CADA
CANADIAN ACADEMY OF DENTAL ANAESTHESIA

April 25, 2022

Via Email: jackgerrow.cdraf@gmail.com

Dr. Jack Gerow (Executive Director)
Canadian Dental Regulatory Authorities Federation (CDRAF)
6 Crescent Rd.
Toronto, ON M4W 1T1

Re: Application for Specialty Recognition in Dental Anesthesia

Dear Dr. Gerrow:

Thank you for granting the CADA the opportunity to review the submissions from the stakeholders and ensuring the specialty application process remains transparent.

We reviewed all the submissions. CADA is encouraged to see the majority of stakeholders are supportive of recognizing Dental Anesthesia as a dental specialty in Canada. Given the majority of submissions are positive and supportive of our application, we have chosen to address the concerns from CAPD and CAOMS.

Response to Letter from the Canadian Association of Pediatric Dentists (CAPD).

CAPD Comment: *Criterion #2 Body of Knowledge. "General dentists and currently recognized dental specialists utilize anesthesia as an adjunct service. It is not a well-defined and legitimate area of dental practice." [Page 2]*

Response: Dental institutions with recognized leadership in dentistry disagree with this comment. This CAPD comment is out of alignment with recognized authorities in dentistry who support Dental Anesthesia as a well-defined and legitimate area of dental practice. The RCDSO and ADA, respectively, write the following on this subject.

RCDSO:

"As of August 27, 2007, the legislation governing the practice of dentistry in Ontario recognized Dental Anaesthesia as a dental specialty in Ontario. With this legislation, the Ontario government has continued to place the responsibility for the registration of dental specialists in the Royal College of Dental Surgeons of Ontario."

https://web.archive.org/web/20080926120632/http://www.rcdso.org/anaesthesia_specialty.html

ADA:

"Dental Anesthesiology is a recognized dental specialty per the National Commission on Recognition of Dental Specialties and Certifying Boards. The recognition was awarded in March 2019 after the proposed specialty showed that it is distinct, well-defined, and requires unique and advanced knowledge and skills; and that it contributes new knowledge, education and research to the dental profession."

https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/anesthesia-and-sedation

Dental Anesthesiology: Dental anesthesiology is the specialty of dentistry and discipline of anesthesiology encompassing the art and science of managing pain, anxiety, and overall patient health during dental, oral, maxillofacial and adjunctive surgical or diagnostic procedures throughout the entire perioperative period. The specialty is dedicated to promoting patient safety as well as access to care for all dental patients, including the very young and patients with special health care needs. (Adopted March 2019)

https://ncrdscb.ada.org/en/dental-specialties/specialty-definitions

CAPD Comment: *Criterion #2 Body of Knowledge. It is difficult to comment on "beyond the scope and practice of a general dentist" relative to this application for a new specialty in anesthesia without a specific definition of a general dentist. [Page 2]*

Response: The postgraduate training received by dentist anesthesiologists is not taught at any undergraduate program in Canada or the United States. The specialized skill set acquired by dentist anesthesiologists is beyond any training offered in postgraduate dental training programs. Although some programs, namely postgraduate pediatric dental specialty and postgraduate oral surgery, receive a degree of sedation and anesthesia training appropriate for their patient population, dental anesthesiology encompasses techniques applicable to a wider array of patients undergoing dental treatment that far exceed those of pediatric dentists and oral surgeons. For example, the pre-procedural considerations of adult patients with special needs or the comprehensive anesthetic treatment plans needed for a medically compromised adult patient in advanced age demand a practitioner with specialized knowledge and training to address pre-procedure, intraoperative, and post-procedure concerns. Evidence that the body of knowledge is beyond the scope of a general practitioner is proved by regulation in each province requiring a certificate of completion of a full-time Dental Anesthesia residency prior to providing general anesthesia to patients. Since the advanced knowledge and skills acquired by a dentist anesthesiologist is not part of the dental undergraduate program, then it is evident that dental anaesthesia is 'beyond the scope and practice of a general dentist'.

