Report of the Meeting of the Dental Board of California
November 6-7, 2014

Prepared for the California Society of Pediatric Dentistry

The Dental Board of California met November 6-7, 2014, in Studio City. The following report summarizes actions and issues coming before the Board pertinent to pediatric oral health

2014-2015 REGULATORY PRIORITIES

Passage of legislation which requires implementation by the Dental Board of California involves a structured process by which the Board formally develops and adopts regulations to the Dental Practice Act under the statutory authority of the governing bill. The Board in August considered the order in which they would address pending regulatory issues for the fiscal year 2014-15 and voted the following priorities:

1. Update of Continuing Education Requirements
2. Mobile and Portable Dental Unit Regulations
3. Elective Facial and Cosmetic Surgery Permit Regulations
4. Comprehensive Package of Dental Assisting Regulations

Comment: *The Board next year will develop more comprehensive regulation of mobile and portable dental providers regarding provisions for follow-up and emergency care and for maintenance and availability of provider and patient records under the authority of SB 562 (Galgiani) passed in 2013. These regulations will also govern implementation of AB 1174(Bocanegra), passed this year, which establishes an expanded scope of practice for Registered Dental Hygienists and Registered Dental Assistants in Expanded Functions in remote settings under teledentistry provisions. CSPD intends to be actively engaged in the development and approval of these regulations.*

The update of continuing education requirements will finally allow implementation of AB 836 (Skinner),also passed in 2013, which would reduce the continuing education licensure requirements for retired dentists providing only uncompensated care to no more than 60% of those hours required for an active license.

APPROVAL OF WESTERN UNIVERSITY OF HEALTH SCIENCES COLLEGE OF DENTAL MEDICINE

The California Code of Regulations requires that a new dental school in California apply for provisional approval in its first academic year and apply for final approval when its program is in full operation. Western University of Health Sciences College of Dental Medicine obtained initial provisional approval from the DBC in 2009 and applied this year for final approval. The law provides that the board may accept the findings of a commission or accreditation agency approved by the Board and adopt those findings as its own, in lieu of conducting its own investigation. Western University Health Sciences, College of Dental Medicine received the highest accreditation status from the Commission on Dental Accreditation (CODA) – "approval without reporting requirements" --- earlier this year. Accepting the CODA accreditation, the Board unanimously voted final approval of Western.

Comment: *The "approval without reporting requirements" status means that the school's dental education program achieves or exceeds the basic accreditation requirements.* PORTFOLIO PATHEWAY TO DENTAL

PORTFOLIO PATHEWAY TO DENTAL LICENSURE

Final approval of the Portfolio Pathway to Dental Licensure regulations was granted November 5 by the Office of Administrative Law (OAL) and become effective immediately as an "urgency provision" upon filing with the Secretary of State. This clears the last administrative hurdle for implementation of Portfolio licensure by the California Dental Schools. It is now possible, at the discretion of the schools, to license the first dentists under the portfolio pathway at the close of the 2015 academic year.

Comment: *Of the six California dental schools, only UCSF and The Arthur Dogoni School of Dentistry at UOP have indicated they will immediately implement the portfolio examination. Western University has stated it will not participate in the program and the remaining three schools are evaluating future implementation. It remains to be seen how great will be student interest in this licensure pathway.*

REGIONAL EXAMINATIONS AS PATHWAYS TO DENTAL LICENSURE

At the August meeting of the Board, there was discussion regarding satisfaction of the examination requirement for California dental licensure by achievement of a passing score on the clinical and written examination administered by the North East Regional Board of Dental Examiners (NERB) or an examination developed by the American Board of Dental Examiners (ADEX). Currently, this requirement may be satisfied only by passage of the Western Regional Examination Board (WREB). California no longer administers its own clinical licensure examination. The ADEX examination is currently administered by the NERB. Similarly, the ADEX examination could be administered by the DBC.

Before either approach may be considered, the Department of Consumer Affairs must first conduct an occupational analysis of the dental profession and the ability of any proposed examination to reflect the current practice of dentistry. The Office of Professional Examinations (OPES) indicates that an OA will take approximately 12 months to complete, cost between $50,000 and $100,000, and, at the direction the Board will tentatively take place in fiscal year 2015-16.

