

January 2, 2023

Liaison Committee for Specialty Boards
American Board of Medical Specialties
353 North Clark Street
Suite 1400
Chicago, IL 60654

RE: **Deny the American Board of Oral and Maxillofacial Surgery Application to Join the American Board of Medical Specialties**

Dear Members of the Liaison Committee for Specialty Boards:

On behalf of the American Society of Plastic Surgeons (ASPS), I am writing to urge you to deny the application of the American Board of Oral and Maxillofacial Surgery (ABOMS) to join the American Board of Medical Specialties (ABMS) as a new member board. ASPS is the largest association of plastic surgeons in the world, representing more than 11,000 members worldwide and 92 percent of all board-certified plastic surgeons in the United States. Because ASPS requires all members to be certified by the American Board of Plastic Surgery (ABPS), one of the 24 distinct medical specialty and subspecialty boards that meet the high standards to be a part of ABMS, we are uniquely positioned to share our concerns with adding ABOMS as a member board.

We believe the decision on ABOMS's addition to ABMS does not even require a review of its application. The organization is inherently unqualified. Per ABMS, "the value of board certification by an ABMS Member Board is that it provides an ongoing independent evaluation to assure that the specialty *physician* [emphasis added] workforce... meets the standards of practice established by their peers."¹

ABOMS is not a medical specialty board. It is a *dental* specialty board. Every component of ABOMS is rooted in dentistry – from its origins within the Council on Dental Education of the American Dental Association; to the point that half of its Board of Directors are solely dentists, not physicians; to its published certification requirements that focus on dentistry. While facets of dentistry may overlap with medicine, it is simply inconsistent that ABOMS could qualify as an ABMS recognized medical specialty board. To fulfill medical specialty requirements, the board in question must have graduate education and medical education that is substantially equal to each of the other ABMS member boards, and ABOMS fails in both regards. Because not all members of ABOMS are trained as physicians, the organization has no place among the gold standard certifying body for medical specialties. Adding ABOMS will degrade the significance of all ABMS certifications.

The ABOMS application itself further underscores the primarily dental nature of the organization and in doing so, underscores how ABOMS fails to fulfill the "Criteria for Recommending Approval of New ABMS Certifying Boards."² In order to be recommended for approval by the Committee, the new medical specialty

¹ <https://www.abms.org/board-certification/value-of-board-certification/>

² https://www.abms.org/news-events/liaison-committee-for-specialty-boards-invites-third-party-comments/?utm_source=abms&utm_medium=email&utm_campaign=call&utm_content=20221015

board in question must demonstrate that it fulfills each criterion.³ We will expand on why ABOMS does not fulfill any of the six criteria.

CRITERION 1: “The emergence of a new medical specialty must be based on a substantial advancement in medical science and represent a distinct and well-defined field of medical practice...”

Oral and maxillofacial surgery is not a new specialty but is instead a subset of head and neck surgery, which has been practiced by diplomates of ABPS and American Board of Otolaryngology - Head and Neck Surgery (ABOHNS) for decades. In fact, distinct oral and maxillofacial surgery departments do not exist at a number of major medical centers; instead, ABPS and ABOHNS diplomates skillfully provide the care that ABOMS claims is distinct to their members.

CRITERION 2: “To promote public and professional understanding that there is a single standard of preparation for and evaluation of expertise in each specialty, only one medical specialty board will be recognized in each specialty.”

As noted, the medical aspects of oral and maxillofacial surgery training overlap with existing specialties. As such, adding ABOMS will create multiple training standards. In fact, not only is ABOMS’s prerequisite training divergent from that found in ABPS and ABOHNS, it is not even internally consistent among its own diplomates. While all ABMS diplomates have an MD/DO and train in an Accreditation Council for Graduate Medical Education (ACGME) training program, only 53% of ABOMS diplomates enroll in a dual MD/DDS program. Further, only 47% of oral and maxillofacial programs even offer the opportunity to earn an MD.⁴

These discrepancies are further born out when one compares the intensity and quality of medical surgical training programs and oral and maxillofacial training programs. Oral and maxillofacial training programs are four years, while ABPS diplomates train for six years. Oral and maxillofacial programs have varying board-certification constraints for their faculty – including not requiring board certification for certain faculty – whereas all ACGME faculty must be board-certified. ABOMS requires 120 clinical weeks of training, while ABPS requires 288 weeks. ABOMS requires only 220 total cases in trauma, pathology (TMJ), orthognathic, and reconstructive/aesthetic, while ABPS requires 1,150 cases. These are clearly two different standards of preparation.