CAPD Comment: *Criterion #2 Body of Knowledge. If a general dentist is defined by predoctoral dental school accreditation standards, then by that definition dentists who have completed a general practice residency or an AEGD postgraduate training program have specialist level knowledge and skills in sedation and anesthesia. [Page 2]*

Response: GPR or AEGD postgraduate programs do not teach their interns or residents the knowledge or the skills to provide deep sedation or general anesthesia in any province or state. Depending on the length of the GPR or AEGD program, these residents observe or participate in aspects of general anesthesia but they would not be considered minimally competent to provide deep sedation or general anesthesia for any type of procedures. To clarify, the completion of their program does not speak to competence but may speak to exposure to specialized practice. Both GPR and AEGD-trained practitioners receive training in other known and recognized specialties such as endodontics, prosthodontics, oral pathology or even pediatric dentistry. While they may service these populations or provide some aspects of these specialties, none of these specialities would agree a GPR or AEGD-trained practitioner is a specialist in these disciplines given the inadequate length of training, breadth of knowledge, and complexity of care at the specialist level. No dentists who complete a GPR or AEGD can apply and receive a permit for deep sedation or general anesthesia.

CAPD Comment: *Criterion #2 Body of Knowledge. Pediatric dental specialists receive advanced training in and currently manage pain, anxiety and behavior for all of their patients with nonpharmacologic and pharmacologic modalities. This scope of practice is not separate and distinct from other recognized dental specialties. [Page 3]*

Response: It is important to clarify that pediatric dental specialists receive sedation training restricted to the level of minimal to moderate sedation. This may more commonly be referred to as oral “conscious” sedation. Popular techniques taught include the use of oral sedatives such as benzodiazepines or antihistamines, which may be combined with nitrous oxide, with effects limited to minimal and moderate sedation. Postgraduate pediatric dental specialty programs do not teach parenteral routes and do not teach techniques that render deep sedation or general anesthesia. No recognized dental specialty programs in Canada teach deep sedation or general anesthesia as part of their core curriculum at the depth and breadth that is delivered during the Dental Anesthesia training. Pediatric dentists also limit their skills to primarily pediatric patients.

The dentist anesthesiologist provides sedation/anesthesia to a wide range of patients, not just to pediatric patients. Dentist anesthesiologists provide services to adult patients including those with additional complexity such as special needs, dental phobia, advanced age, cognitive impairment and compromised medical histories. This requires different and additional knowledge in addition to the practice of sedation and anesthesia for pediatric patients. The CADA acknowledges a natural overlap in skills with pediatric dentists. However, this overlap is extremely limited in its scope and is inadequate to describe the full body of knowledge required by a competent dentist anesthesiologist. Therefore, the scope of practice of a dentist anesthesiologist is clearly separate and distinct from pediatric dentistry.

CAPD Comment: *Criterion #3 Need and Value. By definition dental anesthetists do not provide any oral health services for the public which are not being offered by general practitioners or current dental specialists. [Page 3]*

Response: Dentist anesthesiologists provide a valuable service since they provide access to oral health services for patients who require deep sedation/general anesthesia for dental care. These patients would otherwise have oral health conditions that go untreated or receive treatment below the standard of care compared to their peers due to difficulty completing procedures without pharmacological intervention. If dentist anesthesiologists do not provide these services, oral health is neglected and outcomes are poor. The CADA acknowledges that the public need for sedation/anesthesia currently exceeds supply and that current need is met in multiple ways. It is important to reiterate that dentist anesthesiologists are a vital component of meeting this need and include:

- Dental surgical facilities in non-hospital surgical clinics operated by specialists, general dentists *and dentist anesthesiologists.*
- In-hospital non-OR surgical suites operated *by dentist anesthesiologists.*

CAPD Comment: *Criterion #3 Need and Value*. *The CAPD/ACDP believes that the Ontario operator/anaesthetist model increases the risk of complications during anesthesia and is outside the acceptable standard of care. [Page 4]*

Response: Modality of practice is a recurring argument the CAPD/ACDP invokes to discredit the CADA efforts for national specialty recognition. Mode of practice is a regulatory issue and is not part of any of the four criteria required by the CDRAF to become a recognized national dental specialty. Practice modalities vary from province to province. It is irrelevant to the recognition of Dental Anesthesia as a specialty. Provincial standards change in response to many factors, such as evolving best practice based on events, evidence, and expert opinion. Different provinces differ in the mode of practice, route of drug and type of drug allowed for different practice groups. These regulations guide the conduct of practice, not the recognition of specialty itself.

