



February 1, 2022

Dear Executive members of the Canadian Dental Regulatory Authorities Federation:

The American Academy of Orofacial Pain (AAOP) would like to take this opportunity to extend its full support for the Canadian Academy of Dental Anaesthesia's application for recognition of dental anesthesia as a national specialty in Canada. The specialty will allow the practice of dental anesthesiology to be safer and more accessible to patients in need of anesthesia for dental procedures.

The recognition of the specialty of dental anesthesiology by the CDRAF would benefit several populations of Canadian citizens:

1. Citizens who suffer medically compromised health.
2. Individuals with cognitive or physical needs that prevent them from being able to sit to allow awake dental care to be rendered.
3. Children that are unable to cooperate due to physical/mental/emotional challenges.
4. Children that are unable to cooperate due to the complex nature of the proposed dental care due to severe childhood oral disease.
5. Fearful or phobic adults or children.
6. Citizens that suffer from severe gag reflex and cannot sit to allow awake dental treatment.
7. Those that are allergic to traditional local anesthetics.
8. Those that have complex surgical needs.

The need for the use of a pharmacologic aid during a dental appointment is growing at an exponential rate and the demand for dental anesthesiology is not only significant, but it is expanding at a similar rate.

The needs of the population of Canada, for sedation and anesthesia services in the dental environment, especially for special needs patients and the medically complicated patients simply cannot be addressed properly without more dental anesthesiologists. With a certified national specialty, Canadians can expect to benefit:

1. Patient safety will be ensured as training of dentists in Canada who provide these services will be assured to be completed at the level of a specialist.
2. Expansion of the ability to train new dentists at the specialist level across the country.
3. Expansion of the ability to increase research devoted to anesthesia safety.
4. Improved access to care for all populations, including addressing the need for dental care in the indigenous population of Canada.

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The proposed specialty of dental anesthesia, as submitted by the CADA, meets and exceeds each of the four criteria for specialty status:

1. Sponsoring Organization
2. Body of Knowledge
3. Need and Value
4. Advanced Education

The American Academy of Orofacial Pain supports the recognition of the specialty of Dental Anesthesia in Canada, and it is our opinion that this will provide a benefit to the citizens of Canada. Increased safety of anesthesia care in the dental setting, increased accessibility to dental care for all members of the population, and as a direct result, increased oral health of all citizens, nationally across Canada.

Sincerely,

Jeffrey R Shaefer, DDS, MS, MPH  
President, American Academy of Orofacial Pain

February 7<sup>th</sup>, 2022

Dr. J. Gerrow  
Executive Director,  
CDRAF

Dear Dr. Gerrow,

**RE: Application for Specialty Recognition in Dental Anaesthesia**

I am writing in response to your letter of November 19<sup>th</sup>, 2021, requesting ACFD's input on the proposal by the Canadian Academy of Dental Anaesthesia (CADA) for the recognition of dental anaesthesia as a dental specialty. Following this request ACFD, formed a working group to review the CADA proposal and provide the ACFD Board a recommendation. The ACFD Board reviewed this recommendation and based on this provides the following input.

The ACFD Board unanimously agrees that dental anesthesia has met the four criteria as outlined in the 2021 CDRAF document "Process for Recognition of a New Dental Speciality". There is clearly a sponsoring organization, namely the Canadian Academy of Dental Anesthesia (CADA). CADA should be commended in outlining how the proposed speciality of dental anesthesia has a distinct body of knowledge, scope of practice, and skill set. CADA did recognize that there is overlap with several existing dental and medical specialties, but was able to highlight the differences, often substantial, between the proposed new speciality and existing ones. The need and value of dental anesthesia was clearly outlined as was the proposed speciality's advanced education. The working group felt that the recognition of dental anesthesia has the potential to improve access and delivery of oral health care. It is also hoped that granting speciality recognition will increase the number of dental anesthesia training programs in Canada.

In summary, the ACFD Board unanimously supports the application for speciality recognition in dental anesthesia submitted by CADA to the CDRAF.

I hope this input is helpful and ACFD looks forward to learning the outcome of this process.

Your sincerely,



Paul Major  
President, ACFD



## AMERICAN DENTAL BOARD OF ANESTHESIOLOGY

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4411 Bee Ridge Road, #172 • Sarasota, FL 34233

January 24, 2022

Dear Canadian Dental Regulatory Authorities Federation:

The American Dental Board of Anesthesiology (ADBA) is writing in full support of the Canadian Academy of Dental Anaesthesia's application to recognize dental anesthesia nationally as a specialty in Canada. The specialty was similarly recognized by the American Dental Association in the United States over two years ago, and such recognition has made the practice of dental anesthesiology safer and more accessible to patients.

The ADBA is the certifying board for the specialty of dental anesthesia in the United States and the province of Ontario, and also grants Diplomate status to dentist anesthesiologists in other Canadian provinces. In order to be conferred Diplomate status, an individual must graduate from a Commission on Dental Accreditation approved residency in dental anesthesiology, as well as successfully complete Written and Oral Board Examinations. Diplomates recertify every six years via a process of ongoing education in topics essential to anesthesiology; this ensures that Diplomates remain current and maintain expertise in the field.

Dental anesthesia is a distinct and well-circumscribed field, and it parallels the specialty of anesthesiology in the medical realm. While there are non-anesthesiologist physicians who perform sedation, such as emergency medicine doctors and intensivists, the body of knowledge of the specialist anesthesiologist is more broad, comprehensive, and unique. This is true of dental anesthesiology, as well. There are other dentists and oral surgeons who offer sedation services, but the scope of practice in dental anesthesiology is much wider and requires three years of anesthesia-specific training. Anesthesiology is a complex field that is constantly evolving. In order to treat all types of patients, it requires extensive education and skills development, as well as lifelong learning, which are not taught to a level of competency outside of the field.

Dental anesthesiology has existed since anesthesia was first used. There is a large population of patients—young children, special needs patients, individuals with complex medical histories—who cannot tolerate dental procedures without the specialized care of a dentist anesthesiologist. Without such care, their oral health is at significant risk. Dental caries is considered the most common chronic disease of childhood, and dental/periodontal disease has been called a silent epidemic. In combination with the increasing public desire for pharmacological aid during dental treatment, it follows that the demand for dental anesthesiology is tremendous and growing. The need for sedation and anesthesia services, especially for special needs and medically complex patients, cannot be covered without dentist anesthesiologists. In turn, a lack of dentist anesthesiologists creates a significant access to care problem, which disproportionately affects our most vulnerable populations.

As demonstrated above, the proposed specialty of dental anesthesia, as submitted by CADA, meets and exceeds each of the four criteria required for specialty status: Sponsoring Organization, Body of Knowledge, Need and Value, and Advanced Education. The ADBA supports the recognition of the specialty of Dental Anesthesia in Canada; moreover, we believe the specialty will be of great benefit to the safety, accessibility to care, and oral health of patients.

Sincerely,

A handwritten signature in black ink, appearing to be 'CJR', with a long horizontal flourish extending to the right.

Cara J. Riley, DMD, MS  
President - American Dental Board of Anesthesiology  
Associate Professor – Department of Anesthesiology  
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January 24, 2022

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Dear Sir/Madam:

The American Society of Dentist Anesthesiologists (ASDA) is pleased to provide this letter of strong support for the application filed by the Canadian Academy of Dental Anesthesia (CADA) for the recognition of anesthesiology as a dental specialty. The development of modern anesthesia in the 1840's began with the efforts of dentists William Morton and Horace Wells. Since then, dentists have continued to significantly advance the art and science of anesthesiology. Clinical training and academic research have been provided in the United States, Canada, and Japan for several decades.

The recognition of dental anesthesiology in the United States by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) in 2019 was the capstone for efforts that had been in place for several decades. The American Dental Board of Anesthesiology (ADBA) has provided calibration and validation of graduates from United States dental anesthesiology residency programs since 1994 and continues to function as the official dental anesthesiology certifying board. The NCRDSCB recognizes ADBA as the official certifying board for dentists specializing in dental anesthesiology in 2020. The Commission on Dental Accreditation (CODA) has also provided standards that assure the excellence of training and education in this discipline since 2007. Dental anesthesiology has also been recognized by the American Board of Dental Specialties since 2015.

