GUEST EDITORIAL

AAOMS challenges AMA data series comments on OMS, dentistry

The AMA Scope of Practice document impugns dental education as a whole, questions the authority of the profession to oversee and accredit its training programs, and casts doubt on the ADA's Definition of Dentistry.

Ira D. Cheifetz, DMD
President, American Association of Oral and Maxillofacial Surgeons

Under the guise of "holding patient safety in the highest regard" and as part of its "Scope of Practice Data Series," the American Medical Association (AMA) has widely disseminated an "advocacy" document that questions the education, training and proficiency of oral and maxillofacial surgeons (OMSs) and the validity of the specialty's scope of practice, as well as the validity of the dental education and accreditation processes in general.

The American Association of Oral and Maxillofacial Surgeons (AAOMS) was surprised when this document was delivered to its headquarters in late October 2009, inasmuch as oral and maxillofacial surgery is a recognized specialty of dentistry and, as such, organized medicine has no authority in this area of practice. Even more troubling, a thorough review of the document's contents revealed numerous errors, inaccuracies and basic misrepresentations related to every area of the specialty, including education, training and the scope of OMS practice. In fact, the AMA Scope of Practice document impugns dental education as a whole, questions the authority of the profession to oversee and accredit its training programs, and casts doubt on the ADA's Definition of Dentistry. So pervasive are the document's errors and rash conclusions that AAOMS declined to provide detailed comments; instead, we asked the AMA to meet with us to discuss all the issues surrounding this document.

Allow me to draw your attention to a few of the many areas of concern in this document. These are issues that should concern all dental professionals.

Relying on its incorrect information and interpretations, the AMA has identified dentists—specifically, single-degreed oral and maxillofacial surgeons—as seeking unwarranted expansion of their scope of practice. As most dental and medical specialists are aware, OMSs complete a hospital-based surgical residency-training program of at least four years, during which they train alongside medical residents in anesthesiology, surgery and other medical specialty rotations. Unlike many specialties that do not require residents to perform a specific number of cases, the OMS standards specify a

minimum required number of cases to be treated by residents. In fact, our residents typically perform more than the minimum number of required cases. More importantly, all are trained to a level of competency or beyond.

The AMA document employs a "smoke-and-mirrors" approach to contrast the surgical training of OMSs and that of plastic surgeons and otolaryngologists through the use of a comparison chart dated 2003. Aside from the fact that the data are seven years out of date, the AMA's comparison of the training between these specialties conspicuously overlooks the fact that OMSs, practitioners of a recognized dental specialty, are competent to perform those procedures allowed by state law and for which they are qualified by their education, training and state licensing. Facial cosmetic surgery, a prime example, has been a component of OMS training since 1992.

For purposes that are clearly their own, the AMA has also targeted portions of the ADA's Definition of Dentistry and the education and training of single-degreed OMSs, stating that "oral and maxillofacial training programs for dentists simply cannot duplicate the medical education that physicians receive." The truth is that the same training requirements for single and MD-integrated OMS programs and residents must be met for accreditation, regardless of the degree or certificate provided at the successful completion of the program.

Accreditation and approval of the OMS residency programs are under the purview of the ADA Commission on Dental Accreditation (CODA), which is nationally recognized by the U.S. Department of Education to accredit dental and dental-related educational programs conducted at the postsecondary level. The Standards for Oral and Maxillofacial Surgery require training in specified areas, including craniofacial reconstruction, oncologic surgery, cleft lip and palate surgery, and facial cosmetic surgery. These are reviewed and revised regularly to include updates necessitated by new technologies, research and procedures.

In an attempt to resolve this issue amicably, the AAOMS Board of Trustees has invited AMA officials to meet and discuss the inaccuracies and concerns relating to the "Scope of Practice Data Series on Oral and Maxillofacial Surgery."

This foray by elements of organized medicine into the profession of dentistry is particularly egregious given the current national focus on health care reform and access to care for millions of Americans. AAOMS believes the AMA should endeavor to work collaboratively with the profession of dentistry in the best interests of our mutual patients and to improve the health care system, rather than seek to divide the health care community for competitive or political advantage. The AMA and other elements of organized medicine should not be attempting to control access to health care and limit beneficial competition for patient services.

In an attempt to resolve this issue amicably, as mentioned above, the AAOMS Board of Trustees has invited AMA officials to meet and discuss the inaccuracies and concerns relating to the "Scope of Practice Data Series on Oral and Maxillofacial Surgery." I am pleased to report that the AMA has accepted our invitation. This meeting will involve the highest ranking officials of both the AAOMS and the AMA. It is our sincere hope that as a result of this meeting, the AMA will gain a better understanding of and appreciation for the training and skills of OMSs. If these hopes are not realized, however, the AAOMS is prepared to take all appropriate measures to protect and defend dental education, training and accreditation processes, and the full scope of OMS practice.

While our specialty's education and training programs have consistently ensured that our patients receive the highest level of quality health care, we must continue to remain vigilant and guard against unwarranted attempts to restrain our profession's scope of practice by elements of organized medicine. ■

Address reprint requests to Dr. Cheifetz at the American Association of Oral and Maxillofacial Surgeons, 9700 W. Bryn Mawr Ave., Rosemont, Ill. 60018-5701, e-mail "Cheifetzeditorial@aaoms.org".