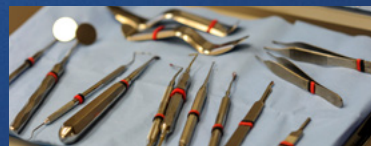
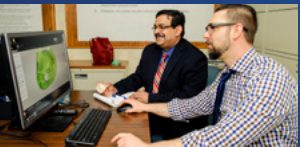
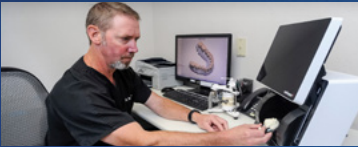


UPDATE ON SPECIALTY RECOGNITION



ACP
AMERICAN COLLEGE OF
PROTHODONTISTS

Your smile.
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Recent changes in specialty recognition

Specialty recognition is a critical issue not only for prosthodontics but all of the recognized specialties – and our patients. So let me summarize the salient events as they have unfolded and describe how the ACP has been involved in representing your interests.

From 1947-1963, the American Dental Association (ADA) recognized eight dental specialties. Since then, only one additional specialty, Oral & Maxillofacial Radiology, has been approved. Four other clinical entities have made multiple attempts to achieve specialty recognition (Implantology, Dental Anesthesia, Orofacial Pain, and Oral Medicine) but did not succeed.

In the 1980s, the courts began to recognize the right of professionals to advertise, and the landscape for the ADA-recognized dental specialties began to change dramatically. Cases in Florida (2009) and California (2010) allowed advertising as a specialist by groups other than the nine ADA-recognized specialties, citing restraint of trade and classifying the ADA as a “trade organization”. Several of these groups banded together and formed a certifying board, the American Board of Dental Specialties (ABDS).

In 2015, a lawsuit was filed in Texas challenging the designation of “specialist”. This case questioned the state’s deferral to

the ADA for “specialty recognition.” Since the ABDS claims that these “specialists” are required to complete a credentialing process, the Texas court decided that, under the First Amendment, these groups are entitled to call themselves specialists. In the current litigious climate, the judiciary is extremely cautious when handing down a ruling that could be perceived as interfering with laws governing restraint of trade or free speech. The Texas Board of Dental Examiners filed an appeal with the Fifth District Federal Court of Appeals, but the ruling was affirmed in 2017.

In response to these developments, two task forces were formed: an ADA-supported Task Force and a Task Force on Specialty Recognition sponsored by the Dental Specialty Group. Both task forces included representatives from the ACP.

What emerged was a recommendation for a new commission devoted to specialty recognition and the formation of certifying boards. This commission would be independent of the ADA. This is intended



to protect the specialty recognition process from any real or perceived influence by the ADA.

A draft of bylaws for this new commission was circulated to the Dental Specialty Groups, of which the ACP is an active participant, and representatives from the specialties and their corresponding specialty boards were invited to attend a summit meeting. After reviewing the comments, a final draft was developed and referred to the ADA Board of Trustees.

In August 2017, the ADA Board of Trustees voted to recommend approval of modification of its bylaws to change the process by which new dental specialties and certifying boards are recognized. This recommendation became Resolution 30. The ACP testified in support of Resolution 30 and recommended that it go forward to the House of Delegates.

On Oct. 23, 2017, the House of Delegates met, discussed, and voted on Resolution 30. The resolution was approved, and the National Commission on Specialty Recognition and Certifying Boards will move forward. The ADA House of Delegates is no longer the final determinant of specialty recognition. Removing the HOD's role in identifying a "specialty" is critical in blocking the onslaught of court cases against the different states that defer to the "ADA-recognized" specialties.

There is still much work to do and many details to implement before the new commission becomes fully operational. But this is a major step forward.

At every stage of the process, the American College of Prosthodontists has been active to ensure that your interests are represented as specialists.

Overview of the National Commission on Recognition of Dental Specialties and Certifying Boards

In October 2017, the ADA House of Delegates voted to establish the National Commission on Recognition of Dental Specialties and Certifying Boards. This effectively removed the ADA from recognizing dental specialties and placed the responsibility with this new commission.

The National Commission on Recognition of Dental Specialties and Certifying Boards will commence with its first meeting in May 2018. All the organizations representing the current ADA-recognized specialties, including the ACP, are part of the Commission as founding members.

The function of the Commission will be to review applications for future potential dental specialties and act on them. The goal is to apply the standards of the recognized specialties to each new applicant in a manner that is fair, rigorous, and unbiased.