The recognition of the specialty of dental anesthesiology by the CDRAF would benefit several populations of Canadian citizens, most notably:

- Children especially pre-cooperative age.
- Individuals with intellectual and physical challenges.
- The medically compromised.
- The fearful and phobic dental patients.
- Individuals with complex dental and surgical needs.

While there are other dentists and dental specialists who receive advanced training in sedation and anesthesia as part of their advanced training, the level of training provided in an accredited residency program that leads to qualifying the graduate to seek board certification in dental anesthesiology is unparalleled and unduplicated in any other

*Improving Access to Care for Dental Patients and Their Dentists*

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dental specialty training. Specialization significantly enhances both clinical and academic development, as demonstrated by dentist anesthesiologists in Japan, where all dental schools in Japan have dedicated departments of dental anesthesiology and most have postgraduate residencies/PhD programs in dental anesthesiology.

On behalf of the American Society of Dentist Anesthesiologists, I urge the CDRAF to approve the recognition of Dental Anesthesiology in Canada. Of the three countries with formal advanced postgraduate training programs in dental anesthesiology (The United States, Canada, and Japan), Canada stands alone in its lack of nationwide recognition of the specialty of dental anesthesiology. Approval of this specialty will provide Canadians with:

- Improved access to care for populations in need.
- Development of new training and practice opportunities for specialist dentists thus fulfilling the unmet need.
- Ensuring that the training and proficiency of dentists in Canada who provide such critical and advanced care is at a specialist level which places patient safety as the number one priority.
- Recruitment and retention of educators and researchers in the field is facilitated by the recognizing it as a specialty.

If there is any further input needed on the part of the ASDA, please feel free to contact our organization. We will enthusiastically participate in any aspect of the recognition process.

Best regards,



Zak Messieha, DDS FICD FACD Dipl ADBA  
President, American Society of Dentist Anesthesiologists

RECEIVED

MAY 17 2021

RCDSO

# BCSPD

BC Society of Pediatric  
Dentists

Dr. Jack Gerrow – Executive Director  
Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

May 12, 2021

Dear Dr. Gerrow,

I am writing on behalf of the BCSPD, a group of 59 certified specialists in pediatric dentistry in British Columbia. The BCSPD would like to express our support for the application to recognize Dental Anesthesia as a specialty in Canada.

Dental Anesthesiologists in British Columbia, with their additional training and skills, provide an invaluable service for pediatric dentists by allowing us to safely provide quality treatment to many patients that are not able to cooperate in a regular clinical setting. There are many positive reasons for recognizing this group as specialists. One possible benefit would be that it may increase the likelihood that dental insurance plans would be more inclined to cover anesthesia fees. This would of course be a great benefit to many patients that may otherwise not be able to afford treatment.

Please do not hesitate to contact me if you need any information regarding the support of the BCSPD for the recognition of Dental Anesthesiology as a dental specialty.

Sincerely,



**Dr. Geoffrey Grant DMD, MSD, FRCD(C)**  
President, BCSPD  
[Geoff.grant@telus.net](mailto:Geoff.grant@telus.net)  
(604) 514-3884





## CANADIAN ACADEMY OF ENDODONTICS

Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

Attention: Dr. Jack Gerow – Executive Director

Re: Letter In Support of Specialty Recognition in Dental Anaesthesia

The Canadian Academy of Endodontics, as a stakeholder, was asked to provide comments on the application for Specialty Recognition for Dental Anesthesia.

The four criteria for the recognition of a new specialty are; Sponsoring Organization, Body of Knowledge, Need and Value of Proposed Specialty and Advanced Education. These four criteria are easily met by dental anesthesia. The scope of anesthesiology specialty is separate and distinct from any other specialty, delivering advanced sedation and anesthesia. The concern is patient safety, the specialty should provide anesthesia only and leave the dentistry to the dentists, or other specialists.

Currently in the United States, the American Dental Board of Anesthesiology (ADBA) will only certify licensed dentists who have successfully completed a residency program accredited by Commission on Dental Accreditation (CODA) or those that meet the education requirements set forth in Standard II of the CODA Dental Anesthesiology Standards.

The ADBA has established that written examinations must be completed after completion of an accredited program, or within 6 months prior to residency completion. Oral examination may not occur until successful completion of written examination and a minimum of 6 months has elapsed since completion of residency completion. Our graduates should be held to the same standard.

On behalf of the members of the Canadian Academy of Endodontics we encourage the CDRAF to accept the request to recognize Dental Anesthesia as a specialty.

Sincerely,

Dr. Kevin Calzonetti  
CAE President



**Canadian Association of Oral and Maxillofacial Surgeons •  
Association canadienne des spécialistes en chirurgie buccale et maxillo-faciale**

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February 14, 2022

Via Email: [info@cdsa-acsd.ca](mailto:info@cdsa-acsd.ca)

Dr. Paul Andrews

President, Canadian Dental Specialties Association

201-1815 Alta Vista Drive

Ottawa, ON K1G 3Y6

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Dr. Pierre-Éric Landry  
Québec, Québec

Dear Andrews:

This submission is provided by the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) in response to a request for stakeholder commentary regarding the Canadian Academy of Dental Anesthesia (CADA) application for recognition of dental anesthesia as a new dental specialty. Along with the request for feedback, the CAOMS Executive Council was provided with the following documents:

1. The CADA application for recognition of dental anesthesia as a specialty in dentistry (November 1, 2021).
2. The Canadian Dental Regulatory Authorities Federation (CDRAF) written request to the Canadian Dental Specialties Association (CDSA) for stakeholder comments (November 19, 2021).
3. The CDRAF Process for Recognition of a New Dental Specialty (April 2021).

Following a thorough review of the CADA application, the members of the CAOMS and the CAOMS Executive Council overwhelmingly conclude that the CADA application fails to meet the criteria necessary for recognition of a new specialty as outlined in the CDRAF Process for Recognition of a New Dental Specialty. As a result, the CAOMS cannot endorse the CADA application and recommends that the application not be approved by the CDRAF.

This submission will highlight the changes that have occurred since the 2013 CADA application for recognition as a dental specialty. It will also discuss the areas in which the 2021 CADA application fails to meet the CDRAF criteria for recognition of a new dental specialty. Lastly, the current state of practice of dental anesthesia in Canada will be discussed.

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**CAOMS • ACSCBMF**

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## **A. Changes that have occurred since the 2013 CADA application for recognition as a dental specialty.**

The current CADA application represents the third attempt for specialty recognition in the past 15 years. 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.

The following three changes have occurred since the 2013 CADA application:

1. 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.
2. The criteria a proposed specialty must meet in order to be recognized as a dental specialty have been modified. These modifications were introduced in the CDRAF Process for Recognition of a New Dental Specialty in April 2021. Although there are similarities between the new and old criteria, there has been a simplification of the criteria. These changes have reduced the burden of evidence that a proposed specialty must provide in order to be considered a legitimate dental specialty.
3. 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. 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.

The CAOMS provided the Canadian National Dental Specialty Recognition Commission with a comprehensive report following the CADA's 2013 application for recognition as a dental specialty. Since the current CADA application remains essentially unchanged, the contents of that report remain just as applicable today, thus the report has been enclosed along with this submission (see Appendix A).

## **B. Areas in which the 2021 CADA application fails to meet the CDRAF criteria for recognition of a new dental specialty.**

The second criterion as per the CDRAF Process for Recognition of a New Dental Specialty is as follows:

***Body of knowledge:*** *The proposed specialty must be a distinct and well-defined field which requires unique knowledge, skills, and competencies beyond the scope of practice of a general dentist and which are also substantially distinct from any currently recognized dental specialty or combination of recognized specialties.*

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. Within dentistry, anesthesia is widely considered to be an adjunct to the delivery of safe, efficient, and comfortable dental care to patients. It is undeniable that anesthesia falls under the purview of all general dentists and dental specialists. There is a continuum of acceptable methods of anesthesia used to deliver care, ranging from behaviour management techniques up to and including general anesthesia. 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. Furthermore, these standards of practice do not limit the administration of deep sedation and general anesthesia to those who have completed post-graduate training in dental anesthesia. All provinces also allow medical anesthesiologists and oral and maxillofacial surgeons to administer deep sedation and general anesthetics. Thus, dental regulatory authorities agree with the CAOMS in that when it comes to deep sedation and general anesthesia, there is no distinction between dental anesthesia and oral and maxillofacial surgery.

