WHAT ELSE CAN WE LEARN FROM THE ANESTHESIA SPECIALTY APPLICATION?

The American Society of Dentist Anesthesiologists (ASDA), the organization that currently accepts into active membership only dentists with at least 2 years of hospital-based general anesthesia residency accredited by the Commission on Dental Accreditation (CODA), has submitted an application to the American Dental Association (ADA) for recognition of anesthesiology as a specialty of dentistry. Following a review with input from the entire profession over 16 months, the ADA House of Delegates will vote on this issue in the fall of 2012. Any proposed change in any organization will foster opinions for or against such change, so all ADA members should voice their views. The more broadly-based American Dental Society of Anesthesiology (ADSA), the other dental anesthesia-related organization which accepts into active membership, regardless of training, any dentist who has an interest in any aspect of the control of anxiety and pain, is primarily devoted to improving continuing education in sedation and anesthesia. Because the ADSA strongly desires to maintain its focus and does not wish to alienate any group within its membership, it has wisely maintained a position of neutrality on this issue. Your editor will honor the ADSA position of neutrality in this journal, regardless of his own strong personal opinion on the specialty.

Irrespective of one's position on the proposed specialty, a careful examination of requirements II and III of the application reveals that it provides a comprehensive review of the CODA accreditation standards related to teaching the control of pain and anxiety in accredited dental education programs, including dental schools (Requirement II) and the accredited dental residencies (Requirement III) that typically involve anxiety and pain. It must be understood that the CODA accreditation standards are minimal standards and that some individual dental schools and specialty programs exceed their own minimal standards.

It is also important to understand that to more accurately describe the actual level of training provided, CODA uses specific terms to describe the levels of knowledge and skill attained. CODA defines "familiarity" as "a simplified knowledge for the purpose of orientation and recognition of general principles," whereas their term "competent" is "the level of knowledge, skills, and values required by students/residents to perform independently an aspect of dental practice after completing the program." The highest level of education and clinical training in CODA documents,

"proficient," is "the level of knowledge, skills, and values attained when a particular activity is accomplished in more complex situations, with repeated quality and with a more efficient utilization of time." Using these definitions, the anesthesia specialty application is based on comparing and contrasting the actual CODA standards among the various dental specialties for sedation/anesthesia knowledge and clinical skills. These comparisons are required in all specialty applications and are not made to imply superiority of one specialty over another, but rather to just explain the differences in their respective CODA standards.

The ADA's 6 requirements for any new specialty are:

- I. In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization (a) whose membership is reflective of the special area of dental practice and (b) that demonstrates the ability to establish a certifying board.
 - II. A specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates, as defined by the predoctoral accreditation standards. The application must: (a) provide a definition of the specialty; (b) compare and contrast the predoctoral accreditation standards with the advanced knowledge required for the practice of the specialty, especially with regard to the level of knowledge required; (c) compare and contrast the advanced skills and levels of competency/proficiency expected of a graduate of the specialty, especially with regard to level of skill required; and (d) provide any other information that demonstrates compliance with this requirement.
 - III. The scope of the specialty (a) is separate and distinct from any recognized specialty or combination of recognized specialties and (b) cannot be accommodated through minimal modification of a recognized specialty or combination of recognized specialties. (Note: The application compares accreditation standards of the proposed anesthesiology specialty with the following accredited program areas where anxiety and pain are commonly involved: Endodontics, Pediatric Dentistry, Periodontics, Oral and Maxillofacial Surgery, and General Practice Residency.)
- Advanced knowledge
 - Compare and contrast the accreditation standards of each of the recognized dental specialties with the advanced knowledge required for the specialty, especially with regard to the level of knowledge required.

- Provide a listing of the unique and distinct body of knowledge for the specialty and contrast this listing with the unique and distinct fields and bodies of knowledge of each recognized specialty.
- Advanced skills
 - Compare and contrast the accreditation standards of each of the recognized dental specialties with the advanced skills required and levels of competency/proficiency expected of a graduate of the specialty.
 - Identify the advanced skills (techniques and procedures) required for practice of the specialty that are not included within the scope of other recognized specialties.
 - Provide a listing of the unique and distinct skills for the specialty and contrast them to the unique and distinct fields and bodies of knowledge of each recognized specialty.
- Overlap in scope/advanced knowledge

Evaluate whether the specialty could be readily incorporated (a) within the scope of a recognized dental specialty or (b) by a combination of currently recognized specialties. Present the rationale for these responses. (c) Identify any areas of biomedical and/or behavioral science in which advanced knowledge and advanced skills are required for practice of the specialty that are not included in the scope of other recognized specialties. (d) Provide any other information that demonstrates compliance with this requirement.
- IV. The specialty must document scientifically, by valid and reliable statistical evidence/studies, that it: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the profession; and (d) provides oral health services for the public—all of which are currently not being met by general practitioners or dental specialists.
- V. The specialty must directly benefit some aspect of clinical patient care. (a) Identify the principal health services provided to the public by individuals in this area of practice; (b) identify the setting in which these

services are customarily provided, eg, private office, hospital, laboratory, institutional setting, community health setting; and (c) provide any other information that demonstrates compliance with this criterion.

- VI. Formal advanced education programs of at least 2 years beyond the predoctoral curriculum as defined by CODA's *Standards for Advanced Specialty Education Programs* must exist to provide the special knowledge and skills required for practice of the specialty. (a) List all the currently operational advanced educational programs in the specialty; (b) show adequacy of enrollment; (c) show minimum curricular requirements; (d) provide a representative sample of curricula currently used in several existing programs (the examples provided should reflect the various approaches for structuring advanced education in the proposed specialty); and (e) provide any other information that demonstrates compliance with this requirement.

Whether or not the specialty of anesthesiology is approved, the ASDA's specialty application is a valuable educational resource for comparing the advanced levels of knowledge and clinical skills contained in the sedation and anesthesia standards for accreditation of dental schools and accredited residency programs in anesthesiology, endodontics, pediatric dentistry, periodontics, oral and maxillofacial surgery, and in general practice residencies. Otherwise, hundreds of pages of CODA documents would have to be reviewed to extract that information. By studying the ASDA's responses to requirements II and III, one can easily learn what minimal levels are being taught and what minimal levels of skill are attained in each dental specialty listed. This comparison of accreditation standards serves as a basis to focus on what could be done to increase the minimal educational standards in sedation and anesthesia in endodontics, pediatric dentistry, periodontics, oral and maxillofacial surgery, and general practice residency programs to increase patient comfort, improve access to care, and improve safety.

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