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# On Emerging Clinical Dental Specialties and Recognition

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## Commentary

Dentistry is mainly a surgical clinical profession and dental clinicians are primarily involved in the surgical management of oral diseases and conditions. There are a few American Dental Association (ADA)-recognized non-surgical dental specialties such as Oral & Maxillofacial Pathology, Oral & Maxillofacial Radiology, and Public Health Dentistry. These non-surgical dental specialties are mainly supportive to the surgical dental specialties and general dentists. For instance, Oral & Maxillofacial Pathology and Oral & Maxillofacial Radiology support providing diagnostic information to assist surgical procedures, and Dental Public Health evaluates global oral disease data in order to advance mostly surgical clinical dentistry.

My particular area of specialization is the clinical dental specialty of Oral Medicine. Because Oral Medicine is not recognized by the ADA, many patients, physicians, and even dentists are not aware of my particular area of specialization, and the value of patient referral to an oral medicine clinician. (Personally, my primary occupation is within education and research, and I see only a limited number of private practice oral medicine patients due to time constraints.) As many healthcare clinicians are not familiar with this clinical discipline, I will provide information. Oral Medicine encompasses the diagnosis and treatment (medical management) of non-dental oral conditions, and the dental treatment of medically complex patients. Oral Medicine clinicians are often involved in the diagnosis and management of oral vesiculoerosive conditions, oral viral, and oral fungal infections. Furthermore, oral medicine clinicians are often involved in the diagnosis and management of neuropathic oral pain conditions such as glossodynia, and atypical odontalgia. Patients with such conditions find it difficult to find clinicians who are able to diagnose and manage their particular oral and dental conditions because of the lack of public awareness of the specialty of oral medicine. [1] Even in my hometown (Washington, DC), dentists often believe that I am an Oral & Maxillofacial Surgeon, or an Oral & Maxillofacial Pathologist, even though I have been practicing oral medicine in DC for over twenty years, have been dental school faculty for over twenty years, and have given hundreds of presentations related to oral medicine, and talked about oral medicine, and presented the AAOM insignia, website, and publications. Many dentists assume that I am an oral pathologist or oral surgeon, probably because Oral & Maxillofacial Surgery and Pathology are ADA-recognized dental specialties. It appears that patients, physicians, and even dentists do not understand the difference between these dental/oral disciplines. Oral Surgery's main focus is the surgical management of oral and dental conditions, and Oral Pathology's main focus is the microscopic evaluation of oral, and dental conditions. There are a number of oral medicine clinical areas of concern in which Oral Medicine residents are educated and trained, and none of the ADA-recognized clinical dental specialty residency programs provide education and training [1]. Furthermore, many of these areas of concern particular to oral medicine clinicians, are not psychometrically evaluated by the various ADA recognized clinical specialty boards.

In 1945, the American Academy of Dental Medicine was formed which eventually became the American Academy of Oral Medicine (AAOM). This academy was (and is) focused on the diagnosis and medical management of non-dental oral conditions, and the medical management of medically complex dental patients. In 1956, the American Board of Oral Medicine (ABOM) was formed in order to provide education, training, and psychometrically-based credentialing for oral medicine clinicians. Other, non-surgical disciplines of non-ADA recognized areas of dental specialization include Orofacial Pain, and Dental Anesthesia. (Oral & Maxillofacial Pathology, and Oral & Maxillofacial Radiology are ADA recognized specialties which are non-surgical, but are not involved with therapy.) Presently, the American Board of Orofacial Pain (ABOP), and the American Dental Board of Anesthesiology (ADBA), provide education and training, and psychometrically evaluated credentialing for dental specialties related to the diagnosis and medical management of chronic orofacial pain, and dental anesthesia services for oral and dental surgical procedures. These boards (ABOM, ADBA, ABOP) have filed applications for specialty recognition to the American Dental Association (ADA) and have been repeatedly denied dental specialty status. Furthermore, as the vast majority of state dental boards only recognize ADA-recognized

**Table 1:** Relatively unique areas of practice for oral medicine clinicians

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| Dental therapy for medically complex patients |
| Diagnosis and therapy for patients with oral cancer |
| Diagnosis and therapy for patients with non-infectious mucosal lesions |
| Diagnosis and therapy for patients with infectious mucosal lesions |
| Diagnosis and therapy for patients with salivary gland disorders |
| Diagnosis and therapy for patients with oral neuropathic disorders |

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dental specialties, Oral Medicine, Dental Anesthesia, and Orofacial Pain boarded dental clinicians are usually precluded from advertising themselves as specialists.

The practice of oral medicine is relatively unique in dentistry, with regard to being an essentially non-surgical area of dental specialization emphasizing both diagnosis and therapy. The particular patient-care oral medicine concerns are demonstrated in table 1.

