Call to Order: Dr. Ronald Venezie, chair, called a special meeting of the Council on Dental Education and Licensure to order on Monday, May 20 at 6:35 p.m. The meeting was held via conference call.

Roll Call: Dr. James Boyle, Dr. L. Stanley Brysh, Dr. Michael Edwards, Dr. Diane C. Hoelscher, Dr. Steven J. Holm, Dr. Tariq Javed, Dr. Dennis E. Manning, Dr. Jade Miller, Dr. Roger Simonian, and Dr. Jeanne Strathearn participated in the conference call. Dr. Teresa Dolan, Dr. Cecile A. Feldman, Dr. Ronald Rhea, Dr. William Robinson, Dr. Donna Stenberg and Dr. Michael LeBlanc were not able to participate.

In addition to the Council staff, the following ADA staff members participated in the conference call: Dr. Anthony J. Ziebert, senior vice president, Education/Professional Affairs and Mr. Thomas Elliott, deputy general counsel.

Adoption of Agenda and Disclosure of Business or Personal Relationships: The Council approved the agenda as presented. Dr. Venezie read the ADA Disclosure Policy. No personal or business relationships were disclosed.

Comments from the Dental Specialty Organizations and the Certifying Boards of the Recognized Dental Specialties Regarding 185H-2012: In March, Dr. Ronald Venezie sent letters to the dental specialty organizations and certifying boards soliciting their comment regarding Resolution 185H-2012, the Requirements for Recognition of Dental Specialties, the Criteria for Recognition of Interest Areas in General Dentistry and/or the recognition process. Responses were received from the American Association of Oral and Maxillofacial Surgeons, American Academy of Oral and Maxillofacial Pathology, American Association of Orthodontists, the American Board of Oral and Maxillofacial Surgery, The American Board of Orthodontics, American Board of Prosthodontics, American College of Prosthodontists, and the American Academy of Periodontology.

The Council, at its April 26, 2013 meeting, considered the responses and determined that it was appropriate that the Committee on Recognition consider the organizations'boards' comments and recommendations. Therefore, the Council referred the “Comments from the Dental Specialty Organizations and the Certifying Boards of the Recognized Dental Specialties Regarding Resolution 185H-2012” report to the Committee for its consideration. Dr. Venezie also urged Council members to consider any proposed amendments or additional changes to the recognition process.

At this special meeting, the Council carefully considered the letters, the recommendations of the Committee on Recognition and Council member, Dr. James Boyle.
The Council reviewed comments in support of and opposed to the Criteria for Recognition of Interest Areas in General Dentistry, adopted by the 2010 House of Delegates. The Council again noted that to date no group has sought formal recognition of an interest area in general dentistry. Because the Committee on Recognition, the Council and the House of Delegates have not yet had the opportunity to apply the recently adopted Criteria and process, the Council affirmed its prior opinion and offered no proposed amendments to the Criteria at this time. The Council also noted that in accord with Resolution 170H-2012 Reaffirming Existing ADA Policy, the Council is scheduled to review the Criteria again in no more than five years.

The Council considered the suggestion that the sponsoring organizations representing the recognized dental specialties be given equal time and opportunity to provide oral and written testimony on an application for recognition to the Council, its subcommittees, the ADA Board of Trustees and the District Caucuses. The Council reviewed its action taken at the April meeting to enhance the management of applications for recognition. The newly-adopted additional steps require that the written comments received from the communities of interest regarding an application for recognition be posted electronically on ADA.org and that, following receipt of a recognition application in June, an open hearing be conducted at the subsequent ADA Annual Session, inviting oral and written comments from the broad communities of interest. The Council believed that, with these additional steps, the broad communities of interest are provided with more than ample opportunity to provide comment regarding an application for recognition.

The Council considered a proposed revision to the process for managing applications for recognition of a dental specialty or an interest area in general dentistry that would require:

“Letters of support from thirty state/constituent societies be presented at the ADA Annual Session following the application receipt in June. These letters will be posted electronically on ADA.org.”

The Council determined that the current process provides more than ample opportunity for the communities of interest, including state/constituent societies, to comment on the validity of data presented in an application.

The Council then considered the recommendation that the ADA Bylaws be changed to require a two-thirds affirmative vote of the House of Delegates to recognize a new dental specialty. The Council believed that the review process, with the changes adopted at its April meeting, will enhance this rigorous process and provide ample opportunity for the communities of interest to express and document their positions on a request for recognition. The Council also noted that very few House of Delegates actions require a 2/3 affirmative vote for passage. The Council believed that the primary focus of granting specialty status should rest on the applicant meeting the established requirements and that a simple majority vote is appropriate.

The Council carefully considered a proposed revision to Requirement 1:

“In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of the special area of dental practice; (b) that demonstrates the ability to establish the viable practice of the specialty across a broad national geographic distribution, preferably in every state; and (c) that demonstrates the ability to establish a certifying board.”
The Council believed that the proposed recommendation is overly restrictive, cannot be assessed in a meaningful way and may have unintended consequences for some of the recognized specialties. Additionally, the Council believed that documenting the viability of a proposed dental specialty is inherent in the process and adequately addressed in the Requirements for Recognition. The Council reaffirmed its April 2013 action regarding the revisions to Requirement 1 as recommended by Dr. Venezie’s Workgroup on Resolution 17.

The Council also carefully considered a proposed revision to Requirement 4:

“The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies conducted by an independent source and/or verified by an independent psychometric analysis and that are not merely survey results or studies from small geographic areas (e.g., studies from only one or two states then extrapolated to represent a broad geographic area), that it: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the profession; and (d) provides oral health services for the public in a viable manner over a national geographic distribution (30 state minimum); all of which are currently not being met by general practitioners or dental specialists.”

Following an extensive discussion, the Council determined that it is within its purview to seek further expert review in the event that it determines that independent consultation or additional expert review of an application is warranted.

The Council did not support the recommendation to increase the timeframe in which a new application may be submitted after final action by the House of Delegates to deny recognition (or in the event the application is voluntarily withdrawn) from 24 months to either 48 or 60 months. The Council believed that 36 months would allow the applicant the additional time necessary to document progress and compliance with the requirements/criteria more thoroughly. The Council affirmed its April 2013 action to extend that timeframe from 24 months to 36 months.

After careful review of the comments/recommendations received from the Committee on Recognition, some of the dental specialty sponsoring organizations and certifying boards and Council members, the Council determined that its April 2013 actions adequately address the concerns of Resolution 185H-2012 and took no further action.

**Adjournment:** 7:30 p.m., Monday, May 20, 2013