

2018 ASDA Application for Specialty Recognition of Dental Anesthesiology to the National Commission on Recognition of Dental Specialties and Certifying Boards Talking Points

- AAOMS continues to recognize the importance of anesthesia in dentistry and dentistry's outstanding contributions of discovery and refinement for safe and effective therapeutic alternatives for control of pain and anxiety.
- Pain and anxiety control through anesthesia has been a part of the practice of dentistry in total and should not be in any way lessened for any practicing dentist in order to recognize one part of the practice of dentistry as a specialty.
- The proposed anesthesia specialty is not separate and distinct from any currently recognized specialty or combination of recognized specialties, which is a requirement for specialty recognition.

Limiting to Dentistry in General

- All dentists relative to their respective state dental practice acts, regardless of specialty or not, should have the ability to administer anesthesia at a level for which they have been trained and licensed to perform.
- Historically, when there is a specialty within a profession, the specialty establishes the related standards for the entire profession.
- The specialty may become the voice for the profession and determine the Standard of Care within state and federal regulatory and legislative bodies.
- Dentists could lose control over anesthesia in their own practices.
- Let's keep dentistry's current model of anesthesia, allowing all dentists to perform anesthesia to their level of training, including the dentist anesthesiologist.
- Additionally, Requirement 4(d) for specialty recognition demands that specialty practice provide oral health services for the public, all of which are currently not being met by general practitioners or dental specialists. This raises many questions:
 - If dental anesthesiology is recognized as a dental specialty and the dental anesthesiologist subsequently practices the separate and distinct scope of this newly recognized specialty, will he/she still be practicing within the scope of the ADA definition of dentistry?
 - Does anesthesia care, outside of the umbrella of an "area of special interest" of dentistry, constitute an oral health service? Does the separate and distinct practice of anesthesiology leave the practice of dentistry only to become the practice of medicine?
 - How does the dental anesthesiologist solely providing anesthesia to the patients of another dental provider provide "oral health services" for the public?

The answers to these questions could have serious regulatory, legislative and judicial ramifications.

Patient Safety

- The delivery of anesthesia in multiple locations with unfamiliar staff and office environment by any specialist or dentist, known as the itinerant or mobile model, may increase negative untoward anesthesia incidents, especially if providing anesthesia to a high-risk patient population.
- Effective treatment of emergency situations, especially in life-threatening circumstances, may be compromised by: the unfamiliar environment of an unknown dental office; unfamiliar dental personnel; and lack of knowledge of, and transfer agreements for, local support facilities.
- Special needs dental patients not uncommonly have a higher ASA classification and can present anatomic/physical/cognitive/behavioral issues that make the itinerant delivery model of anesthesia services less than ideal.

Access to Care

- The application for specialty recognition states there are presently 409 two- to three-year trained dentist anesthesiologists and only 10 training programs, one of which is Canadian. Of the nine U.S. programs, the Wycoff Heights Medical Center has announced it will be closing, and the two programs in California are no longer accepting new residents.
- With current enrollment in dental anesthesiology residency programs, approximately 34 anesthesia-trained dentists will graduate per year, for a total of 170 dentist anesthesiologists entering the workforce within the next five years.
- As outlined in the ASDA application, it is stated that this number will be insufficient to meet the needs in the specialty over the next five years.
 - How can this new dental specialty fulfill their promise of access to care for developmentally disabled, phobic, medically compromised and pediatric patients?
- Special needs patients have far better access to care if all dentists continue to have the opportunity to deliver anesthesia at their level of training.