“Strength In Numbers”

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“Strength in numbers.” A common cliché that admittedly is used all too often. But, excluding our oral and maxillofacial surgery colleagues, who number over 9,000 practitioners in the United States alone, those of us in the remaining 3 disciplines that fall under the umbrella of this journal’s focus (oral and maxillofacial pathology, oral and maxillofacial radiology and oral medicine) may be well-advised to ponder the potential implications of this phrase.

Admittedly, the scope of this journal extends far beyond the United States alone. But for simplicity’s sake, let’s look at the US numbers (as of December 31, 2010)[1]: American Board of Oral and Maxillofacial Pathology: 313 registered diplomates (267 actively practicing Diplomates and 46 Diplomates who are retired from active practice and hold Emeritus status); American Board of Oral and Maxillofacial Radiology: 110 registered diplomates; American Board or Oral Medicine: 256 (including 10 Emeritus members). Even when all 3 of our non-surgical disciplines are combined, this represents under 700 practitioners, including emeritus diplomates and diplomates who currently practice outside of the United States. To put this in perspective, this is fewer than 700 out of a grand total of 186,084 professionally active dentists (2009)[2] in the United States, over 39,000 of whom are practicing in the 9 ADA-recognized specialties and includes 4,873 predoctoral dental school graduates in 2009 alone.

These statistics are not meant to suggest that larger is necessarily better. Being a member of a smaller academy can have significant advantages: the ability for more members to become actively involved in governance of the organization, the potential to get to know a greater percentage of your colleagues and the potential to have a greater impact on the dental community and general public overall.

This also does not mean to imply that we should aim to become as

large an organization as our oral and maxillofacial surgery colleagues. Obviously this is not remotely feasible or even desirable. We are a highly specialized group of clinicians, educators and researchers; the vast majority of whom practice in academic and/or hospital-based settings. As such, our numbers have tended to remain relatively stable over the years.

Does the rather small number of diplomates and fellows in our specialties imply our impending demise? Absolutely not! Over the last few years I find myself extremely comforted when I meet the many new members of our academy and see the high caliber of basic, translational, educational and clinical research that they are presenting at our annual AAOMP meetings. In my vantage point as a dental school faculty member, I am also very impressed by the high caliber of dental students and practicing dentists (and in some cases dentists previously trained in other specialties) who are actively interested in pursuing oral and maxillofacial pathology as a specialty. I am confident that these observations hold true for my colleagues in oral and maxillofacial radiology and oral medicine. This portends extremely well for our disciplines!

Can we continue with the status quo and persist as 3 separate organizations, each with a couple of hundred members? Yes, without a doubt. In fact, before anyone starts sending me e-mails questioning my wisdom or motives, I would like to unequivocally state that I am by no means suggesting that we should merge our three disciplines into a single group.

But at the same time, we can't ignore the fact that the focus and advanced body of knowledge required of our three disciplines intersect in countless areas. All three disciplines require the practitioner to use their highly advanced knowledge and understanding of craniofacial anatomy on a daily basis; whether it be in clinically assessing a patient with a complex underlying disease process, reviewing advanced imaging studies, or grossing complex surgical specimens from the head and neck area. All similarly require the practitioner to have a thorough understanding of the pathogenesis and management of disease processes, not exclusively those of the oral and maxillofacial region but of the entire body, whether it be in researching the factors involved in disease progression, the non- surgical management of patients with complex conditions involving the oral and maxillofacial complex, teaching these concepts to undergraduate and graduate dental students,

managing medically compromised patients, or interpreting advanced imaging studies. All require a sound understanding of the histopathologic basis of disease, whether that is in relating the radiographic appearance of a condition to its histologic features, or rendering a tissue diagnosis. I am confident that, time and space permitting, numerous other examples of how our disciplines "overlap" could readily be enumerated.

So how do we achieve "strength through numbers"? A couple of questions immediately come to mind.

Might our disciplines benefit from developing a formalized structure whereby representatives of our 3 academies would work together to advance the interests of our combined stakeholders? There is no doubt that the executive and individual members of our respective academies have worked together informally on numerous occasions over the last several decades in order to improve co-operation between our organizations (e.g. organizing periodic joint academy meetings). I would also argue that this journal, as the official journal for the American Academy of Oral and Maxillofacial Pathology, the American Academy of Oral and Maxillofacial Radiology and the American Academy of Oral Medicine, indirectly fulfills several aspects of such a role by unifying all three of our non-surgical disciplines, along with our oral surgery colleagues, under a single publication. But might our organizations benefit from instituting a more formalized relationship in which the main focus is the advancement of and cooperation between our three disciplines? One such example that comes to mind is the Intersociety Pathology Council, which is composed of representatives of 27 pathology organizations. Although I admit to being unable to personally comment on its actual effectiveness, it has as one of its principal goals that of providing a unified voice for the discipline of pathology in North America.