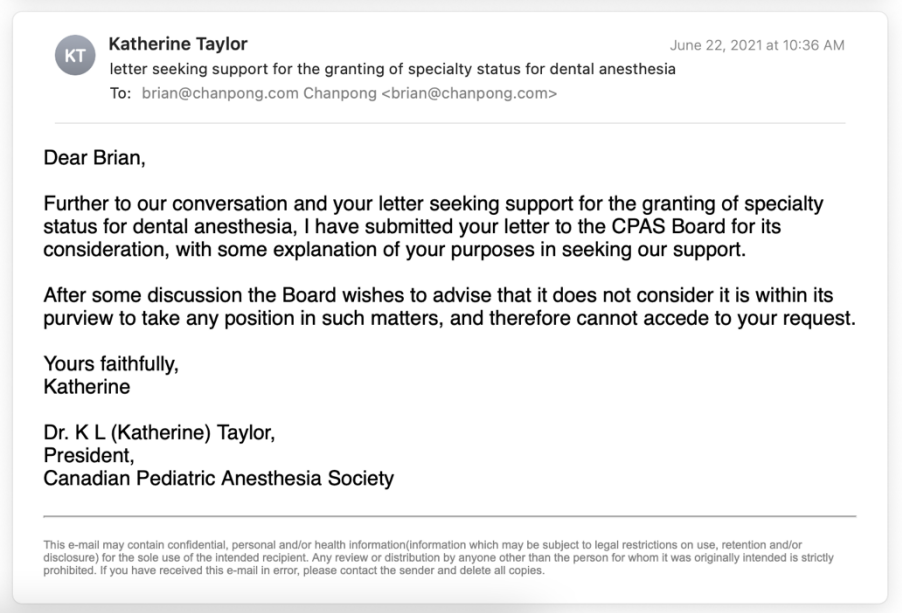
CAPD Comment: *Criterion #3 Need and Value. The CAPD provides examples of confusion that caregivers and patients may experience by inclusion of dentist anesthesiologists as recognized specialists. [Page 5].*

- *1: "patients or the caregivers of patients could erroneously infer that the dental anesthesia specialists has completed advanced formal specialist training in rehabilitative dental services including pediatric and or surgical services"*
- *2: "the public…may mistakenly infer that the dental anesthesiologist has scope of practice similar to a medical anesthesiologist"*
- *3: "the public may erroneously expect that dental anesthesia specialists would be able to provide services to medically compromised patients at a hospital-based facility for ASA 2 and ASA 3 cases".*

Response: The public, including patients and caregivers, are already aware of the scope of Dental Anesthesia practice as there is a population of patients that currently seeks and receives care from dentist anesthesiologists. Regarding part 1, this application clearly represents an advanced skill set in anesthesiology for dentistry as the point of reference for specialization. Regarding part 2, dentist anesthesiologists do indeed share an overlapping scope with physician anesthesiologists. Patients who believe that there is similarity in skill set between physicians and dentists who are anesthesiologists are correct to understand this. Regarding part 3, Dental Anesthesia specialists in Ontario already provide services to medically compromised patients in hospital-based facilities for ASA 2 and 3 cases.

CAPD Comment: *Criterion #3 Need and Value. A letter of comment from the Canadian Pediatric Anesthesia Society (CPAS) regarding the provision of care to pediatric patients by dental anesthetists is also attached, (Appendix 4). [Page 5]*

Response: The CAPD referenced an outdated letter from the CPAS that references comments regarding one dentist anesthesiologist's website videos. The content of the letter did not discuss the education, knowledge and skills of a dentist anesthesiologist. In a more recent communication with CPAS (see below), a meeting was held to discuss the Dental Anesthesia specialty application and CPAS concluded that it was outside their purview to take a position on such matters.



KT **Katherine Taylor** June 22, 2021 at 10:36 AM
letter seeking support for the granting of specialty status for dental anesthesia
To: brian@chanpong.com Chanpong <brian@chanpong.com>

Dear Brian,

Further to our conversation and your letter seeking support for the granting of specialty status for dental anesthesia, I have submitted your letter to the CPAS Board for its consideration, with some explanation of your purposes in seeking our support.