Comment: *The adoption of the NERB and/or the APEX exam (in addition to the WREB) is another step in an inexorable march toward a single national licensure examination. As a side note, the APEX can be administered as a "curriculum integrated examination", something similar to licensure by portfolio examination.*

RDA PRACTICAL EXAMINATION

While the pass rate for the RDA written examination still hovers around 65% (71% for first time candidates), the pass rate for the practical examination has dropped precipitously this year from over 90% to barely over 20%. This alarming trend was addressed by the Board in an extended discussion with stakeholders and a content expert regarding the grading criteria, the examination itself, and the equipment requirements among other issues. As a result of these discussions there appeared to be consensus that the largest contributor to the increased failure rate was the result of greater examiner calibration and resultant attention to clinical (typodont) performance. In other words, lack of minimal competency in clinical performance that was being overlooked in the past, is no longer being missed or ignored. The three procedures currently being tested are as follows:

1. Place, adjust, and finish a direct provisional restoration on tooth #19 or #30
2. Fabricate and adjust an indirect provisional restoration on tooth #8
3. Cement an indirect provisional restoration on tooth #8

The three most common reasons for failure are open contacts, open margins, and poor occlusion.

As a result of the discussions, the Board voted to appoint a two-member subcommittee of the Board to examine the issues and to make recommendation to the Board for any changes in the examination allowable by change in regulation or statute.

Comment: *This presents an interesting conundrum and potentially intractable problem. Dental assisting educators testified that candidates are adequately prepared by training for passage of the clinical examination, but logistical problems associated with the process are resulting in the high failure rate. While these factors may contribute to the problem, and should be addressed, they have not changed in the last year. Unless examinations standards are relaxed, not an attractive solution, then elimination or significant overhaul of the RDA practical examination may be the only resolution.*

PRESCRIPTION DRUG ABUSE

In May, the DBC voted that the President would appoint a committee of the Board to explore the issue of prescription drug abuse, how dental prescribing and dispensing practices may contribute to this public health problem, and to make recommendations to the Board as to regulatory and statutory action. Since the fall of 2013 the president and staff of the Board have been participating in a *Prescribing Task Force* convened by the Medical Board of California (MBC) to identify ways to "approach and find solutions to the epidemic of prescription drug overdoses through education, prevention, best practices, communication, and outreach by engaging stakeholders" in common efforts. In May the Dental Board became part of an intergovernmental consortium --- *The Prescription Opioid Misuse and Overdose Prevention Workgroup* --- with the purpose of improving collaboration among state agencies working to find solutions to this increasing recognized public health problem. In October the MBC adopted a revised document, *Guidelines for Prescribing Controlled Substances for Pain,* which will be released this month and which may have significant implication for dental prescribers. In a related activity, in August the Drug Enforcement Administration announced it was reclassifying all Hydrocodone Combination Products (HCP) from Federal Schedule III to Schedule II, effective October 6 of this year. This "up scheduling" will have major impact in California, where over 1 billion dosage units of HCPs were dispensed last year.

With this as background, the newly-formed Prescription Drug Abuse Committee of the Dental Board adopted the following mission statement:

> *Our mission is to respond to the rise in prescription drug overdoses by developing strategies for safe but effective prescribing methods within the practice of dentistry.*

Comment: *These strategies may include adopting the MBC's revised "Guidelines for Prescribing Controlled Substances for Pain" or developing similar guidelines of its own, establishing mandatory continuing education requirements, and/or establishing a policy statement, guidelines or regulation on in-office dispensing of pain medications.*

ACCESS TO CARE

At the February meeting of the Board, an Access to Care committee was appointed, with an unclear agenda. The committee at this meeting adopted the following mission statement:

> *The Committee will maintain awareness of the changes and challenges within the dental community and serve as a resource to the Dental workforce by identifying areas where the Board can assist with workforce development, including the dental loan repayment program, and publicizing such programs to help underserved populations, exploring methods for promoting diversity within the dental community through surveys and workforce data to inform the Board as to existing workforce capacity.*

The committee then pledged to meet "whenever any of the above issues arise and require the Board to address and make recommendations."

Comment: *It is difficult to envision the actions the Board will take under this still ambiguous mandate.*

Respectfully submitted,
Paul Reggiardo, DDS,
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