of officers at the annual membership business meeting and for all items required to be presented to the membership of the academy for further action; and that when officers are elected, voting shall be in person by Active, Fellow, Retired and Life Members." Requirement 1(b) states that the *privileges to hold office and to vote on any issue related to the specialty are reserved for dentists* who have either completed an advanced education program accredited by the Commission on Dental Accreditation in the proposed specialty or have sufficient experience in that specialty as deemed appropriate by the sponsoring organization and certifying board. Because CHAPTER 1. MEMBERSHIP, SECTION 2. ACTIVE MEMBERS of AAOP's Bylaws allows non-dentists to be Active Members, hold office and vote, the Council concludes that the intent of Requirement 1(b) is not met.

In regard to Requirement 2, the Council noted and agreed that a comparison of the predoctoral accreditation standards and the accreditation standards of advanced education programs in Orofacial Pain demonstrates that graduates of Orofacial Pain programs have advanced knowledge and skills regarding the assessment, diagnosis and treatment of patients with acute and chronic orofacial pain and dysfunction disorders, oromotor and jaw behavior disorders, obstructive sleep disorders, and chronic head, neck, and facial pain, as well as the pursuit of knowledge of the underlying pathophysiology and mechanisms of these disorders. The Council referenced Table 5 which shows a comparison of the 2019 Accreditation Standards for Dental Education Programs with the Accreditation Standards for Advanced Education Programs in Orofacial Pain. The table illustrates that the knowledge and skills in the field of Orofacial Pain are largely under-represented in the pre-doctoral curriculum. Pre-doctoral curriculums do include content areas that are not part of the scope of Orofacial Pain such as treatment of pulpitis and periodontal disease, dental anatomy and occlusion, local anesthesia and conscious sedation, acute pain control, and routine treatment of TMD disorders. The Council believes the application has demonstrated that Orofacial Pain is a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the Accreditation Standards for Dental Education Programs and that Requirement 2 is met.

In regard to Requirement 3, the Council noted that in the application AAOP maintains that there is minimal overlap in the scope and depth of knowledge with the recognized dental specialties. The Council referenced Table 6 which is a summary of results comparing the 2019 curriculum standards for advanced education program in the clinical dental specialties with that of advanced knowledge and skills required in diagnosis and management of Orofacial Pain disorders that are included in the field of Orofacial Pain. The Council discussed and agreed that it appears there is minimal overlap between Orofacial Pain and any recognized dental specialty. Endodontics appears to have some overlap areas,

1 but these focus on diagnosis and non-complex splint treatment. The Endodontist's training in orofacial
2 pain is designed primarily to differentiate endodontic pain from non-endodontic pain and not in the
3 treatment of non-dental orofacial pain. The Council agreed that the scope and depth of the proposed
4 curriculum makes it unlikely that minimal modification of another specialty's training could achieve the
5 same educational objectives. Therefore, the Council believes Requirement 3 is met.
6
7 In regard to Requirement 4, AAOP's application cites that 25% to 35% of the population has a current
8 Orofacial Pain problem that is severe enough to warrant treatment. The Council noted that the
9 application also states that there are approximately 250 Orofacial Pain dentists in the U.S., a relatively
10 small number considering the claim that 25% to 35% of the population has a current pain problem that
11 warrants treatment. The Council believes that if Orofacial Pain becomes a recognized specialty, the
12 result may be an increase in the number of Orofacial Pain dentists who could address these oral health
13 services for the public, which are currently not being met by general practitioners or dental specialists.
14 The specialty applicant also lists several universities that offer continuing education courses and mini-
15 residencies in Orofacial Pain as well as tutorials, workshops, symposiums, case discussions and
16 journal clubs on orofacial conditions. The Council noted that AAOP actively contributes to research
17 needs of the profession with scientific studies and publications in its international journal, the Journal of
18 Oral & Facial Pain and Headache, as well as many other scientific journals in both dentistry and
19 medicine. The journal publications have resulted from extensive orofacial pain research over the past
20 40 years with funding from the National Institute of Dental and Craniofacial Research and other
21 granting agencies. The Council also noted that clinical and research advances in the field of Orofacial
22 Pain have led to the development of evidence-based diagnostic and management strategies for
23 patients with Orofacial Pain conditions. This research has helped define underlying mechanisms,
24 diagnostic criteria, etiology, treatment efficacy, surgical implant outcomes, and other areas of essential
25 knowledge to define the field of Orofacial Pain. The Council believes Requirement 4 is met.
26
27 In regard to Requirement 5, the Council disagreed with its Recognition Committee's conclusion that
28 Requirement 5 is not met. The Council believes that the proposed specialty directly benefits clinical
29 patient care. Members of the AAOP have developed and published consensus based diagnosis and
30 treatment guidelines that have been accepted nationally and internationally by dental organizations,
31 insurance providers, and government agencies. The Council also noted that AAOP's application states
32 that the following principal health services are provided to the public by all Orofacial Pain practitioners:
33 a complete head and neck examination; imaging and laboratory technique and interpretation;
34 differential physical diagnosis of pain disorders; behavioral and psychosocial assessment and
35 diagnosis; interdisciplinary treatment planning; and treatment procedures including craniofacial nerve
36 blocks, joint injections, and Intramuscular injections, etc. The Council agrees that the demand for these
37 services continues to increase and believes that if Orofacial Pain is recognized as a dental specialty, it
38 would have a significant impact in serving the public's needs. For these reasons, the Council believes
39 that Requirement 5 is met.
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41 In regard to Requirement 6, the Council noted that AAOP's application states that twelve (12) advanced
42 education programs in Orofacial Pain are accredited by the Commission on Dental Accreditation and
43 that each of these formal advanced education programs is at least two years beyond the predoctoral
44 dental curriculum as defined by CODA. The Council also noted that more than 25-35 Orofacial Pain
45 dentists are graduating from these programs every year. The AAOP has established an examination
46 and credentialing process for orofacial pain dentists through the development of the American Board of
47 Orofacial Pain and since 1994, 295 dentists have been certified, focusing their careers in Orofacial
48 Pain. The Council concludes that Requirement 6 is met.

Action: The Council directed that written comment be sent to the National Commission on Recognition of Dental Specialties and Certifying Boards noting its conclusion that the application submitted by the American Academy of Orofacial Pain does not meet the ADA Requirements for Recognition of Dental Specialties, specifically Requirement 1(b), and urging that Orofacial Pain not be recognized as a dental specialty at this time.

Reminders: The Council was reminded that the next in-person meeting of the Council will be January 16-17, 2020 at ADA Headquarters in Chicago.

Adjournment: 5:45 PM, Monday, October 21, 2019