After some discussion the Board wishes to advise that it does not consider it is within its purview to take any position in such matters, and therefore cannot accede to your request.

Yours faithfully,
Katherine

Dr. K L (Katherine) Taylor,
President,
Canadian Pediatric Anesthesia Society

Although the CAPD provided a letter that does not support of the recognition of Dental Anesthesia as a specialty, all pediatric dentists in Canada do not agree. We would like to direct the committee's attention to the BC Pediatric Dental Society who have provided a strong letter of support for Dental Anesthesia to become a recognized specialty.

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CANADIAN ACADEMY OF DENTAL ANAESTHESIA

Response to Letter from the Canadian Association of Oral Maxillofacial Surgeons (CAOMS).

CAOMS Comment: Regarding the application, CAOMS states: *It makes no attempt to demonstrate how dental anesthesia in Canada has changed over this time, nor does it specifically address what this proposed specialty has done to meet the criteria, which the previous applications failed to meet. [Page 2]*

Response: CADA stands by our strong 2013 specialty application that met all criteria required to become a recognized dental specialty. Unfortunately, the 2013 attempt for specialty status was denied without explanation even though all criteria for specialty recognition were met. CAOMS believes CADA did not "*specifically address what this proposed specialty has done to meet the criteria".* However, supporting evidence for each of the four criteria set forth by CDRAF for specialty recognition is included in the application.

CAOMS Comment: *The CDRAF made changes to the process for recognition of a new dental specialty in April 2021. At that time the CDRAF eliminated the Canadian National Dental Specialty Recognition Commission (Committee), a third-party independent body responsible for receiving, reviewing, and deciding national dental specialist applications. This body had representation from the Commission on Dental Accreditation (CDAC), Royal College of Dentists of Canada (RCDC), Canadian Dental Association (CDA), the CDRAF, and Association of Canadian Faculties of Dentistry (ACFD). This procedural change resulted in the exclusion of the various branches of Canadian organized dentistry from this process, leaving the decision entirely in the hands of the CDRAF. [Page 2]*

Response: It appears that CAOMS is unaware that CDRAF distributed our specialty application to and received responses from each of the organizations that the CAOMS listed above.

CAOMS Comment: *The University of Toronto changed the duration of training for the Dental Anesthesia program. Prior to 2016 this was a two-year program. It is now a three-year program. [Page 2]*

Response: This statement is incorrect. The University of Toronto, Dental Anesthesia postgraduate program became a 3 year program in 1998, not 2016.

CAOMS Comment: *This program remains the only training program in Canada for dental anesthesia. Although the duration of the program increased to three years, the program's website states that the program will include:*

- *12 months in the Faculty*
- *8 months at Michael Garron Hospital*
- *2 months at the Hospital for Sick Children*

This accounts for a total of 22 months. There is no indication on the website, nor the CADA application, how the remaining 14 months of the program is spent. It is not clear whether the increase in the duration of the program is associated with additional clinical training and experience. [Page 2]

Response: Unfortunately, the website does not accurately reflect the full breadth of the resident's rotations. The current Dental Anesthesia Graduate Program Director at the University of Toronto is a CADA member and was able to verify the following activities at this training site. The 2021-2022 rotations include:

12 months at the Faculty of Dentistry:
- 6 months in Adult Surgicentre providing procedural team anaesthesia (PTA)
- 6 months in Pediatric Surgicentre providing anesthesia by the sole anesthesiologist monitor (SAM) model

8 months at Michael Garron Hospital
2 months at the Hospital for Sick Children, Dept. of Anesthesia
1 month at Sunnybrook Health Sciences Centre, Dept. of Internal Medicine
1 month at Women's College Hospital, Dept. of Cardiology and Dept. of Respirology
1 month of Sunnybrook Health Sciences, Dept. of Dentistry, Orofacial Pain Clinics
1 month of Sunnybrook Health Sciences, Dept. of Dentistry, Dental Anesthesia Ambulatory Clinics
1 month of teaching activities in undergraduate and graduate Dental Anesthesia programming
1 month of pre-anesthesia consultation clinics at the Faculty of Dentistry, including virtual anaesthesia consultations

CAOMS Comment: *The CADA application defines anesthesiology as, "a specialty of dentistry pertaining to...". This is false. Neither anesthesiology nor dental anesthesia are a defined specialty of dentistry. [Page 3]*

Response: The RCDSO and ADA disagree with the above statement. Both RCDSO and ADA define dental anesthesiology as a recognized dental specialty. Please see our response to the CAPD on this subject (Page 2).