The CADA application outlines the intended scope of practice of the dental anesthetist, which includes:

1. *The physical evaluation, physiologic monitoring and anesthetic management of diverse dental patients during the perioperative period for surgical, operative, prophylactic and diagnostic procedures.*
2. *The perioperative management of:*
  - a. *pain, fear, anxiety, phobia and dysfunctional behaviour.*
  - b. *physiologic manifestations of, physical, or emotional special needs.*
  - e. *alterations or disruptions of homeostasis.*
  - f. *anesthetic and medical emergencies.*
3. *The non-surgical management of acute orofacial pain.*

Most items within this scope of practice fall within the scope of dentistry and existing dental specialties. There are no items listed that are not presently within the scope of oral and maxillofacial surgery. The same statements can be made regarding the Advanced Knowledge and Skills listed on pages 20 to 31 in the CADA application. There is significant overlap with respect to scope of practice, knowledge, and skills between dental anesthesia and both general dentistry and existing dental specialties. Moreover, there is complete overlap when comparing the scope of practice, knowledge and skills of dental anesthesia with those of oral and maxillofacial surgery. This is without taking into account the fact that four of the six oral and maxillofacial surgery training programs in Canada are currently 6-years and have an integrated M.D. component. The two remaining programs are in the process of developing an integrated M.D. component.

The CADA claim that dental anesthesia is “*substantially distinct from any currently recognized dental specialty or combination of recognized specialties*” is simply false. There are significant areas of overlap with general dentistry and existing dental specialties. 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.

### **Current state of practice of dental anesthesia in Canada.**

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. There are very few dental anesthetists in Canada that restrict their practice to the administration of anesthesia only. This is significantly different from the model used in medicine, where medical anesthesiologists restrict their activities to the provision of the anesthetic while a surgeon performs the surgery. It is this restriction of activities to a particular area of care that defines a specialty. Specialists focus their clinical activities to the domain of their specialty. When a dental anesthetist sedates a patient and performs a dental procedure, it is the dental procedure that is the focus of care. The sedation is simply a treatment adjunct used to facilitate the dental treatment. Obtaining advanced training in an area of interest with an aim toward facilitating the provision of general dental care does not constitute a specialty. In fact, identifying dental anesthesia as a specialty would only confuse the public by leading them to believe that by being referred to a dental anesthetist, they will be receiving specialty level dental care. The reality is that the actual dental care provided will be at the level of a general practitioner.

This brings to light another concern. If dental anesthesia were a specialty and the clinician was the operator-anesthetist, one might expect the clinician to bill the patient specialist fees for not only the method of anesthesia, but also the dental procedure performed. This would certainly be inappropriate since the dental anesthetist is not a specialist in any dental procedure outside of the

anesthesia service. Furthermore, the increased fees would further limit access to dental care for those patients of lower financial means and underserved populations.

There are up to 50 dental anesthetists practicing in Canada. Over 80% of these dentists are practicing in Ontario, with the vast majority practicing within a few hundred kilometres of Toronto. There is only one dental anesthesia training program in Canada, and dental anesthetists are associated with just two of the 10 dental schools in Canada. 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.

The CADA application claims that a dental anesthesia specialty is required to provide care for underserved populations including:

- Children below the age of cooperation
- Children with special needs
- Adults with special needs
- Elderly patients with dementia

Throughout Canada patients in these populations are currently managed by general dentists, pediatric dentists, and oral and maxillofacial surgeons. The care is often provided under general anesthesia by a medical anesthesiologist. It is important to point out that many of these patients have medical co-morbidities that preclude the administration of deep sedation/general anesthesia outside of a hospital setting, thus dental anesthesia is not involved in the care of a significant proportion of these patients. It is well known that there are long waitlists for these populations of patients awaiting dental care across the country; however, it is naive to believe that these issues will be resolved by declaring dental anesthesia a specialty. 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.

Dental anesthesia has been recognized as a dental specialty in Ontario since 2007 and as indicated above, there is a significant concentration of dental anesthetists within a few hundred kilometres of Toronto. The CADA application claims that the proposed specialty, “will benefit and improve oral health care, especially for those patients whose access to care is dependent on the services provided by Dentist Anesthesiologists”. If this were the case, one would expect that southern Ontario would have much less of an issue with respect to access to care for patients in the populations listed above compared to the rest of the country, where dental anesthetists are sparsely distributed. The CADA has provided absolutely no evidence to indicate that this is the case. If the dental anesthesia group has been unable to make a measurable difference in the area of the country where they are most highly concentrated, how will they improve oral health across the country?

## Conclusion

Following a thorough review of the CADA application for recognition of dental anesthesia as a specialty in dentistry, it is readily apparent that there is no material difference between the current application and the previously failed applications. 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). There is undoubtedly overlap with general dentistry and currently defined specialties, most notably oral and maxillofacial surgery. The CADA’s claims of higher knowledge and clinical experience relative to oral and maxillofacial surgery are simply false and reflect a lack of understanding of the training of oral and maxillofacial surgeons. Current provincial standards of practice relating to sedation and general anesthesia reflect the fact that there is no significant difference between these two groups pertaining to the provision of anesthesia services.

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.

Despite their claims, the CADA has provided no convincing evidence that the proposed specialty would benefit and improve oral health care or increase access to care for the most vulnerable members of our communities. Thus, the application fails to identify a substantial need and value for the proposed specialty, which cannot be met by general practitioners and recognized specialists (criterion 3).

Although the CDRAF unilaterally modified both the process for the recognition of new dental specialties as well as the criteria used to determine the validity of such applications in 2021, dental anesthesia, as it is currently practiced in Canada, clearly does not meet the required Body of Knowledge (#2), nor Need and Value (#3) criteria as defined in the CDRAF Process for Recognition of a New Dental Specialty (April 2021). 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.

The CAOMS does not believe that the CADA application for dental anesthesia to be recognized as a dental specialty meets the criteria necessary as set out by the CDRAF. It is the recommendation of the CAOMS that the CDRAF not approve the CADA application for recognition of dental anesthesia as a specialty of dentistry. The CAOMS trusts that the CDRAF will find the information contained in this submission helpful in their deliberations. Please feel free to contact our organization should you have any questions or require additional information.

Sincerely,



Chad Robertson, DDS, MD, MSc, FRCD(C)  
President, Canadian Association of Oral and Maxillofacial Surgeons

Enclosure : Appendix A - CAOMS response to the CADA 2013 application for recognition as a dental specialty

cc: Canadian Dental Regulatory Authorities Federation : [info@cdraf.org](mailto:info@cdraf.org)  
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Manitoba Dental Association: [office@manitobadentist.ca](mailto:office@manitobadentist.ca)  
New Brunswick Dental Association: [registrar@nbdent.ca](mailto:registrar@nbdent.ca)  
Newfoundland & Labrador Dental Board: [nldb@nf.aibn.com](mailto:nldb@nf.aibn.com)  
Nunavut Registrar's Office: [bvandenasse@gov.nu.ca](mailto:bvandenasse@gov.nu.ca)  
Ordre des dentistes du Québec: [dirgen@odq.qc.ca](mailto:dirgen@odq.qc.ca)  
Provincial Dental Board of Nova Scotia: [pdbs@hfx.eastlink.ca](mailto:pdbs@hfx.eastlink.ca)  
Royal College of Dental Surgeons of Ontario: [info@rcdso.org](mailto:info@rcdso.org)  
Yukon Registrar's Office: [consumer@gov.yk.ca](mailto:consumer@gov.yk.ca)





February 4, 2022

Dr. Jack Gerrow, CM, DDS, MS, Med, LLD (hon)  
Executive Director  
Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1  
Email: [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)

Dear Dr. Gerrow,

This letter is in response to the requested comments on the CADA application (dated November 19, 2021). The Executive Council of the Canadian Academy of Periodontology met on January 26, 2022 to discuss the application in detail. Below is the summary of our discussions and comments as it related to the Criteria for Recognition of a New Specialty:

### **1. Sponsoring Organization**

- a) CADA appear to be a structured organization with its 50 members. The 233 pages of application showcase the detailed thought and research as is evident by a structured organization.

### **2. Body of Knowledge**

- a) Although there is some cross over of this Dental Anaesthesia with other specialty training- Pediatric, OMFS, and Periodontology, there does appear to have some distinction with respect to skills and competencies as it related to deep sedation and general anaesthesia.