With regard to Oral Medicine research, the World Workshop on Oral Medicine was initiated in 1988, and the sixth World Workshop on Oral Medicine was presented in 2015. Therefore, there has been an Oral Medicine World Workshop approximately every 4.5 years. In each of these sessions, current research on the topic of Oral Medicine (Non-infectious Diseases of the Oral Mucosa, Infectious Diseases of the Oral Mucosa, Orofacial Pain, and Salivary Gland and Chemosensory Disorders) is reviewed and evaluated. These workshops have documented approximately one thousand such articles at every workshop [2-4]. Journals with significant reporting of Oral Medicine research and clinical practice include the Journal of Oral Pathology & Medicine, Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, Oral Diseases, Dentistry and Oral Diseases, American Journal of Oral Medicine, Journal of Dentistry and Oral Medicine, International Journal of Oral-Medical Sciences, Journal of Indian Academy of Oral Medicine and Radiology, Critical Reviews of Oral Biology & Medicine, Current Oral Health Reports, Medical Oral Patologica Oral y Cirugia Bucal, Journal of Dentistry, Oral Medicine, and Dental Education, Archives of Oral Biology, Journal of Oral Diagnosis, Oral Biosciences & Medicine, BMC Oral Health, Open Journal of Stomatology, Journal of Stomatology, Indian Journal of Stomatology, To Stoma, International Journal of Oral Science, Open Journal of Stomatology, and International Journal of Stomatological Research.

Presently, the ADA-recognized dental specialties include only 9 areas of specialization, Oral & Maxillofacial Surgery, Prosthetic Dentistry, Orthodontics, Periodontics, Oral & Maxillofacial Pathology, Pediatric Dentistry, Endodontics, and Oral & Maxillofacial Radiology. Most of these ADA-recognized dental specialties were recognized by 1950. The last two to be recognized were Endodontics in 1963, and Oral & Maxillofacial Radiology in 1999. Medicine and the AMA limited medical specialties to only four medical specialties (Ophthalmology, Otolaryngology, Obstetrics and Gynecology, and Dermatology (and Syphilogy)) until the 1930s. The number of current medical specialties is approximately six times that [5]. The ADA, like the AMA, is essentially a trade organization, and is not a credentialing agency. Having a trade a organization control which discipline is accorded specialty status, and which is not, allows serious problematic conflict of interest issues which tend to impact negatively with regard to patient care. It is not financially advantageous to allow specialty recognition, when the new specialty may compete with your established specialty. However, not allowing a similar area of expertise specialty recognition, may impact negatively with regard to patient care. Patients are less likely to know about disciplines which do not have specialty recognition.

The ADA's path to clinical dental specialty recognition, requires that emerging dental specialty applicants submit an application which is to be reviewed by a special application evaluation committee. However, even if the application evaluation committee determines that the applicant has completely satisfied the requirements for clinical dental specialty recognition, the application is then sent to the ADA House of Delegates for an up or down vote. As such, ADA-recognized specialties with potential economic conflict of interest issues are allowed to lobby against such applicants. The vast majority of the state dental boards only accepts the recommendations of the ADA as to clinical dental specialty recognition, and do not allow non-ADA-recognized clinical dental specialist to advertise their particular expertise without the proviso of acknowledging that they are in fact, general dentists (and not dental specialists). The American Board of Oral Implantology/Dental Implantology (ABOI/DI) has successfully sued dental boards in California, and Florida on the issue of commercial free speech [6,7]. As the state dental boards are not allowed by state law (and federal law) to base such decisions on the advice of a trade association such as the ADA rather than a credentialing agency, the courts found against state dental boards being allowed to limit the commercial free speech of a clinical dental specialty not recognized by the ADA, The physicians' solution to the limitation of medical specialties was to form the American Board of Medical Specialties, which resulted in the recognition of a number of medical specialties including Pathology, Cardiology, Surgery, and Internal Medicine. In time, other medical specialty credentialing boards such as the American Osteopathic Association Bureau of Osteopathic Specialists, and the American Board of Physician's Specialties formed and also increased the number of credentialed medical specialties. The American Board of Dental Specialties (ABDS) is a credentialing agency for dental specialties which was recently formed in 2014 [8]. It is presently in the process of accepting applications for ABDS dental specialty recognition. Applications are presently being reviewed from four emerging dental specialty boards, the ABOM, the ABOP, the ADBA, and the ABOI/DI. The ABDS expects a number of other emerging dental specialties to submit applications for specialty status in the future. Furthermore, it may work out in the future, that the ADA is removed from granting dental specialty status, just as in the past, the AMA was removed from granting medical specialty status.

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