CAOMS Comment: *The provincial dental regulatory authorities have developed standards of practice for the use of sedation and general anesthesia in dentistry. These standards of practice clearly delineate the required training and experience, as well as facility requirements, for dentists and dental specialists to administer sedation and general anesthesia. These standards of practice allow all appropriately trained dentists and dental specialists to administer lower levels of sedation with appropriate training. [Page 3]*

Response: The above statements made by the CAOMS support the need for additional "training and experience" to administer sedation and general anesthesia. In other words, CAOMS agrees with the CADA that providing sedation and general anesthesia requires training above and beyond the scope of practice of a general dentist. Therefore, the above statements confirm that CAOMS agrees

with CADA that Dental Anesthesia fulfills criterion 2 for the recognition of specialty status because additional training is required. We would like to note in our rebuttal that a general dentist is capable of practicing all disciplines of dentistry including oral surgery. However, the only aspect of dentistry where a general dentist requires advanced training and ongoing provincial authorization is the specific practice of providing sedation/general anesthesia services. Therefore, it is clearly evident that Dental Anesthesia is a specialty within dentistry.

CAOMS Comment: *Dental anesthetists do not possess any knowledge, skills, or competencies that oral and maxillofacial surgeons do not. [Page 4]*

Response: A general dentist has the ability to provide root canal treatment as an endodontist does. However, that does not mean the general dentist's knowledge, skill or competency is equivalent to that of an endodontist. Similarly, an oral surgeon has the ability to provide deep sedation and general anesthesia but this does not mean the oral surgeon's knowledge, skill, or competency is identical to a dentist anesthesiologist.

The CADA acknowledges a natural overlap in skills with oral surgeons. However, this overlap is limited in its scope and is inadequate to describe the full body of knowledge required by a competent dentist anesthesiologist. Oral and maxillofacial surgeons have incomplete overlap in the focus of training, procedures facilitated and populations served by their practice of deep sedation and general anesthesia. The depth, knowledge, skill and exposure to anesthesia by oral maxillofacial surgeons (OMFS) residents during 4-5 months or less of anesthesia training cannot compare to 3 years of full-time programming dedicated to anesthesia.

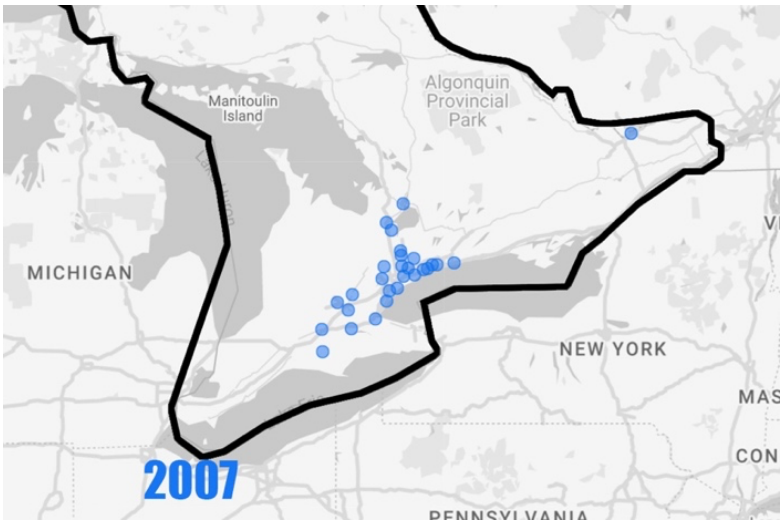
Furthermore, the educational standards and training of a dentist anesthesiologist specifically outlines the provision of general anesthesia and advanced pain and anxiety control to patients well outside of the vast majority of oral maxillofacial surgeons' main practice scope. OMFS are not involved in the restorative aspects of pediatric patients, nor are they routinely involved in anesthetics that go beyond that of the length required to perform common oral surgeries. Therefore, the scope of practice of a dentist anesthesiologist is clearly separate and distinct from other recognized dental specialties.