### **3. Need and Value**

- a) Based on the research provided by the CADA in their application, it does appear that there is valuable need for Dental Anaesthesiology as a specialty for dental care in extremely anxious patients, pediatric, and special need cases.

### **4. Advanced Education**

- a) Although a Dental Anaesthesiologist will have received 24 months of clinical anaesthesiology training, there is still a possible limitation in the type of patients that can undergo deep sedation or general anaesthesia in an "out of hospital" facility. It is conceivable that ASA 3 or ASA 4 patients may not be good candidates for Dental Anaesthesia.

- b) If there are no limitations set in the scope of practice for Dental Anaesthesiology (i.e., be able to see ASA 3 or ASA 4 patients), then their training must equate to Medical Anaesthesiology, and they should be required to obtain said certifications.

We, the Executive Council of the Canadian Academy of Periodontology, believe that any dental specialty must promote the oral health care of our patients and must adhere to values of public safety. We trust CDRAF will review the application in detail and continue to make decisions in the interest of public safety as it relates to oral health.

Regards,

A handwritten signature in black ink, appearing to read 'Omid Kiarash', written in a cursive style.

Dr. Omid Kiarash, DMD, MSD, Dip. Perio., ABP  
President, Canadian Academy of Periodontology  
On Behalf of the Executive Council of the Canadian Academy of Periodontology



February 11, 2022

Jack Gerrow, CM, DDS, MS, Med, LLD (hon)  
Executive Director  
Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1  
Email: [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)

Dear Dr. Gerrow,

The Canadian Academy of Pediatric Dentistry/Académie Canadienne de Dentisterie Pédiatrique (CAPD/ACDP) is pleased to provide comments and recommendations on the application by the Canadian Academy of Dental Anesthesia to the Canadian Dental Regulatory Authorities Federation (CDRAF) regarding the recognition of dental anesthesia as a national specialty in dentistry in Canada.

### **Introduction**

The provision of emergency and comprehensive dental care to the pediatric patient with pain control, sedation or general anesthesia is integral to the practice of the specialty of pediatric dentistry. Perhaps in no other patient group is the area of anxiety and pain control more pertinent than in the pediatric population. The goals of pediatric anesthesia are to provide efficient, safe, reversible, and profound anesthesia, sedation or analgesia as indicated.

Pediatric dentists work with medical anesthesiologists to provide specialist level dental rehabilitative care with general anesthesia, both, in hospital and non-hospital surgical facility settings. Graduate Trainee Pediatric Dentists at the University of Toronto also train with RCDSO recognized Dental Anesthetists providing the general anesthetic while the graduate trainee develops competency in full mouth rehabilitative care under general anesthesia. Some community based Pediatric Dentists will work with RCDSO dental anesthetists in office suites with the same model of care for a small segment of the population that can afford private anesthetic fees.

There are special considerations for pediatric anesthesia based on the unique anatomic and physiologic characteristics of the pediatric patient. Their airways provide little margin for error. Most poor outcomes in pediatric anesthesia occur related to loss of the airway. It is paramount to avoid periods of oxygen desaturation which very quickly suppress cardiac function and create a sudden cascade of events that can lead to significant morbidity and mortality in the infant/ toddler/child.

Therefore, the guiding principle used by the CAPD/ACDP in reviewing the CADA application is the safety of the most vulnerable members of society, children and people with special health care needs. Specifically, the CDRAF specialty recognition criteria for dental anesthesia, have been reviewed by CAPD/ACDP based on the provision of safe pediatric anesthetic care, at the highest possible standard.

## **Criterion #2 Body of Knowledge**

Body of Knowledge: A distinct and well-defined field which requires unique knowledge skills and competencies beyond the scope and practice of a general dentist and which are also substantially distinct from any currently recognized dental specialty or combination of currently recognized dental specialties. It is the view of the CAPD/ACDP that the application does not meet this criterion.

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. The independent practice of anesthesia is a specialized field of medicine, medical anesthetists that provide anaesthetic services for dental patients are not engaging in dental rehabilitation services. The only route to specialist recognition in anesthesia, in Canada, is through the certification process of the Royal College of Physicians and Surgeons of Canada. Anaesthetic services for infants and those children with major medical co-morbidities (special needs patients) are provided in tertiary care centres by pediatric medical anesthesiologists, a subspecialty of medical anesthesia specialists who have already completed their 4 years of medical school and their four years of anesthesia. Pediatric medical anesthesiologists have completed a minimum 12 month immersed pediatric anesthesia Fellowship which is characterized by a specified didactic curriculum involving supervision and clinical teaching by qualified faculty with expertise and exposure to a wide variety of clinical components in advanced pediatric anesthetic care.

In smaller cities tertiary care Fellows in Pediatric Anesthesia will generally provide general anesthetics for children in need of full mouth rehabilitative dental surgical services. These medical anesthetists will limit care by age of the child and ASA status.

Remote communities often lack the population base to support a specialist in pediatric anesthetic practice and therefore appropriately trained medical family physicians may be required to provide anesthetic services in these communities. But even these medical family physicians which have completed a 2-year residency in family medicine and an additional year training in anesthesia are still not considered specialists in anesthesia. These “plus one” family practice anesthetists always work in a hospital facility where there is back up from colleagues and they limit their practices to ASA 1 and II patients that are well controlled. Age of the patient is also a significant factor and most often these children under the age of 3 will not be serviced in the community but will be “flown out” to a tertiary care centre. As mentioned, the cascade of events that can lead to mortal or severe morbid events is much more likely in this population that experiences Severe Early Childhood caries.

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. 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. Sedation and general anesthesia exist along a continuum and general dentists commonly have the skills and knowledge to provide sedation as an adjunct to dental treatment. The degree of sedation be that mild, moderate, or deep depends on the patient need, practitioner training, and available facilities. The sedation provided by general dentists and other currently recognized dental specialists may include oral sedation with single or sometimes multiple agents, inhalation sedation, parental sedation, and combinations thereof providing mild, moderate, or deep levels of sedation.

Dental regulatory authorities (DRA) maintain a register of all licensed members who utilize adjunctive sedation services in their general and specialty dental practices. All licensed pediatric specialists comply with the standards of care regarding the use of sedation and general anesthesia in their dental offices as specified by their provincial dental regulatory authorities. The membership of the

CAPD/ACDP is comprised exclusively of dental specialists in pediatric dentistry that adhere to the highest standards of clinical care for children. Many dental specialists provide adjunctive sedation while performing concurrent specialist level dental rehabilitative treatment. Oral and maxillofacial surgeons and pediatric dentists have advanced training in sedation and anesthesia. But this sedation remains adjunct to specialist level surgical or rehabilitative dental treatment. Oral and maxillofacial surgeons and pediatric dentists frequently provide treatment in conjunction with general anaesthesia. Such anesthesia is usually administered by a second practitioner, usually a medical anesthetist.

The CADA application defines anesthesiology as the specialty of dentistry pertaining to the art and science of pain, anxiety and behavior management through pharmacologic and other interventions” 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. The CAPD/ACDP endorses the practice guidelines on behavioral guidance and for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures as developed by the American Academy of pediatric dentistry and the American Academy of Pediatrics ([Appendix 1](#) and [Appendix 2](#)).

### **Criterion #3 Need and Value**

Need and Value: A proposed specialty must directly benefit and improve oral health care. Substantial public need and demand for the services of the proposed specialty must be identified. This need cannot be adequately met by general practitioners or specialists in currently recognized specialties. The proposed specialty in dental anesthesia in the view of the CAPD/ACDP does not meet this criterion.

The Canadian Dental Association (CDA) definition of oral health is that *“Oral health is part of overall health. With a healthy mouth you can eat, speak, smile in comfort which helps you feel physically socially and overtly well. Healthy mouth helps you enjoy life physically socially and mentally well.”* 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. Also, the public need for sedation/anesthesia services is currently being met in multiple ways including:

- dental surgical facilities in non-hospital surgical facilities operated by specialists and general dentists.
- Non-hospital surgical facilities operated by medical practitioners.
- In-hospital surgical suites operated by medical practitioners.
- In Ontario, in office general anesthesia provided by RCDSO Dental Anesthetists with Paediatric Dentists providing the comprehensive full mouth rehabilitative surgical care.

