

Dear SAO Presidents,

This message is to inform you of some important background information and considerations regarding the survey sent to you by the trustees of the AAO on the evening of November 9th, 2011.

As you may be aware, according to the trustees, this issue was “initiated by the Dental Specialty Organizations (DSG) which requested each specialty to sign on to a letter initiated by the Prosthodontists allowing reciprocity and portability of licensure.”

The statement below appeared in the AAO e-bulletin on September 2nd:

Reciprocity and Portability of Licensure Between States

The BOT authorized the AAO to sign a letter to state dental boards that requests recognition of dentists who have completed an ADA-accredited advanced training program as specialists, be provided reciprocity and portability of licensure between states. Other dental specialty organizations plan to sign the letter.

The FAO leadership viewed this as an inappropriate action ([see letter to Dr. Rogers](#)) on the part of the AAO primarily because we believe that 1) each state’s Board of Dentistry has the right and is better able to determine the appropriate licensure requirements for its citizens, 2) It is not the mission of the AAO to attempt to influence individual states licensure requirements, 3) The licensure reciprocity issue is being promoted by the ADA (not by AAO membership). An endorsement by the AAO places much of the membership at cross purposes with the AAO and 4) the quality of care may be adversely affected in some states by relinquishing the state’s Board of Dentistry authority to determine licensure requirements.

Here is the AAO mission statement:

"The American Association of Orthodontists is a professional association of educationally qualified orthodontic specialists dedicated to ethically advancing the art and science of orthodontics worldwide; improving the health of the public by promoting quality orthodontic care, the importance of overall oral healthcare and advocating for the public interest; educating the public about the benefits of orthodontic treatment and the educational qualifications of orthodontic specialists; and supporting AAO members in the practice of orthodontics."

The AAO Board of Trustees reconsidered their decision and agreed that this issue should be taken up in councils ([see letter from Dr. Rogers](#)).

The results of the AAO survey of component presidents (November 10) could lead to action on the part of the AAO that, we believe, may adversely affect the quality of orthodontic care provided in the future. At first, the affects may only be apparent in “retirement states” and will have little or no impact on the traditional private practice in your state. However, as new alternate delivery system models for providing orthodontic care evolve, we are concerned that the affect on quality will be witnessed nationwide. The big question is: will the care provided be able to meet or exceed the quality of care that the majority of our members currently provide in the private practice setting? Who is going to insure that quality is upheld...the AAO?

We have witnessed this sort of change in the field of pharmacy over the past few decades. I have been informed that the political influence and membership of their professional organization has suffered as a result.

Our hope is that with this background information, you will be better informed of the potential consequences of weakening the Board of Dentistry powers of each state and how that might ultimately affect the traditional practice of orthodontics as a specialty.

The FAO would appreciate your input with regard to this matter, please [click here](#) to complete a brief survey.

[Click here](#) for additional correspondence from Dr. Jack Beattie to Dr. Mike Rogers and response.

Sincerely,

William J Glenos D.M.D.
President FAO