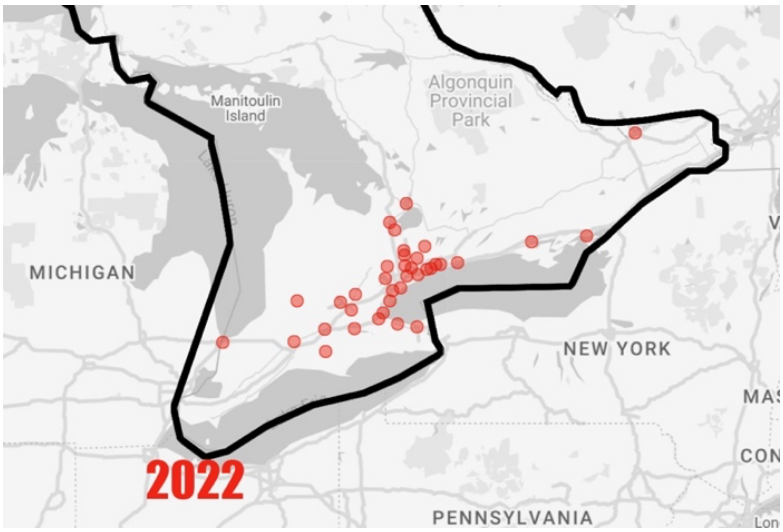
CAOMS Comment: *The vast majority of dental anesthetists in Canada function as operator-anesthetists by providing both the anesthetic service and the dental treatment for which the anesthetic is required.*

Response: The CAOMS is using mode of practice as an argument against specialty recognition. As CDRAF is aware, mode of practice is not part of the four criteria used to determine specialty recognition. Please see our similar response to the CAPD regarding modality of practice (Page 4).

CAOMS Comment: *No province outside of Ontario has more than 5 dental anesthetists, with several provinces having no dental anesthetists. These facts clearly illustrate the fact that dental anesthesia represents a regional interest in an adjunct to the delivery of dental care rather than a national dental specialty. [Page 5]*

Response: The number of providers across Canada is not part of the four criteria used by CDRAF to determine specialty recognition. However, it is important to note that since 2007, when the province of Ontario recognized Dental Anesthesia as a dental specialty, there has been a significant increase in areas of where anesthesia services are provided by dentist anesthesiologists (see figures below). Considering the fact that University of Toronto graduates two Dental Anesthesia residents a year, there has an been an incredible spread of dentist anesthesiologists providing anesthesia services all across Ontario. It is inevitable that when Dental Anesthesia is recognized as a specialty, a similar spread will occur across the rest of Canada. As a result, more Canadians would have access to care to improve their oral health and benefit from these anesthesia services.





CAOMS Comment: *Dental anesthetists do not possess any knowledge, skills, or competencies that oral and maxillofacial surgeons do not. This statement is supported by the fact that dental regulatory authorities in Canada consider dental anesthetists and oral and maxillofacial surgeons as equivalents with respect to sedation and general anesthesia standards of practice. [Page 4]*

Response: The provincial regulations were set many years ago to assure that the practitioner is minimally competent in delivering deep sedation and anesthesia. There are few, if any, OMFS who only provide sedation/general anesthesia to other dentists or specialists. The recognition of both Dental Anesthesia and OMFS in providing deep sedation/general anesthesia indicates that they meet a minimum threshold for competence for providing this level of sedation/anesthesia and does not indicate the level of specialty training. As an analogy, a general dentist and a pediatric dentist are both able to restore primary teeth based on their training. This does not mean both practitioners perform the same types of treatment at equivalent levels. As previously mentioned, OMFS residents attend a 4-5 months anesthesia rotation within their postgraduate training program. This length of exposure to anesthesia cannot be compared to 36 months of focused anesthesia training that dentist anesthesiologist residents receive.

The CADA believes the regulatory standard that OMFS are competent to provide sedation and general anesthesia is a benefit to patients who require sedation for exodontia. Otherwise, all their deep sedation and anesthesia procedures would need to be performed by dentist anesthesiologists. This would create an unnecessary restriction in access to care for simple sedation services for oral surgical procedures. To reiterate our previous response on this subject, the overlap with OMFS is limited in its scope and is inadequate to describe the full body of knowledge required by a competent dentist anesthesiologist. Oral and maxillofacial surgeons have incomplete overlap in the focus of training, procedures facilitated, and populations served by their practice of deep sedation and general anesthesia.

