



A Major Change has Occurred with Regard to New Dental Specialties

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Commentary

Few of us presently are alive today to remember when medicine had only four recognized specialties. In 1933, the AMA still controlled the process of specialty recognition, and at that time only ophthalmology, otolaryngology, obstetrics-gynecology, and dermatology (and syphilology) were recognized as medical specialties. The American Board of Medical Specialties (ABMS) was formed which resulted in the recognition of a great deal many more recognized medical specialties. Furthermore, other medical specialty recognition boards were later created such as the American Osteopathic Association Bureau of Osteopathic Specialists, and the American Board of Physicians' Specialties [1].

The American Dental Association (ADA) solely controlled dental specialty recognition until recently when the American Board of Dental Specialties (ABDS) was formed in 2015 [2,3]. In 1947, there were only five recognized dental specialties - Oral Surgery, Orthodontics, Prosthetic Dentistry, Periodontics, and Oral Pathology. Pedodontics, and Public Health Dentistry were added by 1950. Endodontics was recognized in 1963, and Oral & Maxillofacial Radiology was recognized in 1999. Much like how the AMA controlled medical specialty recognition previous to 1933, the ADA has severely limited the ability of emerging specialties to become recognized. Such is accomplished by allowing the governing legislature of the ADA to have an up or down vote regarding allowing dental specialty recognition. Such a procedure allows existing specialties to lobby to prevent new and possibly competing specialties from becoming recognized. Therefore, there is an inherent conflict of interest which reflects economic interests above those of patient care [2].

Specialty recognition is important with regard to providing information to the public, generalists, and existing specialists. It is particularly important with regard to providing inter-professional communication. Many physicians, physician's assistants, nurse practitioners, physical therapists, and other health care providers are relatively ignorant of specialties outside of their immediate frames of reference. For instance, it often takes multiple referrals before patients get to clinicians in my particular dental specialty - oral medicine. Patient with conditions such as oral lichen planus, recurrent aphthous ulcers, oral herpetic lesions, and atypical odontalgia, often have difficulty in having their conditions correctly diagnosed and treated [4]. The lack of knowledge of other dentists, physicians, and other health care providers prevents many patients from receiving the best care as soon as possible.

In 2015, the ABDS were formed by four emerging dental specialties, the American Board of Oral Medicine, the American Board of Oral facial Pain, the American Dental Board of Anesthesia, and the American Board of Implant Dentistry. The ABDS recently received a successful court decision against the Texas State Board of Dental Examiners. (This case is presently under appeal.) The United States 5th Circuit Judge (the honorable Sam Sparks) decided in a summary judgment that the Texas Administrative Code was an unconstitutional restriction upon the plaintiff's First Amendment right to free commercial speech. Similar court cases also prevailed in Florida and California [5,6]. Therefore, dentists (in Texas) within dental specialties recognized by the ABDS are allowed to advertise that they are indeed, dental specialists. The ABDS is essentially a credentialing agency and demands that dental specialties demonstrate appropriate standards and credibility and demonstrate psychometric evaluation before acknowledging diplomat status with said dental specialty. The ADA and the AMA are trade organizations, and not credentialing agencies. It is hoped for that the ABDS will take over from the ADA with respect to emerging dental specialties, just as the ABMS took over from the AMA eighty some years ago.

This sea-change in dental specialty recognition is expected to advance dental patient care. The result should enhance physicians' and patients' knowledge of newly recognized dental specialties and

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improve communication between dentists, patients and physicians.

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