CRITERION 3: “The training needed to meet requirements for certification by the applicant must be sufficiently distinct from the training required for certification by approved ABMS Boards and sufficiently complex or extended so that it is not feasible for it to be included in established training programs leading to certification by approved ABMS Boards.”

The training needed to meet requirements for certification by ABOMS are not sufficiently distinct from the training required for certification by ABPS. Each Qualifying Exam category in Section III of the ABOMS application is included in the ABPS Written Examination Program Content Outline, for example, and is taught throughout plastic surgery training. Moreover, the training is already included in established training programs leading to certification by approved ABMS Boards. ABOMS does not contain any medical knowledge or surgical techniques that are not also a part of plastic surgery training.

³ https://www.abms.org/news-events/liaison-committee-for-specialty-boards-invites-third-party-comments/?utm_source=abms&utm_medium=email&utm_campaign=call&utm_content=20221015

⁴ https://www.abms.org/wp-content/uploads/2022/10/Application-of-the-American-Board-of-Oral-and-Maxillofacial-Surgery_REDACTED.pdf

CRITERION 4: “A medical specialty board must demonstrate that candidates for certification will acquire, and its diplomates will maintain, capability in a defined area of medicine and demonstrate special knowledge and competencies in that field.”

ABOMS fails to demonstrate appropriate maintenance of certification relative to the ABMS standard, most obviously in the domain of certification cycles. ABMS member boards must assess certification of diplomates every five years, while ABOMS outlines a 10-year cycle in its application. In addition, the ABOMS standards have no correlation to the vital pillars of ABMS maintenance of certification beyond components similar to general standards – professional standing and conduct, lifelong learning, and improving health and health care.⁵ As such, a stark contrast is presented: comprehensive and all-encompassing expectations for ABMS member board diplomates versus substantially lower expectations for ABOMS members.

CRITERION 5: “Evidence must be presented that the new board will establish defined standards for training and that there is a system for evaluation of educational program quality. The required graduate medical education programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), or a plan must be presented for the interim approval of training programs... until ACGME approved training programs are established and functioning...”

Because oral and maxillofacial surgery is a dental specialty, its programs are not accredited by ACGME. As such, ABOMS was required to present a plan for the interim approval of training programs until ACGME approved training programs can be established.

ABOMS did not even attempt to accomplish this, likely because it cannot. Since not all ABOMS trainees are required to be MDs, and because not all oral and maxillofacial surgery programs offer a dual DDS and MD track, ABOMS cannot comply in any way with the ABMS requirements to earn a medical degree from a qualified medical school; complete 3 to 7 years of full-time experience in an ACGME accredited program; and obtain a medical license to practice medicine in the United States or Canada. Outlining educational program criterion overseen by the American Dental Association (ADA) and referencing preliminary communications with the ACGME Chief Accreditation and Recognition Officer are not a plan, and certainly should not be presented as such.

CRITERION 6: "The applicant medical specialty board must demonstrate support from the relevant field of medical practice and broad professional support."

ABOMS does not show support from a single ABMS member board, let alone from the most relevant medical fields of ABPS and ABOHNS. The American Association of Oral and Maxillofacial Surgeons (AAOMS), the American College of Oral and Maxillofacial Surgeons (ACOMS), and the American Association of Craniomaxillofacial Surgeons (AACMFS) are not different fields of medical practice but are instead clear parts of organized oral and maxillofacial surgery, like ABOMS. This most certainly does not constitute “broad professional support.” Furthermore, showing support from the ADA is notable, as it represents dentistry, which is not a relevant field of medical practice. This yet again shows that ABOMS is not representative of the most critical characteristic of ABMS boards: medical specialty.

⁵ <https://www.abms.org/board-certification/board-certification-standards/standards-for-continuing-certification/>

We strongly urge you to deny the application of ABOMS due to its failure to meet the necessary standards and criteria of a member board. Adding ABOMS as an ABMS member board will only serve to weaken the value and reputation of ABMS, confuse the American public, and negatively impact patient safety.

Thank you for your consideration of ASPS's comments. Please do not hesitate to contact Patrick Hermes, ASPS Director of Government Relations, Political Affairs, and Health & Payment Policy, at phermes@plasticsurgery.org or (847) 228-3331 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory Greco", with a stylized flourish at the end.

Gregory Greco, DO, FACS
President, American Society of Plastic Surgeons