CAOMS Comment: *In reality, dental anesthetists are predominantly providing care to healthy (ASA 1 and 2) children and adults in private dental offices with the more medically complicated, difficult patients being managed by general dentists, pediatric dentists and oral and maxillofacial surgeons in hospital settings with medical anesthesiologists. [Page 5]*

Response: This argument references constructs outside of the control of Canadian dentist anesthesiologists. Due to the unique heritages of medicine and dentistry, there continues to be an ongoing political, legislative, economic and cultural disconnect between systemic and oral health. Consequently, the reality is that dentistry is the first operating room to be cancelled and the last one to be considered with regards to hospital bookings. Very few hospitals provide access for dentists to provide general restorative treatment to children and adults in Canada. At the two major children's hospitals in Canada (British Columbia Children's Hospital and Hospital for Sick Children), pediatric dental patients must be medically compromised to qualify to be treated under general anesthesia in the hospital. In British Columbia, the limited number of physician-operated surgery centres that provided general anesthesia for dentistry have gradually closed its doors to dentists over the past 15 years. This leaves the only dentist anesthesiologist-operated facility in British Columbia to accommodate all pediatric dentists, oral surgeons, general dentists and other specialists. In Ontario,

two hospital-based clinics in Toronto (Mount Sinai, Department of Dentistry and Sunnybrook Hospital, Department of Dental and Maxillofacial Sciences) provide sedation services to ASA 2 and 3 patients. The catchment area for these programs exceeds three hours travel time. Sedation care for complex patients is being provided by dentist anesthesiologists in these clinics, a fact that appears unknown to the CAOMS.

It is important to point out that general dentists and specialists that have hospital privileges are not given a significant amount of operating room time. Therefore, the waitlist for sedation for dentistry in the hospital operating rooms as well as hospital-based dental clinics is enormous and has grown even more because of the COVID pandemic. Furthermore, many hospitals restrict the age and ASA status of patients having dental treatment in the hospital. As a result, the patients that do not qualify for hospital services are being serviced by the dentist anesthesiologists currently practicing in Canada outside of a hospital setting, but only if it is safe to do so. This often unfortunately restricts their community-based practices to healthier patients. This is prudent, as case selection is imperative when working outside of the hospital in order to decrease morbidity and mortality. This is no different than our physician anesthesiology colleagues who work in outpatient surgery centres providing anesthesia for minor procedures. It is sensible that medically compromised patients who require deep sedation/general anesthesia services are referred to dentists who have hospital privileges.

Similarly, OMFS treat their ASA 3/4 cases in a hospital setting because they are enabled by political, legislative, economic, and cultural norms. To illustrate this point, we can consider the structure of oral health in care in Japan, where Dental Anesthesiology is a recognized dental specialty. In Japan, dentist anesthesiologists and physician anesthesiologists both work in hospital operating rooms and are compensated similarly through their public health services. In reality, dentist anesthesiologists are limited in their locations of care, not because they lack specialized skills, but due to the overarching political economy of health service delivery.

CAOMS Comment: More specifically the application fails to demonstrate how the proposed specialty is, "*a distinct and well-defined field which requires unique knowledge, skills, and competencies...*" and "*...substantially distinct from any currently recognized dental specialty or combination of recognized specialties"* (criterion 2). [Page 6]

Response: Although the concern of overlap in previous sections of our response has been addressed, it is important to illustrate that overlap in clinical care is natural and not exclusive of specialty status. The CAOMS website lists the following procedures which an oral surgeon performs. We have provided in parentheses that general dentists, other dental specialists and medical professionals that may also provide these procedures.