In dental offices, the provincial dental regulatory authorities maintain a register of practitioners who are trained and permitted to provide different levels of sedation. The sedation provided may include parenteral sedation in a regular dental office setting which may include general dentists as well as currently recognised dental specialists. The CADA application refers to a national survey of the Canadian population in 2005 that demonstrated the need and demand for sedation/general anesthesia in the dental field. It is not reasonable to extrapolate current need from a single nationwide telephone survey where respondents were asked about their hypothetical interest in dental sedation. In addition, there is no current impediment to dental anesthetists providing dental anaesthetic services. Designation as a specialist would not change access to their services or provide added benefit to the public. There are approximately 50 dental anesthetists in Canada, primarily in Ontario, where they are already designated as specialists. Also, the individuals practicing this proposed new specialty are providing clinical services that do not directly benefit some aspect of clinical dental patient care in any significant

way from services currently provided by general dentists or current specialists in other recognized specialty areas.

Services provided by CADA members for children in private anesthesia suites utilizing private anesthesia fees as well as private dental fees will not improve access to care for the majority of children who experience severe early childhood caries (s-ECC) that require full mouth rehabilitation under general anesthesia. The Institute for Health information 2013 report entitled “*Treatment of Preventable Dental Cavities in Preschoolers: a focus on day surgery under general anaesthesia*” affirms that s-ECC is a disease of lower socio-economic status groups that often have difficulty in accessing care due to financial constraints and limited dental insurance coverage that does not pay private anaesthetic fees for dental care performed in private surgical/anaesthetic suites.

CADA states that the recognition of specialty status for dental anesthesia by the Royal College of Dental Surgeons of Ontario (RCDSO) and the government of Ontario should be an important part of the deliberation of CDRAF. A significant number of Ontario dental anesthesia specialists serve as operator/anaesthetist in their private practice. This model of practicing as a specialist in the administration of deep sedation and or general anesthesia and performing general dental rehabilitation concurrently is allowed in Ontario in accordance with the RCDSO. The Internet link to a video from Dr. Steven Ciz, a past president of the Canadian Academy of Dental Anesthesia on his private practice office website, demonstrates the operator/anaesthetist model in clinical practice. 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.

The operator/anesthetist practice by specialists in dental anesthesia is integral to CAPD/ACDP's decision to not support the recognition of dental anesthesia as a national dental specialty. In dentistry, the provision of deep sedation or general anaesthesia requires vigilant patient monitoring and the ability to respond immediately to any acute changes in patient status. When any intrusion in patient monitoring occurs because the practitioner is performing duties or tasks unrelated to the anaesthetic this lack of vigilance and focus have been identified as contributors to negative patient safety outcomes. The provision of dental sedation or general anesthesia requires the complete attention of the individual providing the anaesthetic services. Similarly, therapeutic, or diagnostic procedures require the continuous and committed attention of the operator dentist. It is not acceptable to have a Dental Anesthetists providing surgical care while a Nurse Anesthetist or Respiratory therapist provides the Anesthesia. Delegation of the responsibility of the anesthetic under the guise of monitoring the patient is not acceptable. It is the Dental Anesthetist that must react to changes in physiologic response to the anesthetic and it is not safe to do so while being distracted by the complexity of a complicated surgical/dental procedure.

CAPD/ACDP subscribes to the “standard of care” per written guidelines that a qualified dentist providing sedation or general anaesthetic services should not also be engaged in performing simultaneous rehabilitative dentistry. The [Joint Statement](#) from the American Society of Anesthesiologists, the Society for Pediatric Anesthesia, the American Society of Dentist Anesthesiologists, and the Society for Pediatric Sedation Regarding the Use of Deep Sedation/General Anesthesia for Pediatric Dental Procedures Using the Single-Provider/Operator Model states:

*“Input from pediatric physician anesthesiologists, pediatric emergency medicine specialists, pediatric intensivists, the American Academy of Pediatric Dentistry (AAPD), dentist anesthesiologists and others, provided sound recommendations regarding the skills needed to provide a multi-provider team-based safe practice model for deep sedation and general anesthesia for children undergoing dental procedures. Most importantly, the guideline now specifies that a separate skilled anesthesia trained*

*provider must administer sedation/anesthesia and be the independent observer; the operating oral surgeon or dentist must be PALS certified to provide skilled help should an emergency arise.”*

The CAPD/ACDP recognizes this position as the standard of care in the management of infants, toddlers, children and those with special health care needs. The Canadian Anesthesiologists Society (CAS) requires that the individual performing the procedure is not to be the individual administering or supervising the sedation/general anaesthetic care ([Appendix 3](#)). For deeper levels of sedation, Ramsey sedation scale levels 4 to 6, the CAS states that this requirement is absolute. In recognition of the additional training that the dental anesthetists have received to provide moderate to deep sedation/general anesthesia, it is the recommendation of the CAPD/ACDP that they be restricted to providing lighter levels of sedation if they are providing concurrent rehabilitative dental services. The actual clinical rehabilitative dental services provided is neither distinct or well defined beyond that of a general dentist or an existing dental specialist, pediatric dentist and or oral maxillofacial dental surgeon. The designation of a dental anesthetist as a specialist creates significant potential for confusion for the public.

Patients or the caregivers of patients could erroneously infer that the dental anesthesia specialist has completed advanced formal specialist training in rehabilitative dental services including pediatric and or surgical services. The public may also mistakenly infer that the dental anesthesia specialist has a scope of practice similar to a medical anesthetist as only providing fully intubated general anesthesia to the exclusion of the provision of any concurrent rehabilitative dental procedures. The public may also reasonably and yet erroneously expect that dental anesthesia specialists would be able to provide these services to medically compromised patients at a hospital-based facility for ASA II and ASA III cases. However, it is not clear that this would be the case in most geographic regions of Canada. In response to the operator/anaesthetist model, the CAS has passed an executive motion stating that patient safety be maintained by ensuring that the administration of anesthesia and the conduct of a dental or surgical procedure be provided by different individuals, ([Appendix 3](#)). 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](#)).

Recently, many of the provincial dental regulatory authorities revisited the guidelines for deep sedation and general anesthesia in the dental office due to tragic outcomes for several pediatric dental patients treated by dental anesthetists using the operator/anesthetist model in their clinical practice. Four provincial regulatory authorities have published guidelines that remove the operator/anaesthetist model in clinical practice as an option for deep sedation and or general anesthesia, see below: **2022 Guidelines for Deep Sedation and General Anaesthesia in the Dental Office by Provincial DRA**

#### **[Alberta](#) pg. 53**

##### **DEEP SEDATION and GENERAL ANESTHESIA**

*“The single operator model of simultaneously providing deep sedation or general anaesthesia and dental treatment by the same regulated member is prohibited.”*

#### **[British Columbia](#) pg. 22**

##### **E. ADMINISTRATION OF GENERAL ANAESTHESIA**

*“No practitioner should administer general anaesthesia and perform dental procedures at the same time.”*

[Nova Scotia pg. 9](#)

PART II DEEP SEDATION AND GENERAL ANAESTHESIA

*“The provider of the general anaesthesia must not also be the provider of dental treatment.”*

[Manitoba pg. 21](#)

SECTION VI - DEEP SEDATION AND GENERAL ANAESTHESIA

*“2a. Ambulatory patients over 12 years of age (ASA classification I - II) - a member may apply for registration to administer deep sedation or general anaesthesia. A member administering deep sedation or general anaesthesia may not concurrently provide dental services.”*

*“2b. For children between 5-12 years of age (ASA classification I - II) - a member may apply for registration to administer deep sedation or general anaesthesia. A member administering deep sedation or general anaesthesia may not concurrently provide dental services.”*

In conclusion, a morbid or mortal event because of an operator/anaesthetist model should never occur. If the operator/anaesthetist model in clinical practice is an option while providing deep sedation and or general anesthesia for dental patients in Canada, the CAPD/ACDP will not support the application by CADA to the Canadian Dental Regulatory Authorities Federation (CDRAF) regarding the recognition of dental anesthesia as a national specialty in dentistry in Canada.

