



## Provision of OMS Services

The American Association of Oral and Maxillofacial Surgeons (AAOMS) is dedicated to excellent standards of care and supports the highest level of training and continuing education for its members. Ensuring the safest possible delivery of surgical and anesthesia services has always been the top-most priority for AAOMS.

Surgical services by their very nature may result in unpredictable, intraoperative challenges and postoperative outcomes and complications, even in cases that appeared preoperatively to be the most routine of procedures. Recognition of these challenges and complications and their prompt and appropriate treatment are critical to averting adverse outcomes. Achieving positive outcomes with the greatest frequency possible requires advanced training and education. Such training and education can only be accomplished through attaining the appropriate doctoral degree.

Therefore, it is the position of the American Association of Oral and Maxillofacial Surgeons (AAOMS) that all surgical procedures delivered within the scope of oral and maxillofacial surgery, including all extractions, should be provided only by practitioners having attained the degree of Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD) or their equivalent (or by those with an MD where permitted by law).

It is inconsistent with current standards to subject patients to two levels of care in cases requiring irreversible surgical procedures. Policymakers should appropriate adequate funding that will allow dentists to serve patients in underserved areas rather than settling on midlevel providers to treat this population.

Adequate funding of current low-access programs is the only way to ensure the protection of patients seeking surgical services of the oral cavity and oral and maxillofacial region and its associated structures. Allowing anyone without the appropriate education, training and experience to provide these services places patients at risk and constitutes an unacceptable compromise to the public welfare.

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*Reaffirmed January 2021, AAOMS Committee on Government Affairs*

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