- Wisdom Teeth (general dentist, pediatric dentist, periodontist)
- Dental Implants (general dentist, periodontist, endodontics, prosthodontist)
- Anesthesia (dental anesthesiologist)
- Corrective Jaw Surgery (plastic surgeon)
- Extractions & Bone Grafting (general dentist, periodontist)
- Sleep Apnea (general dentist, oral medicine)

- TMJ Dysfunction (oral medicine, chronic pain specialist)
- Facial Injuries (plastic surgeon, otolaryngologist)
- Facial Cosmetic Procedures (plastic surgeon, dermatology)
- Cleft Lip and Palate (plastic surgeon)
- Pathology (general dentist, oral pathologist, oral medicine)

Evidently, all procedures that an oral surgeon performs is provided by other general dentists, dental specialists and medical professionals because there is overlap of knowledge, skills and competencies. The CADA does not feel that this discounts the value a certified specialist in oral and maxillofacial surgery brings to the profession. The CAOMS website states that 'radiology, pathology and anesthesia' are the three foundations of oral surgery. Both pathology and radiology are recognized specialities in dentistry. The CADA asserts anesthesia is equally deserving.

> Radiology, oral pathology and anesthesia are three of the foundations of oral surgery. Until relatively recently, oral pathology was a much neglected subject. When Kurt Thoma published his mammoth book on oral pathology, the profession's understanding of this subject took an enormous leap forward.

https://web.archive.org/web/20150321151814/http://www.caoms.com/caoms-history.aspx

CAOMS Comment: *Close inspection of the practice of dental anesthesia in Canada has led the CAOMS to conclude that dental anesthesia represents a regional interest in an adjunct to the delivery of dental care. The prevailing model of practice is one of an operator-anesthetist, rather than a focus on anesthesia alone. This is associated with the risk of patients inappropriately believing that they are receiving specialist level dental care when being treated by a dental anesthetist, as well as the possibility of limiting access to care due to increased fees. [Page 6]*

Response: The CADA has already addressed our belief that Dental Anesthesia is of national interest and a focused area of study worthy of specialty recognition. As we have previously rebutted, practice modality is the responsibility of the regulatory authorities, whose regulations guide the conduct of practice, not the recognition of specialty itself. With respect to the concern of public confusion, this statement can also be reversed and the same argument can be applied to a patient receiving dental treatment and anesthesia services from an OMFS. Dental Anesthesia already is a recognized specialty in Ontario, where there is no concern that a patient will "inappropriately believe" that they are receiving care from a dentist anesthesiologist and not an OMFS. We trust that all practitioners who provide any level of sedation do so with a rigorous, ongoing consent process that clarifies the roles and responsibilities of the sedation team.

CAOMS Comment: *If the CDRAF were to approve this application, it would open the door for additional groups with specific interests, such as cosmetic dentistry, temporomandibular disorders, dental implants, and exodontia, to apply for specialty recognition as well. Dental anesthetists in Canada are general dentists with a special interest in anesthesia. [Page 6]*

Response: Accepting one specialty does not "open the door" for other specialties in the future. CDRAF regulates the specialty process and potential specialties must fulfill all criteria set forth by CDRAF before a potential specialty is granted specialty recognition.

CAOMS Comment*: Dental anesthetists in Canada are general dentists with a special interest in anesthesia. [Page 6]*

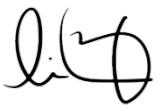
Response: CADA agrees with the above statement as OMFS in Canada are also general dentists with specialty interest in oral surgery. Similarly, endodontists in Canada are general dentists with specialty interest in root canal treatment. Furthermore, all dental specialists in Canada are registered as general dentists with a recognition as specialists.

Historically, CAOMS has opposed all Dental Anesthesia specialty applications due to a misplaced belief of a new specialty's encroachment on their existing training and services. This erroneous perspective and belief ignore patients seeking other forms of comprehensive dental care other than oral surgery. Fortunately, they are now the minority voice and the majority of stakeholders have extended their support for Dental Anesthesia to become a recognized dental specialty within Canada.

In summary, the CADA believes that Dental Anesthesia meets and exceeds all criteria, set forth by the CDRAF, required for dental specialty recognition and as such, the specialty of Dental Anesthesia can be officially recognized within Canada.

If you require clarification on this or have any questions, please do not hesitate to contact us.

Yours truly,



Dr. Brian Chanpong
DDS, MSc (Dental Anesthesia)
Co-Chair, CADA Specialty Steering Committee

Dr. Michelle Tang
DDS, MSc (Dental Anesthesia)
Co-Chair, CADA Specialty Steering Committee