

Summary of the Meeting of the Dental Board of California

February 8-9, 2007

Prepared for the California Society of Pediatric Dentistry

The Dental Board of California met February 8-9, 2007, in Los Angeles. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health

Enforcement Activities

At the request of the Enforcement Division and recommendation of the Enforcement Committee, the Board voted to direct staff to prepare three legislative proposals:

1. Current statute requires that an unlicensed individual must have a prior misdemeanor conviction, regardless of the harm created, before a felony complaint may be filed for the unlicensed practice of dentistry. The Board will seek statutory change that would allow it to file either a misdemeanor or felony complaint for a first time offense. The Board's Investigative Staff reports frustration that consumer harm must occur twice before a felony complaint may be filed and that other healing arts boards enjoy a provision that allows them to file either a misdemeanor or felony complaint based on the particulars of the case.
2. Presently, the Board has no provision in statute to prohibit the issuance of a new license or the revocation of an existing license to a registered sex offender. Consistent with authority of other healing arts boards under the Department of Consumer Affairs, the Board will seek powers.
3. When a dental licensee is placed on disciplinary probation, the Board absorbs the costs of probationary monitoring through its Enforcement Program budget. Staff estimates that monitoring the approximately 285 probationers costs the Board approximately \$350,000 per year, money that would otherwise be available in the Board's Reserve Account for future expenditures. The Board will seek legislation that transfers these costs to those who have had their licenses disciplined and are on probation.

Comment: The Board has a poor record of legislative success when measures they seek are not fully supported by organized dentistry, as represented by the California Dental Association. CDA support will likely be necessary if these initiatives are to be successful.

Continuing Education Requirements

In January 2006 the Board approved amended language to the Business and Professions Code to add the mandatory reporter obligations by dental professionals of suspected physical abuse to the content of the existing required California Dental Practice Act continuing education course.

At its November 2006 meeting, the Board considered additional proposed changes to address internal issues concerning the monitoring and enforcement of continuing education credits required for license renewal. Included in these changes is the provision that the responsibility for delineating whether a particular course meets the regulatory provisions for Category I or Category II credit would fall to the provider and not the licensee. The Board also added continuing education courses that enhance communication between licensees and multicultural and special needs patients to Category II credit.

At this meeting, the Board considered regulatory language developed by staff to effect the modifications approved in November. First making one additional change, that of moving courses in patient dependency and substance abuse issues to Category I credit, the Board then voted to approve the draft language and move the amendments to a regulatory hearing.

Comment: CSPD sought the provider responsibility for determination of Category I or II qualification and spoke in favor of courses in bilingual dental terminology, cultural competency, and management of the special needs dental patient as qualifying for Category II credit.

Dental Assistant Training and Licensure

SB 1546 (2004) placed into statute new dental assisting categories beginning January 1, 2008. While that deadline will likely be moved to January 1, 2010 by legislation in this year's session, the Board must adopt implementing regulations regarding the education and training requirement for Registered Dental Assistants (RDA), Registered Restorative Assistants (RRA), Registered Orthodontic Assistants (ROA), Registered Surgery Assistants (RSA), Registered Dental Assistants in Extended Functions (RDAEF) and Registered Restorative Assistant in Extended Functions (RRAEF). The law requires Board-approved courses in:

- Infection Control
- California Law
- Radiation Safety necessary for non-licensed dental assisting.

SB 1541 (2006) preserved the on-the-job training pathway to licensure in the new specialty categories and additionally requires the Board to adopt the following regulations:

- The approval of specialty education programs in the new specialty areas
- The approval and recognition of required prerequisite courses and core courses that teach basic science when these courses are taught at secondary institutions or through regional occupational centers and programs

In addition, SB 1541 allows existing RDAs to perform duties in accordance with the new, expanded scope of RDA practice by, among other provisions, completing Board-approved courses in:

- Orthodontic bracket selection, pre-positioning, curing, and removal
- Monitoring of patients during the pre-operative, intra-operative, and post-operative surgical care
- Adding drugs, medications, and fluids to intravenous lines using a syringe
- Applying pit and fissure sealants.

Regulations for the approval of pit and fissure sealant courses are already in place and the Board now approves courses in infection control and California law through its continuing education regulations. For these three areas no additional regulations are believed necessary. For all others the Committee on Dental Auxiliaries (COMDA) will bring draft regulation for the Consideration of the Board in April. If approved by the Board, in either its original or modified form, the proposed regulations will be set for as public regulatory hearing.

Comment: CSPD will continue to monitor development of the regulations and will act to assure, in so far as possible, (1) that on-the-job training for the Registered Restorative Assistant is feasible in the pediatric dental practice and (2) that training and certification of existing RDAs in placement of pit and fissure sealants is accomplishable by the work experience pathway.

Patient Safety

Under section 1680 of the Dental Practice Act, a dentist is required to report to the Dental Board in writing within seven days (1) the death of a patient during the performance of any dental procedure; (2) the discovery of a patient death related to a dental procedure performed by the dentist; and (3) except for a scheduled hospitalization, the removal to a hospital or emergency facility for a period exceeding 24 hours of a patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental treatment. At the request of CSPD's Patient Safety Committee (David Perry, Chair), a formal request was made to the Board by the CSPD Public Policy Advocate for statistical and other information concerning reports filed with the Board under this section since the inception of oral conscious sedation regulation in 2000. Mr. Richard Wallinder, the Board's Executive Officer, agreed to compile and provide this data by the next meeting of the Board in April.

Comment: CSPD's Patient Safety Committee desires to analyze this data to determine if current law and regulation of sedative modalities continues to be appropriate and sufficient for patient protection.

Respectfully Submitted,

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