By taking advantage of the substantial overlap in foundational knowledge and scopes of practice between our three disciplines, could, and if so, should, a model for advanced education training be developed that would afford future graduates the option of obtaining training and board-eligibility in multiple of our disciplines in a more time efficient process? In other words, could future programs be developed that would allow graduates to obtain board eligibility in 1, 2 or, possibly even all 3 disciplines, depending on individual interest and career objectives, by taking a core curriculum unique to two or

all three of these fields (e.g. advanced radiographic interpretation, advanced general pathology, clinical oral pathology/oral medicine, and oral and maxillofacial pathology), and then taking additional discipline specific core courses that would be dependent on the specific pathway(s) chosen by the student (e.g. radiation physics, advanced histopathologic diagnosis, advanced assessment and management of facial pain)? This approach to advanced education would offer one resident the option of selecting a single area of focus if he or she desired, while giving another resident the opportunity to obtain training in two or potentially all three of our related areas of specialization. This would be somewhat akin to the situation in Canada, where residents are offered the opportunity to pursue training in either oral and maxillofacial pathology or oral medicine in three years, or a combined residency program in both oral and maxillofacial pathology and oral medicine by undertaking one additional year of training. By logically including oral and maxillofacial radiology in this arrangement, could an ambitious and hard-working candidate, studying in an appropriately structured program, complete advanced training in 2 or, perhaps even all 3 of these disciplines, in a substantially shortened time period?

Currently, many dental students are legitimately confused as to the differences between our three disciplines, and realistically, we lose some well-qualified prospective students to other specialties as a result. By structuring an advanced education program in which residents would have several months of a common curriculum before having to choose which pathway(s) they wished to pursue, they would potentially be in a better position to be able to make a more informed decision.

As an added benefit, these jointly trained specialists could ultimately form the core of a future group of “ambassadors” who would help to ensure the continued close co-operation between our disciplines.

There could be additional potential benefits to arise from a combined educational approach. In the current dental school environment, many schools are working to breaking down the boundaries, real or perceived, between departments and disciplines, with the goal of establishing a curriculum and practice environment that is less compartmentalized and more integrative. As a result, graduates of a combined program might be better able to compete in the academic market, and would also, by virtue of being certified in multiple areas of specialization, be able to compete for available positions in any of

these fields. This could help, in part, to ensure that those individuals who represent the future of our disciplines, the aspiring oral and maxillofacial pathologists, oral and maxillofacial radiologists and/or oral medicine practitioners, will have more diverse career opportunities available to them. This is essential if we are to preserve and even enhance the long-term desirability of our disciplines as specialties of dentistry.

Many programs currently offer their residents the option of pursuing advanced research training, typically in the form of a PhD degree. While this will and must remain an important pathway that many future specialists in our three disciplines will continue to pursue, we also can't lose sight of the fact that we must also maintain a strong clinical foundation to our specialties. The availability of an option for candidates with more of a clinical interest, whether that be focused on histopathologic diagnosis, clinical oral pathology/oral medicine and/or radiographic interpretation, to pursue combined training in multiple areas would potentially strengthen the clinical foundation of our disciplines. Sticking with my propensity for using clichés, graduates of such a combined program would represent a less traditional example of a "triple threat".

Another proposal that has been raised over the past few years as a way to increase the desirability of our disciplines is the option of incorporating an MD degree into the specialty training process. In fact, if I am not mistaken, there currently is at least one oral and maxillofacial pathology advanced education program in the United States that does offer this opportunity to residents if they also completed their dental degree at the same institution. While in certain circumstances, this option may well have its place, if this approach became standard practice, it could potentially have a long-term negative impact on our identity as a specialty of dentistry, while likely providing limited additional benefits to our disciplines.

Have I thoroughly considered all of the potential implications of the questions that I pose? No, I simply raise these as questions for the reader to consider. How would these changes come to fruition in practical terms? Since the devil is truly in the details, I defer the particulars, if anyone is so inclined to look into these questions any further, to my many colleagues with far greater experience, institutional memory and wisdom than myself. However, we must not lose track of the fact that while there remains a strong cadre of outstanding individuals who are interested in pursuing advanced

training in our specialties, we must continue to explore different opportunities to ensure that our specialties continue to be highly desirable and, ultimately, that those dentists who do follow through with their passion for oral and maxillofacial pathology, oral medicine and/or oral and maxillofacial radiology have outstanding opportunities available to them upon completion of their training.

On that note, I conclude this editorial with one final question: what is the alternative to “strength in numbers”?

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[1] http://www.ada.org/sections/educationAndCareers/pdfs/specialty_certifying_report.pdf (accessed Nov 19, 2011) and personal communication

[2] http://www.ada.org/1444.aspx (accessed Nov 23, 2011)