

Specialty and the general dental practitioner

General dental practitioners have a multitude of responsibilities during their daily working hours. In order to be successful, a general dental practitioner must be an astute and industrious business person with discerning financial acumen, an empathetic, thoughtful, and caring human resource manager, and most importantly a confident and competent highly skilled technician and artisan who must possess keen critical thinking skills for developing diagnoses and meeting the demands of complicated treatment plans. Fulfilling all these qualities with excellence on a daily basis is no small accomplishment. Yet, these are the characteristics and skillsets that are routinely demanded of the clinician and their staff, and expected by patients. More specifically, general dental practitioners constantly are faced with difficult diagnostic dilemmas and complex cases as they are, in most circumstances, the front line for patient care. When the general dental practitioner confronts a difficult business decision or economic situation or human resource issue, they have the ability to consult with an expert in that particular field. This may be their banker, accountant, attorney, practice management advisor, or any other individual they deem to have a specific set of expertise for these unique and specific circumstances. This same strategy can be applied when the situation involves seeking a specialist in dentistry.

The American Dental Association (ADA) describes a dental specialist as follows: "Dental specialties are recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) to protect the public, nurture the art and science of dentistry, and improve the quality of care. Specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health."¹ The existence of these interdisciplinary specialists (within the field of dentistry) provides the general dental practitioner with the option of referring the patient to an individual with recognized, accredited, and in depth and enhanced knowledge and skills in a limited and specific area of dentistry. However, prior to doing so the general dental practitioner must first develop a trusting relationship with the specialist and assure themselves that there is a shared and similar philosophy and style of practice between both parties. This unique relationship is important as the patient being referred must have

confidence and be comfortable with the specialist. From the patient's perspective, the specialist is viewed as an extension of the general dental practitioner. It is of the utmost importance for the general dental practitioner to understand this as they are sending their most precious commodity, the patient, to another practitioner with the expectation that the same quality of care, from both a technical and personality perspective, is followed by another practitioner.

Prior to March 2020 there were 10 NCRDSCB recognized specialties: dental anesthesiology, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. Due to the existence of these specialties, the general dental practitioner has the option of referring a patient to one or more of these recognized specialties. Recently, an additional two specialties were accredited: oral medicine and orofacial pain. Oral medicine is the specialty of dentistry responsible for the oral health care of medically complex patients and for the diagnosis and management of medically related disorders or conditions affecting the oral and maxillofacial region.²

Orofacial pain is the specialty of dentistry that encompasses the diagnosis, management, and treatment of pain disorders of the jaw, mouth, face, and associated regions.³ The general dental practitioner is now able to confidently refer a patient to either one of these new specialties, knowing that individuals who claim to be specialists in these fields are indeed "true" specialists. This now increases all available options for the general dental practitioner to redirect their patients to those individuals who have verifiable knowledge and accreditation in these respective fields. Therefore, if a dental practitioner observes a suspicious intraoral lesion or has a patient with a toothache of nonodontogenic origin, they now have an outlet of specialists who are knowledgeable in providing an accurate and reliable diagnosis followed by the design of an evidence-based or at least best practice management strategy. Furthermore, the general dental practitioner should also consider developing a multidisciplinary referral network among medical colleagues and allied health professionals, since the general dental practitioner is often the first professional health contact with a member of the public.



Chairside screening, to be used for early identification of an individual's disease risk for potentially life-threatening diseases, such as hypertension, diabetes, sleep-related breathing disorders, and other systemic conditions, are within the domain of the general dental practitioner.⁴ Furthermore, chairside screening could also be applied to identify those who have the presence of disease risk factors and could benefit from medical follow-up. Following these initiatives will provide confidence to the patient that their general dental practitioner understands and acknowledges the importance of the oral-systemic health relationship as it relates to their overall wellbeing. This will frame the general dental practitioner as being empathetic, competent, compassionate, and knowledgeable. The general dental practitioner, by establishing both interdisciplinary and multidisciplinary networks, realizes that it takes an integrated health care delivery approach to provide optimal patient outcomes. Having the ability and access to these specialist services will enhance the integrity of the general dental practitioner-patient relationship, and elevate the sense of professionalism, resulting in improved wellness and health for patients with the goal of reducing rates of morbidity and mortality.

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References

1. American Dental Association - National Commission on Recognition of Dental Specialties and Certifying Boards website. <https://www.ada.org/en/ncrdscb/dental-specialties>. Accessed 20 May 2020.
2. American Academy of Oral Medicine website. https://www.aaom.com/index.php?option=com_content&view=article&id=588:press-release--oral-medicine-is-now-an-ada-recognized-dental-specialty&catid=21:news&Itemid=285. Accessed 20 May 2020.
3. American Academy of Orofacial Pain website. <https://aaop.clubexpress.com/>. Accessed 20 May 2020.
4. Greenberg BL, Glick M. Providing health screenings in a dental setting to enhance overall health outcomes. *Dent Clin North Am* 2018;62:269–278.



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