Respectfully submitted,



Jennifer MacLellan, BSc, DDS, Cert.Ped, MSc, FRCD(C), ABPD(Diplomate)  
President, CAPD/ACDP





Canadian Association of Public Health Dentistry  
Association canadienne de la santé dentaire publique

January 31, 2022

Dr. Jack Gerrow, CM, DDS, MS, Med, LLD (hon)  
Executive Director  
6 Crescent Road  
Toronto, ON M4W 1T1

**RE: CADA Application for Specialty Recognition in Dental Anaesthesia**

Dear Dr. Gerrow,

As president of the of the CAPHD, and on behalf of our Dental Public Health Specialist members, **I write to confirm our support for the Canadian Academy of Dental Anaesthesia's (CADA) application to the Canadian Dental Regulatory Authorities Federation (CDRAF) for specialty recognition.**

As per the guidelines set forth by the CDRAF, a proposed specialty must meet the following criteria:

1. Sponsoring Organization: The proposed specialty must originate from a sponsoring organization whose membership is reflective of the proposed specialty.
2. Body of Knowledge: The proposed specialty must be a distinct and well-defined field which requires unique knowledge, skills and competencies beyond the scope of practice of a general dentist and which are also substantially distinct from any currently recognized dental specialty or combination of currently recognized dental specialties.
3. Need and Value: A proposed specialty must directly benefit and improve oral health care. Substantial public need and demand for the services of the proposed specialty must be identified. This need cannot be adequately met by general practitioners or specialists in currently recognized specialties.
4. Advanced Education: University based education programs, at least two years beyond pre-doctoral curriculum as defined by CDAC and consistent with existing specialty programs, must exist to provide the knowledge, skills and competencies required for practice of the proposed specialty.

As part of our internal process, the application was made available to Board Members who were



Canadian Association of Public Health Dentistry  
Association canadienne de la santé dentaire publique

asked to review and submit feedback. Additionally, a working group of dental public health specialists met to discuss the contents of the application package in detail. Below, I present a summary of the feedback received for your consideration.

1. Sponsoring Organization:

In this application, CADA is the sponsoring association. The governance and membership of the CADA is well documented and it was clear how previous and existing members are actively involved clinical practice, teaching, and research related to the specialty. Of note, CADA historical involvement in establishing the American Dental Board of Dental Anesthesiology in 1995, their work towards specialty recognition in Ontario in 2007, and their ongoing efforts for national recognition. The CAPDH believes that this criterion has been met.

2. Body of Knowledge:

The scope of dental anesthesia and required body of knowledge documented in this proposal. In particular, the CAPHD appreciates the individual comparisons made with existing dental specialties. Initially, there was some concern regarding the potential overlap with some specialties, particularly oral and maxillofacial surgery and pediatric dentistry. However, after reviewing the application, the CAPHD felt that the CADA were able to demonstrate the distinct nature of the proposed specialty.

3. Need and Value:

Improving access to oral health care is a priority issue for the CAPHD. Specific populations in Canada such as young children, individuals with special needs, seniors in long-term facilities, often have their treatment needs delayed to wait times for deep sedation and/or general anesthesia. The CAPHD was satisfied with the evidence presented in this application, and believe that there is a sufficient demand for the services they are capable of providing. Dental anesthesiologists will have a role to play in improving access to oral health care for some of the most vulnerable Canadians.

4. Advanced Education:

The Dental Anesthesia program at the University of Toronto, as well as additional programs in the United States would meet the criteria in this section. An evaluation of the program at the University of Toronto was completed in 2008 by the Commission of Dental Accreditation of Canada. Additionally, the US-based programs are subject to the accreditation processes described by the Commission on Dental Accreditation (CODA). Graduates of any of these programs would have a sufficient educational experience and obtain the knowledge, skills, and competencies required



Canadian Association of Public Health Dentistry  
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for the specialty.

#### 5. General comments

- The CAPHD was encouraged by the 2019 decision by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) to recognize Dental Anesthesia as a specialty in the USA and feel this is a logical next step in Canada.
- There was a general discussion related to an increasing trend towards deep sedation/general anesthesia amongst pediatric patients as well as evidence demonstrating rates of repeat treatment under general anesthesia. This discussion also extended to other populations (seniors, adults). Given the timely attention brought to this area with this new specialty application, the CAPHD believes there is a need for all specialties to come together to develop standards for dental treatment under sedation. An evidence-based framework for treatment decisions would be of value to the profession, and strengthened if there is meaningful contributions from general dentists as well as dental specialists.

In closing, the CAPHD is happy to support the CADA's application for specialty recognition in dental anesthesia.

Sincerely,

Keith Da Silva, DDS, MSc, FRCD(C)  
President, Canadian Association of Public Health Dentistry  
keith.dasilva@usask.ca



February 3, 2022

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

**VIA EMAIL:** [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)

Dear Dr. Gerrow:

The Documentation Committee met on January 31, 2022 to review the Request for Specialty Recognition in Dental Anaesthesia from the Canadian Academy of Dental Anaesthesia (CADA) and provide comments to the Canadian Dental Regulatory Authorities Federation (CDRAF).

CDAC has no concerns with the application and will support the process of the addition of dental anesthesia as a dental specialty in Canada.

Sincerely,

A handwritten signature in black ink that reads 'Lee Callan'.

Lee Callan  
Co-Director



## Coalition for Dentalcare

@coalitionfordentalcare ·  
Medical & Health

January 24, 2022

Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

**Via Email**

Attention: Dr. Maurice Coady, Chair, and Dr. Jack Gerrow, Executive Director

RE: Recognition of Dental Anaesthesia as a Canadian Dental Specialty

The Coalition for Dentalcare brings together dentists, hygienists, dental students, other health care professionals, and members of the public to advocate for universal access to preventative and essential dental treatment for all Canadians. We appreciate this opportunity to comment on the application by the Canadian Academy of Dental Anaesthesia (CADA) for recognition of Dental Anaesthesia as a dental specialty. On behalf of the Coalition for Dentalcare, I am writing to support the recognition of Dental Anaesthesia as a Canadian Dental Specialty and encourage the Canadian Dental Regulatory Authorities Federation (CDRAF) to approve this application.

The Coalition has formed alliances with groups representing vulnerable Canadians who experience disproportionate barriers in accessing dental care. These groups include seniors, persons with disabilities, low-income Canadians, children, and Indigenous peoples. Many of these vulnerable citizens require dental treatment under general anaesthesia, adding an additional barrier to their ability to access treatment. These citizens need and deserve access to high quality dental care and sedation, including general anaesthesia when necessary. Dental anaesthesiologists can help facilitate their care.

Dental anaesthesiologists see a variety of patients including children who are unable to cooperate with dental treatment, patients who experience dental phobia and severe anxiety, patients with developmental disabilities, medical complexities, tremors, or a severe gag reflex. Dental anaesthesiologists prioritize the safe administration of sedation including general anaesthesia. However, since dental anaesthesiology is not a recognized dental specialty, Canadian dental plan insurers frequently do not recognize or authorize payment for anaesthesia provided by a trained dental anaesthesiologist, creating a greater financial burden for the patient.

Dental care is among the leading unmet health care needs of Canadians. People who are unable to afford or access dental care must endure the consequences that poor oral health has on overall health. According to the Canadian Association of Emergency Physicians, poor oral health may cause or worsen the following conditions: cardiovascular disease, diabetes, low birth weight, aspiration pneumonia, erectile dysfunction, osteoporosis, metabolic syndrome and stroke. This places a burden on our healthcare system by making the population less healthy overall. Greater access to safe dental treatment under moderate sedation, or general anaesthesia where necessary,

for preventive and restorative care will directly benefit and improve oral health care for vulnerable Canadians.

Canadian dental patients who require dental treatment under general anaesthesia deserve to receive treatment in a timely manner by a dental professional who has the advanced training necessary to ensure their safety. We have reviewed the CADA application and agree that the unique training of dental anaesthesiologists enables them to provide a standard of dental anaesthesia that general dentists and all other dental specialties are unable to provide.

We believe that recognizing dental anaesthesiology as a dental specialty will lead to greater access to general anaesthesia in community settings, including in specialized dental clinics. A Canadian Institutes of Health Research study confirmed that dental treatments performed in non-hospital-based operating settings were more cost-effective than treatments carried out in hospital settings. We encourage the adoption of practices that will save costs and increase access to treatment for vulnerable Canadians.

Having reviewed the application filed by the CADA, we think that the specialized knowledge and professional skill required for dental anaesthesia meets and exceeds all the CDRAF criteria for recognition as a dental specialty. In addition, we think that approving dental anaesthesia as a dental specialty may improve access to medically necessary treatment for vulnerable Canadians. We encourage the CDRAF to approve the CADA application.