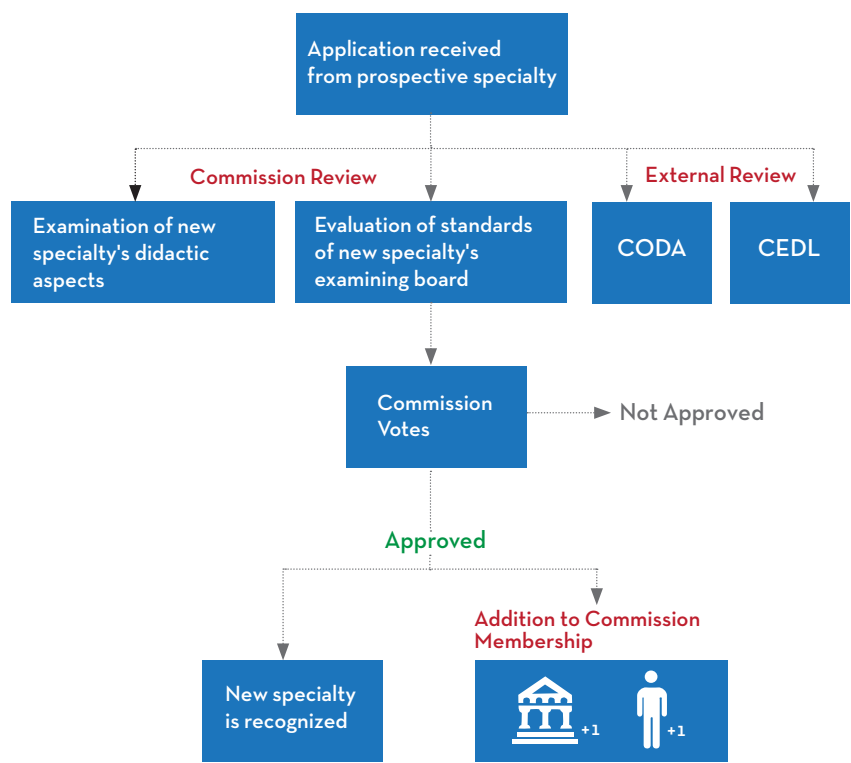
The Commission is composed of nine dental specialties, nine general dentists, and one public member.

The overall structure will consist of two main committees. One will examine the didactic aspects of the proposed new specialty and the other will be tasked with applying criteria that are within the current specialties' examining and certifying boards to ensure that the standards of the examining board of the proposed specialty are equivalent to the standards used to grant diplomate status by the existing specialties.

Composition of Commission



Stages for consideration of a new specialty



The Commission would send the didactic format to Council on Dental Accreditation (CODA) for evaluation and comment along with application to Council on Education and Dental Licensure (CEDL) for comment and suggestion. Once the external review process is completed by CODA and CEDL, the National Commission on Recognition of Dental Specialties and Certifying Boards will vote on the application. If the vote is favorable, the new specialty will be given a seat at the table and one general dentist will be added.

The Commission will be funded 50% by the ADA and 50% by the specialties, with each specialty splitting the balance equally. The goal will be to keep the number of

specialists and general dentists even, at least initially. Each specialty will have one vote and each general dentist will have one vote. The first meeting will focus on populating the committees and developing other aspects of the overall function to assure that this will be an efficient, responsive, and high-functioning body.

As the ACP's representative on this new commission, I am dedicated to ensuring that our unique skills and expertise as specialists are widely understood within the dental community, and that any prospective new specialties will be held to the same high standards of training, education, and certification.

CODA and “specialty” terminology

As you may have heard, the Commission on Dental Accreditation (CODA) recently voted to eliminate the term “specialty” from its documentation, policies, and other materials.

Instead, CODA will use the term “advanced education programs” when referring to disciplines within dental education such as prosthodontics.

This has left some ACP members asking: am I still considered a specialist?

In short – yes, you are. This change has no effect on your status as a specialist. CODA accredits, promotes, and monitors dental education programs. *It has no role in specialty recognition or specialty advertising.*

The mission of CODA is to ensure the quality of dental education programs for the protection of the public and the dental profession. This change was necessary for CODA to function properly within the scope of its responsibility, as recognized by the U.S. Department of Education (USDE), which does not include specific language to distinguish between “advanced” and “advanced specialty” disciplines within dentistry.

CODA’s scope of recognition with the USDE is: *The accreditation of predoctoral dental education programs (leading to the D.D.S. or D.M.D. degree), advanced dental education programs, and allied dental education programs that are fully operational or have attained*

“Initial Accreditation” status, including programs offered via distance education.

CODA is charged with developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The change from “specialty” to “advanced education programs” is intended to clarify that CODA accredits education programs but does not designate which disciplines in dentistry are “specialties”.

Hence, this change was necessary so that CODA could not be accused of restricting terminology to only the ADA-recognized dental disciplines and specialties, thereby engaging in restriction of free speech or restraint of trade. This was a response to the current legal environment, which Dr. Brackett describes on the preceding pages.

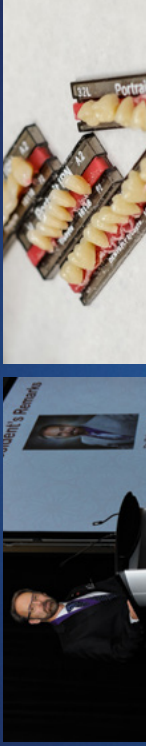
Our specialty has been represented throughout this process by Dr. John Agar as CODA Commissioner for Prosthodontics, and before him by Dr. Stephen Campbell. Representatives from the ACP attended all public meetings about the change in terminology.

The ACP has been – and will always be – steadfast in protecting the specialty and safeguarding your interests as a prosthodontist.



Key Points

- Moving forward, specialty recognition will be handled by a new commission that is independent from the ADA.
- The ACP will represent prosthodontics on the National Commission on Recognition of Dental Specialties and Certifying Boards. Any prospective specialties will be held to a fair, unbiased, and rigorous standard.
- The change in terminology by CODA has no effect on your status as a specialist. CODA has no role in specialty recognition.
- As a member of the American College of Prosthodontists, you belong to the organization that represents the specialty of prosthodontics and ensures national recognition of the specialty.
- Your membership proves that you are a specialist. It is a symbol of your dedication to patient care.
- Your membership makes it possible for the ACP to represent the specialty with a unified voice.



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