

Report of the Meeting of the Dental Board of California

May 19-20, 2011

Prepared for the California Society of Pediatric Dentistry

*The Dental Board of California met May 19-20, 2011, in Burlingame (San Francisco Airport).
The following summarizes actions and issues coming before the Board pertinent to pediatric oral
health*

Registered Dental Assistant Written Examination Statistics

In July of 2009, with the dissolution of the Committee on Dental Auxiliaries (COMDA), responsibility for the licensing of Registered Dental Assistants (RDA) passed to the Dental Board of California. The 2009 pass rate for the RDA written examination barely exceeded 50%. Utilizing a new written examination, the pass rate increased last year to 61% and, for the first four months of 2011, the pass rate was 67%.

Comment: While still low, the improvement is significant. Approximately 2,000 candidates take the RDA examination annually. The pass rate for the practical examination this exceeds 85%.

Review and Update of the Material Safety Data Sheets

The Dental Restorative Materials Fact Sheet (DMFS) was last revised in 2004. In November, the Board appointed a two-member subcommittee to determine if revision of the current DMFS was necessary and warranted. The committee reported, and the Board concurred, that revision of the existing DMFS is not necessary at this time.

Comment: The revision of the DMFS would have entailed a lengthy public process with no discernable public benefit.

Fingerprinting Requirement for Licensees

Effective July 1, all licensees for whom no fingerprint record exists at the Department of Justice (DOJ) will be required to submit evidence they have completed a Live Scan fingerprint data-entry process as a condition of license renewal. The requirement includes dentists, registered dental assistants, and registered dental assistants in extended functions and is generally believed to affect those licensed before 1986. Dental hygienists must meet the same requirement, but are governed separately by the Dental Hygiene Committee of the Board. The DOJ has provided the Board with a list of all licensees for whom no record of fingerprinting exists. Information about the requirement has been posted on the Board's website and the Board is in the process of notifying by mail, on a "rolling schedule" according to their expiration date over the next two years, those licensees who must be fingerprinted.

Comment: The Board estimates approximately 18,000 dentists and a like number of auxiliary licensees are affected.

Administration of Local Anesthesia by RDAEFs

The *Dental Assisting Forum*, a seven-member auxiliary committee created under statute to advise the Board in matters pertaining to dental assisting, petitioned the Board to add the administration of local anesthesia as an additional certification, after training, to the allowable duties of the Registered Dental Assistant in Extended Functions. The Board's Dental Assistant Committee decided that it had inadequate information to assess the request, and tabled the issue until such information was available to them.

Comment: It is likely the Dental Assisting Forum will bring back the request at a future meeting.

Sunset Review Process

SB 540 (Price), introduced in this session of the legislature, would extend the existence of the Dental Board of California to January 1, 2016, and would change the composition of the Board to eight practicing dentists and seven public members. The Board is currently composed of eight dentists, four public members, one RDA, and one RDH. The proposed reconfiguration would give the Dental Board the same professional/public ratio as that of the Medical Board, and one similar to most other state professional licensing boards. In a desire to retain RDA representation on the Board, members voted to recommend to the legislature, instead, changing the composition to eight dentist members, five public members, and two RDAs. The bill includes a number of other provisions, including replacement of the Board's current standing Dental Assisting Committee and Dental Assisting Forum with a new Dental Assisting Council, an advisory body that would be appointed by the board president to represent the interests of licensed assisting categories in lieu of direct Board membership. .

Comment: In my opinion, the Department of Consumer Affairs and the legislature will see the Board's recommendation as an attempt to "stack" the Board with ten licensees and five public members and it will not be adopted. If the legislature wishes to retain one or more auxiliary licensing category, it will do so at the expense of the number of dentist members. It is important to remember, however, that without passage of the bill ---- with or without any changes in the composition of its members ---- the Dental Board of California will "sunset" (cease to exist) on January 1, 2012.

Licensure by Portfolio Pathway

AB 1524, passed by the legislature in 2010, creates a new format of clinical licensure examination for students enrolled in a California dental school, commonly referred to as a "portfolio examination." The Board is now charged with implementing the law by developing standardized criteria for the assessment of the applicant's competency, training and calibration of examiners, and the process by which the Board will independently monitor and audit the portfolio examination. The Board has contracted with Comira, a commercial testing provider, to assist in the development of the regulations and in the creation of an applicant application and candidate handbook, selection criteria for each school's competency examiners, and to ensure the process is suitable for statistical outcome analysis. This process will extend well into 2012.

Comment: Draft regulations jointly proposed by the Dental Board, the dental school deans, and CDA prior to the passage of AB 1524 would require that the dental student (applicant) provide to the Dental Board a "portfolio" of cases which would include 60 direct (amalgam or composite resin) restorations on primary or permanent teeth. The applicant would further be required to submit with the portfolio, documentation of successful completion of specified "case competencies", which would include one each of a direct Class II, Class III/IV and Class V restoration on a permanent tooth. If these regulations as proposed were to be adopted by the Board, a candidate could meet the licensure requirements without demonstrating to the Board either experience or competence in the treatment of the primary dentition or the minor dental patient.

If no less than a certain percentage (say 20% --- or 12 restorations) of the portfolio of direct restorations must be on primary teeth or on patients 13 years of age or younger, this would provide evidence to the Board of the candidate's basic competency in the treatment of the minor dental patient --- something with which the Office of Occupational Analysis should be concerned in approving the licensure by portfolio pathway. In an ideal world, the pre-doctoral student's exposure and experience in treating the primary dentition and the minor dental patient would be ensured by CODA requirements and the clinical implementation of these requirements by the school. In fact, however, the pre-doctoral clinical experience in pediatric dentistry is often limited and impeded by the student's perception that this aspect of dental delivery is not going to be a part of the licensure process. Most important, anything that increases the dental student's exposure and clinical experience to the pediatric patient population increases the likelihood that pediatric patients will be a part of that dentist's future clinical practice.

The process to develop the final regulations will include a series of focus groups assembled by the Board to develop the specific examination criteria for each clinical area to be assessed. CSPD may request to be part of the focus group process so that we may present our perspective on the portfolio composition. If this is the case, CSPD will need to develop a supportable recommendation.

Record Retention

Currently there is no California law or regulation specifying the length of time patient records must be retained. In February, the Board directed a subcommittee of two members to research the issue and make recommendation for Board action. The Board accepted those recommendations as follows and directed that staff begin the regulatory process for implementation:

1. Records for an adult patient must be maintained for at least seven years from the date the patient was last seen.
2. Records for an unemancipated minor patient must be maintained for at least one year after the minor has reached 18 years of age, but not less than seven years from the date the patient was last seen.

Comment: The Board based this decision on recommendations provided by The American Health Information Management Association, The American Dental Association, The California Dental Association, and The Dentist's Insurance Company of California.

**Respectfully submitted,
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Public Policy Advocate, California Society of Pediatric Dentistry.**