Sincerely

*Brandon Doucet*

Brandon Doucet, DDS, BSc.  
Founder, Coalition for Dentalcare



14 March 2022

Dr. Jack Gerrow  
Executive Director  
Canadian Dental Regulatory Authorities Federation  
info.cdraf@gmail.com

Dear Dr. Gerrow:

Thank you for your correspondence of February 8th, 2022, regarding the application for recognition of Dental Anesthesia as a Canadian dental specialty.

While the federal government does not have a role in professional regulatory activities such as the recognition of dental specialties, we do work closely with our Provincial and Territorial counterparts to consider health human resource issues. We also have a role in protecting and improving the health of Canadians.

Thus, and while recognizing that the authority and responsibility for professional regulation and health care delivery reside at the Provincial/Territorial level, we encourage approaches that will be beneficial to the health of Canadians, particularly those that have experienced barriers to accessing necessary care, while at the same time balancing other key objectives for the health care system, such as sustainability.

Thank you for writing, and for the role that your organization is playing in this important initiative.

Yours sincerely,

Dr. James Taylor  
Chief Dental Officer of Canada

February 11, 2022

Jack Gerrow, CM, DDS, MS, Med, LLD (hon)  
Executive Director  
Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1  
Email: [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)

Dear Dr. Gerrow,

I acknowledge receipt of your letter of November 19, 2021 requesting that the Canadian Dental Specialties Association (CDSA), as an identified stakeholder, review and provide comments to the Committee on the merits of the application for Specialty Recognition in Dental Anaesthesia from the Canadian Academy of Dental Anaesthesia (CADA).

CDSA Board members have expressed their specialty organization's strong views regarding this application and there are conflicts within our Board. As each specialty has also been approached separately by CDRAF to review and provide comments on the application, CDSA will recuse itself from submitting comments on behalf of the member national specialty organizations.

The CDSA Board members have informed me that their individual specialties will be responding directly to CDRAF regarding this application.

Sincerely,



Dr. Paul Andrews BSc, DDS, MSc, Dip. Paedo, FRCD(C), FADI(H), FPFA(H)  
President, CDSA





Our Vision: Highest  
quality oral health care  
for Canadians of all ages  
living with disabilities

RECEIVED

JAN 10 2022

RCDSO



389 Hyde Park Road, London, ON N6G 3R8

Our Mission: To promote  
**CARE** through Collaboration,  
Advocacy, Research, and  
Education

January 6, 2022

Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

**Via Registered Mail**

Attention: Dr. Maurice Coady, Chair, and Dr. Jack Gerrow, Executive Director

RE: Recognition of Dental Anesthesia as a Canadian Dental Specialty

The Canadian Society for Disability and Oral Health (CSDH) promotes the highest quality of oral health care for Canadians of all ages who live with disabilities. On behalf of the CSDH, I am writing to support the recognition of Dental Anesthesia as a Canadian Dental Specialty. We think that the specialized knowledge and professional skill required for dental anesthesia meets and exceeds all the CDRAF criteria for recognition as a dental specialty.

Dental care is among the leading unmet health care needs of Canadians living with disabilities. While the CSDH encourages minimal sedation in dental treatment for persons living with disabilities, we recognize that there is a spectrum of disabilities. The CSDH adopts the World Health Organization definition of disability. Dental patients with special needs, particularly persons with significant intellectual disabilities, will require treatment under general anesthesia for their safety and to enable them to tolerate treatment. Patients with severe gag reflex conditions, phobias caused by severe anxiety, and other medically disabling conditions similarly require treatment under general anesthesia for their safety. Greater access for pediatric and general dentists to work collaboratively with dental anesthesiologists in outpatient clinics and other ambulatory settings will improve access to treatment for Canadians who live with such disabilities. Greater access to dental treatment for preventive and restorative care will directly benefit and improve oral health care for Canadians of all ages who live with disabilities.

Persons with disabilities and their families and caregivers need certainty that the dental professional managing their general anesthesia has the advanced training necessary to meet their special needs. No other dental specialty, including oral and maxillofacial surgery, requires extensive training in sedating patients with special needs. An oral surgeon completes a four-month anesthesia rotation during which there is no requirement for anesthetic management of patients with special needs. By comparison, a dental anesthesiologist completes a three-year dental anesthesia residency (comparable to a medical anesthesia residency) during which they must complete a minimum of 75 general anesthetics on special needs patients as part of a minimum of 800 cases of general anesthesia and deep sedation.

General anesthesia creates risk, as shown by the BC case of oral surgeon Dr. Rishiraj, who the College of Dental Surgeons of BC recently barred from sedating patients. The severity of the risk increases the need for extensive education in providing general anesthesia, particularly for special needs patients. No other dental specialty receives the unique training of dental anesthesiologists, allowing them to provide a standard of dental anesthesia that is not adequately met by general dentists or any other dental specialty.

Canadian national Medicare does not include typical dental treatment apart from extraction. Consequently, Canadians with disabilities treated in hospitals by oral surgeons or by in-hospital dental residents frequently undergo extractions rather than receive restorative care. Canadians living with disabilities have a higher rate of extractions than most Canadians. If the CDRAF recognizes dental anesthesia as a Canadian dental specialty, dental insurance plans will acknowledge the obligation to provide reimbursement for their unique professional skill that helps prevent extractions and preserves the oral health of Canadians living with disabilities.

Dental anesthesiology leads to greater efficiencies which will help to meet the demand for dental treatment among Canadians living with disabilities. Dental anesthesiology residencies are the only anesthesia training program that require anesthesia training in office-based and non-operating room settings. Dental treatments performed in non-hospital operating settings are significantly more cost-effective and efficient than treatments carried out in hospitals, and they create less anxiety for persons with disabilities. Lower cost and higher efficiency will lead to greater frequency of preventive and restorative treatment to more individuals, which will improve oral health for Canadians with disabilities.

We appreciate this opportunity to comment on the application by the Canadian Academy of Dental Anaesthesia for recognition of Dental Anesthesia as a dental specialty and we encourage the CDRAF to approve this application.

Sincerely

A handwritten signature in black ink, appearing to read 'Plotzke', with a long horizontal flourish extending to the right.

Olaf Plotzke, B.Sc., DDS., D.Ped., FPFA, FICD, FACD  
President, CSDH

cc: Board of Directors, CSDH

**From:** Derek Decloux <[derek.decloux@gmail.com](mailto:derek.decloux@gmail.com)>

**Date:** February 28, 2022 at 3:33:50 PM EST

**To:** [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)

**Cc:** Derek Decloux <[derek.decloux@gmail.com](mailto:derek.decloux@gmail.com)>

**Subject: Letter of Support for Dental Anaesthesia Specialty Application**

To Whom It May Concern of the Canadian Dental Regulatory Authorities Federation (CDRAF),

I am writing to you in support of the dental anaesthesia application for specialty status.

While I have the fortune of currently working in Ontario as a board-certified specialist in dental anaesthesiology, it troubles me to know that I would not be afforded this privilege in other jurisdictions in Canada. My reasoning is as follows:

1. Access to care to vulnerable populations: Dental anaesthesiologists treat a subset of patients (children, patients with special needs, and dentally anxious patients) that would otherwise be subjected to unreasonable wait times. These patients deserve timely treatment by dental practitioners who would in turn be able to reduce an already over-burdened medical system.
2. Recognition of a unique skillset: Dental anaesthesiologists have training that far supersedes those sedation skills taught in a conventional undergraduate dental program. What's more, is that dental anaesthesiologists that work within an evidence-based procedural team anaesthesia model have certain skills that are infrequently used by even our medical anaesthesia counterparts. This epitomizes the CDRAF's definition of what it means to be a dental specialist in Canada.
3. Consolidating dentistry as a medical subspecialty: Some time ago, medicine and dentistry in North America took divergent paths in training and practice. It is easy to forget that oral health is but another facet of systemic health; the correlation between physiology and the provision of dental services are more intertwined than is always necessarily practiced. This accrued knowledge base acquired in dental anaesthesia residency not only facilitates day-to-day dental anaesthesia practice, but can be used to amalgamate general dentists' preexisting medical knowledge with a greater understanding of pharmacology and physiology. Evidence of this is visible in undergraduate dental programs where dental anaesthesiologists are used to consult and confirm with students the understanding of medically complex patients.

