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**MEMO IN OPPOSITION
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This measure would permit certain dental practitioners to perform a wide range of medical surgical procedures involving the hard or soft tissues of the oral maxillofacial area. Specifically, the bill would enable oral and maxillofacial surgeons (dental surgeons) to perform surgical procedures well beyond their current scope of practice which is rooted in the restoration and maintenance of dental health.

This measure would allow “*any oral and maxillofacial surgeon as certified by the department,*” to perform additional surgical procedure involving hard or soft tissues of the oral and maxillofacial area “*provided he or she has been certified by the American Board of Oral and Maxillofacial Surgeons and granted privileges for such procedures by a general hospital*”. The “additional surgical procedures” which the oral and maxillofacial surgeons could perform under this proposal would include but not be limited to rhinoplasty (nose jobs), blepharoplasty (eyelid surgery), rhytidectomy (face lift), submental liposuction, otoplasty (ear surgery), dermabrasion, and other procedures of the head and neck.

This bill represents yet another in a long line of measures designed to allow non-physicians to practice medicine and perform complex medical procedures. Dentists, however well qualified in oral health, are not physicians. While a doctoral degree in dentistry (either a DDS or DMD) is required for licensure as a dentist in New York, dental education and training are not equivalent to physician education and training. Consequently, even oral and maxillofacial surgeons should not be permitted to practice medicine and perform surgical procedures unrelated to oral health.

Oral and maxillofacial surgery is one of nine specialties recognized by the American Dental Association and the U. S. Department of Labor. Postdoctoral programs in oral and maxillofacial surgery offer training programs ranging from a minimum of 4 years to a maximum of 6 years. Graduates of the four year program receive a certificate in Oral and Maxillofacial Surgery (OMFS). Graduates of the six year program receive a medical degree (MD) in addition to the certificate of Oral and Maxillofacial Surgery (OMFS). This bill would apply to both OMFS and dual degreed (OMFS and MD) dentists.

Typically, oral and maxillofacial surgeons perform oral surgical operations to remove infected, impacted or malposed teeth, prepare jaws for prosthodontic appliances and remove abnormal growths, cysts and foreign bodies from jaws and oral structures.

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Oral and maxillofacial surgeons have argued that their doctoral training as well as their post-doctoral residency training is equivalent to that which a physician obtains including a board certified plastic surgeon, dermatologist, otolaryngologist or orthopaedic surgeon. This argument is categorically false. If it were true, there would be no need to differentiate post-graduate degrees (DMD/DDS vs MD).

Although the first two years of medical and dental school are comparable, the second two years are very different. The third and fourth years of medical school consist of clinical rotations through surgery, medicine, dermatology, pediatrics, psychiatry, obstetrics and gynecology and various other electives. The third and fourth year of dental school is primarily spent in the lab where the dentists are trained primarily in the skill of drilling and learning the manual skills that will make them proficient as a dentist. They are not exposed to the hospital setting, nor are they exposed or trained to take care of critically ill patients.

Most importantly, the post-doctoral residency training received by oral and maxillofacial surgeons is not equivalent to that completed by physicians. Their residency programs require the performance of only 75 surgical cases in their final year, including at least ten in trauma, pathology, orthognathic and reconstructive and esthetic surgery. **Only ten cases are required in reconstructive and esthetic surgery.**

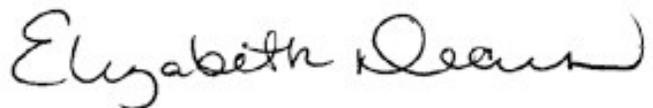
In stark contrast, the standards for medical residency programs are more stringent and are comparable across surgical specialties whether we are referring to plastic surgery, dermatology, otolaryngology or orthopedic surgery. For example, the American Board of Otolaryngology requires a mix of cases demonstrating proficiency in facial plastic surgery, pediatric otolaryngology, head and neck surgery, general otolaryngology and endoscopy. The average resident sitting for a board examination, whether an otolaryngology resident or a dermatologist resident or a plastic surgeon resident, will have completed 2000 surgical procedures over their four year residency program. Moreover, those residents who complete residency and participate in fellowship training in the sub-specialty of Facial Plastic and Reconstructive Surgery, participate as either surgeon or first assistant surgeon on an additional 800 cases, with a total surgical volume of approximately 200 rhinoplastys – one of the most complex cosmetic medical procedures performed.

In addition, the bill, if enacted, would not delineate or circumscribe where the expanded set of services performed by oral and maxillofacial surgeon could be provided. Therefore, under this proposal, these services could be provided anywhere, including in an office based setting. In such a setting, ready access which exists in a hospital environment for additional professional and support systems to assist if complications beyond the ability of the oral and maxillofacial surgeon would not be available.

Oral and maxillofacial surgeons, however well qualified in oral health and dental surgery, are not physicians and do not have the medical training and education required to ensure the highest quality of patient care and outcomes. Therefore, they should not be permitted to practice medicine and perform surgical procedures unrelated to oral health.

Consequently, we urge you to defeat this proposal.

Respectfully Submitted,

A handwritten signature in black ink that reads "Elizabeth Dears". The signature is written in a cursive, flowing style.

ELIZABETH DEARS, ESQ.