



American Association of Oral and Maxillofacial Surgeons
Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery*

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VIA EMAIL: jennifer.santiago@doh.wa.gov

March 8, 2018

Ms. Jennifer Santiago
Program Manager
Washington Dental Quality Assurance Commission
PO Box 47852
Olympia, WA 98504-7852

RE: WAC 246-817-420 Specialty representation

Dear Ms. Santiago:

On behalf of the 151 members of the American Association of Oral and Maxillofacial Surgeons (AAOMS) practicing in Washington, we appreciate the opportunity to provide this commentary as the Dental Quality Assurance Commission (DQAC) considers possible rule making on WAC 246-817-420.

After earning a dental degree from an accredited four-year dental school, oral and maxillofacial surgeons (OMSs) complete a minimum of four years of hospital-based oral and maxillofacial surgery residency training, which includes rotations in such areas as general surgery, anesthesia and clinical research. These programs are accredited by the Commission on Dental Accreditation (CODA) and undergo meticulous review. As one of the nine ADA-recognized dental specialties, patients who visit an OMS can be assured their practitioner has been trained to the highest training standards due to the requirements for specialty recognition.

The question of dental specialty recognition is a complex issue and one that has been debated in-depth over the past several years. The ruling in *American Academy of Implant Dentistry v. Parker* caused many state Dental Boards to review their dental specialty recognition processes. Rather than completely upending the current specialty recognition process, we ask Dental Boards to remember that the basis of the *AAID v. Parker* case was founded on the fact that the state delegated all authority to determine dental specialties to the ADA, a non-governmental entity. This level of delegation is not present in every state's provisions and thus not every state will need to take action as a result of this ruling. AAOMS believes the language currently found in WAC 246-817-420 is appropriate, should be maintained and new dental specialties added to the provision as they are recognized by the DQAC.

When considering the recognition of new dental specialties, we urge the DQAC to consider proposed specialties on their merits individually rather than approving *en masse* through the approval of a single credentialing board, such as the American Board of Dental Specialties, as suggested in the petition currently under consideration. We also urge the DQAC to require members of any new dental specialty to complete a CODA-accredited post-doctoral residency. CODA is the only dental group recognized by the U.S. Department of Education to accredit advanced dental education programs and any recognition of dental specialties should be based on advanced

educational standards and training. To use any other standard would be detrimental to patient care and safety.

We thank you for the opportunity to comment on this proposal. Please contact Ms. Sandy Guenther of the AAOMS Governmental Affairs Department at 847-678-6200 or sguenther@aaoms.org with questions or for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett L. Ferguson". The signature is written in a cursive style with a large initial "B" and "F".

Brett L. Ferguson, DDS, FACS
President

CC: Andrew A. Vorono, DDS, President, Washington State Society of OMS
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