Thank you for your careful consideration and I wish you the best in your review.

Sincerely,  
Derek Decloux

**From:** Lana De Bastiani <[Lana\\_Debastiani@gov.nt.ca](mailto:Lana_Debastiani@gov.nt.ca)>  
**Date:** February 14, 2022 at 12:51:46 PM EST  
**To:** [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)  
**Subject:** NWT Response on CDRAF Specialty Application

Hello,

The Government of the Northwest Territories Department of Health and Social Services Policy division has reviewed the application for recognizing Dental Anesthesia as a new dental specialty in Dentistry.

We do not have any comments on the application. Our policy team reviewed the application and compared it to our Dental Acts to see its implications and confirmed there are no issues as:

We regulate the dental profession under our *Dental Profession Act* which has a register for specialists - Part Two of the dental register. The type of specialization is not defined in the legislation. If the CDRAF recognizes this new dental specialty, it will have no impact to how we currently register the profession under the Act as the only requirement to be registered in the Part Two register s.6.(2) is:

- (a) is eligible to be registered in Part One of the Dental Register; and
- (b) produces evidence satisfactory to the Registration Committee that, in respect of his or her field of specialization, he or she
  - (i) holds an unrestricted licence or registration in a province; or
  - (ii) has successfully passed the National Dental Speciality Examination offered by the Royal College of Dentists of Canada, and has successfully completed a specialty training program accredited by the Commission on Dental Accreditation of Canada

Thank you for inviting us as a stakeholder to be involved in this application.

Mársı | Kinanāskomitin | Thank you | Merci | Hąj' | Quana | Qujannamiik | Quyanainni | Máhsı | Máhsı | Mahsi  
Lana de Bastiani, *M.Ed.*  
Manager, Oral Health Initiative  
Territorial Health Services  
Department of Health and Social Services  
Government of the Northwest Territories

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**From:** "Tenenbaum, Howard" <[Howard.Tenenbaum@sinaihealth.ca](mailto:Howard.Tenenbaum@sinaihealth.ca)>  
**Date:** February 24, 2022 at 11:29:30 AM EST  
**To:** [info.cdraf@gmail.com](mailto:info.cdraf@gmail.com)  
**Subject:** Dental Anaesthesiology as a Canada-Wide Specialty Certification

Please accept this letter in support of Dental Anaesthesiology specialty certification for Canada. I apologize for this not being on my official letterhead as the margins are acting up.

Attention CDRAF Committee Concerning Dental Anaesthesiology as a Specialty

Dear Sir or Madam,

It is my understanding that the Canadian Academy of Dental Anaesthesia has submitted a national specialty application to the CDRAF.

I would like to add my voice in support of this change. I have had nothing but wonderful experiences afforded by working with well-trained Dental Anaesthesiologists.

In relation to this I should like to offer some key points as follows:

1) Access to Care: By implementing a grad training and patient treatment program in the Department of Dentistry (whilst I was Chief... recently stepped down), I can attest that there has been a dramatic improvement in access to care particularly with our medically compromised and special needs patients. Heretofore we had great difficulty offering them the top treatment with fewer appointments (which can be a major burden for patients with special needs!). We currently have one Dental Anaesthesia Resident rotating with Dr. Derek Decloux (like at MSH, where these patients would have incurred significant wait times otherwise). Our weekly Special Needs teaching/clinic program has really improved the overall quality of life of these people! And when under sedation we know that we can perform much better debridement/root planing, which leads to somewhat surprisingly long-term improvements in oral inflammatory load/periodontal inflammation (See this paper in *Special Needs Dentistry* on GA, special needs patients and oral inflammatory load <https://onlinelibrary.wiley.com/doi/full/10.1111/scd.12077>).

2) I would also point out that safety whilst under the care of dental Anaesthesiologists is high. This relates in part to regulation standardization (already the CADA has created a white paper with the intent of aiding in safety standards in sedation as well as training requirements of dental Anaesthesiologists). Clearly insofar as Dental Anaesthesiologists are concerned we are dealing with extremely competent and very highly trained clinicians.

3) Even insofar as education is concerned, an increase in the number of certified Dental Anaesthesiologists would be able to provide much more readily available education/training for general dentists as regards sedation and also, I might add, topics such as Pharmacology.

Based on the above (and other issues that I've not raised here), I support strongly the creation of Canada-wide approval for official specialty status in the field of Dental Anaesthesiology.

Sincerely,

**Howard C Tenenbaum**

H. C. Tenenbaum DDS, Dip. Perio., PhD, FRCD(C)  
Professor of Periodontology, Faculty of Dentistry, University of Toronto  
Professor of Laboratory Medicine and Pathobiology, Faculty of Medicine, University of Toronto  
Professor of Periodontology, School of Dental Medicine, Tel Aviv University, Israel

February 3<sup>rd</sup>, 2022

Dr. Jack Gerrow  
Executive Director  
Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

Dear Dr. Gerrow,

Thank you for your November 19, 2021 letter inviting the National Dental Examining Board of Canada (NDEB®) to provide comments on the application for Specialty Recognition in Dental Anaesthesia from the Canadian Academy of Dental Anaesthesia (CADA).

I have reviewed the 2021 application provided by CADA and the in-depth discussion on how Dental Anaesthesia meets the four criteria for specialty recognition in Canada. I noted that the Royal College of Dental Surgeons of Ontario (RCDSO) has recognized Dental Anaesthesia as a specialty in the province of Ontario since 2004 and the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) recognized Dental Anesthesia in the United States in 2019.

The NDEB® strongly supports uniform standards and regulation within the dental profession. Therefore, the NDEB® supports the application by CADA for national recognition of Dental Anaesthesia as a dental specialty in Canada.

Sincerely,



Marie Dagenais, DMD  
Executive Director & Registrar

Cc Dr. James Richardson, President NDEB

  
**RCDC**

THE ROYAL COLLEGE OF DENTISTS  
OF CANADA

Dr. Jack Gerrow  
Executive Director, Canadian Dental Regulatory Authorities Federation  
6 Crescent Road  
Toronto, ON M4W 1T1

sent via email

February 14, 2022

**Dear Dr. Gerrow,**

Thank you for your letter dated November 19, 2021, in which you invited The Royal College of Dentists of Canada (RCDC) to provide comments on the application for Specialty Recognition in Dental Anaesthesia from the Canadian Academy of Dental Anaesthesia (CADA).

Per the Process for Recognition of a New Dental Specialty required by the Canadian Dental Regulatory Authorities Federation (CDRAF), step 2 is wide consultation to request comments on how the proposed specialty meets the "Criteria for the Recognition of a New Specialty", as identified by CDRAF. Accordingly, I will be providing a response on behalf of the RCDC Board of Directors.

It is the opinion of the College that the application submitted by the Canadian Academy of Dental Anaesthesia (CADA) provides sufficient proof that Dental Anaesthesia meets the criteria required for the recognition of dental specialty in Canada. It has a sponsoring organization (Criterion 1), possesses a unique body of knowledge (Criterion 2), and there exists advanced educational programs accredited by the Commission on Dental Accreditation of Canada (CDAC) (Criterion 4). This is further supported by the recognition as a Dental Specialty in the Province of Ontario in 2004 and the United States of America in 2019.

Considering the reasoning provided for Criterion 3 in the application, it should be noted that the management of children below the age of cooperation and children with special needs is reflected in the scope of Paediatric Dentistry. Furthermore, Anaesthesia is a component of the Oral and Maxillofacial Surgery practice. This is a reflection of the interdisciplinary nature of dentistry and the ideal cooperation and collaboration of dental specialties in providing improved access to care. The College also acknowledges that each provincial Dental Regulatory Authority holds the authority consistent within their health disciplines act to dictate how and which regulated acts a Dental Anaesthesia specialist can perform.



  
**RCDC**

THE ROYAL COLLEGE OF DENTISTS  
OF CANADA

The mission of The Royal College of Dentists of Canada is to define, recognize and promote excellence in the dental specialties. This is achieved, in part, by the administration of a Fellowship Examination for all nationally recognized dental specialties. Accordingly, when the time comes, we hope to engage with CADA in the development of the Fellowship Examination in Dental Anaesthesia.

We look forward to an update on the status of the Dental Anaesthesia application for Specialty Recognition.

Sincerely,



**Dr. Carolyn Mason**

*Chair, Board of Directors*