

Summary of the Meeting of the Dental Board of California

March 6-7, 2008

Prepared for the California Society of Pediatric Dentistry

The Dental Board of California met March 6-7, 2008, in Los Angeles. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health

Dental Board Sunset

As an unintended consequence of the Governor's veto last year of SB 534, which would have created a new Dental Hygiene Committee of California, the Dental Board becomes inoperative July 1 of this year and its functions transferred to a bureau of the Department of Consumer Affairs. Examination, licensing, disciplinary and regulatory operations will transfer to the Director of the Department of Consumer Affairs until authority for a new Dental Board can be established by statute, probably effective January 1, 2009.

Comment: The Director of the Department has indicated current members of the Dental Board will be invited to serve in an advisory capacity to the new bureau. Their actions, however, will have only the force of recommendations to the Director of the Department and staffing changes will, in my opinion, result in less efficient and delayed processing of examination results, licensing requests, and disciplinary matters. It is unclear how the bureau will operate in the regulatory arena and what part the public will play in the interim process.

Licensure by Credential

On January 1, 2002, a "Licensure by Credential" (LBC) process became law, allowing dentists practicing in other states, and meeting certain criteria, to be granted a California dental license. Eventually, three "Licensure by Credential" pathways were established in statute, each with certain prerequisites as follows:

1. Five years of clinical practice in another state
2. Three years of clinical practice in another state and (a) an agreement to practice two years in California in a dental underserved area, (b) teach in a California dental school, or (c) be enrolled in graduate training in a CODA-accredited post-doctoral program in an ADA-recognized specialty area.
3. License in another state and an agreement and contract to practice for two years in a qualified public health safety-net clinic or hospital in California or an agreement and contract to teach for two years in a California dental school.

Legislation also mandated the Dental Board to provide to the Legislature a report on the impact of the licensure by credential process on the availability of dentists practicing in "dental shortage" areas. The first report to the Legislature was recently completed and revealed the following regarding the period of January 1, 2003 – December 31, 2007:

- Of the total applications processed (1689), eight-nine percent (1506) were granted licenses
- Based on the practice address of record at the time the report was compiled, approximately sixty percent of LBC licensees had a primary address or practice location outside of California. Only 40% of LBC-licensees (612) registered a California practice address with the Board.
- Dentists granted LBC licenses through two-year dental shortage area practice represented only 1.5% (23) of the licenses granted. No dentists were granted licenses through two years of dental school teaching.
- Of the total number of dentists licensed by LBC, only 3% (46) practice in a dental shortage area.

Comment: For most observers, it is somewhat surprising that the majority of dentists holding a California license obtained by the LBC process do not practice in California. What is disappointing to those who supported an LBC pathway fostering practice in underserved areas and to underserved populations, is the small effect of this program.

Dental Assistant Training and Licensure

The Board reinforced the decision made at its January meeting to step-back from developing the regulations necessary to implement legislation passed in 2004, 2006 and 2007 that would, in 2010, change the current dental assisting licensure scheme by the establishment of new registered dental assisting categories and other changes. Instead, the Board indicated a desire to entertain an as yet undeveloped proposal acceptable to the profession, as represented by the California Dental Association, and by other communities of interest. CDA indicated it has begun just such a consensus-building process and would have available to the Board at its next meeting in June a proposal from which legislation could be considered. Several specialty organizations, including CSPD, the California Association of Orthodontists, and the California Association of Oral and Maxillofacial Surgeons, offered public testimony in support of this approach.

Comment: There appears to be a general consensus on the Board and among most parties of interest that the proposed process and regulatory scheme is extremely problematic. A report of the Board's Licensure, Certification and Permits Committee indicates there are approximately 34,000 active dental licenses and only 23,000 active RDA licenses, a troubling ratio. I am among those who feel the proposed changes, if not significantly modified, will only heighten, not relieve, the problem of expanded function and a career ladder for dental assisting. CSPD will be involved in the development of the proposal to the Board and, in fact, has already made suggestions to the process.

In a separate action, the Board's Examination Committee again reported a 48% failure rate (3336 candidates) on the RDA written examination during the most recent six month period. In response, Board members expressed the opinion this was an unacceptable result, possibly indicating problems with the examination itself. By action of the Board, the Committee on Dental Auxiliaries (COMDA), which develops and administers the examination, was directed to investigate the situation and to report back to the Board in June.

Comment: Clearly, there is a problem of either training or testing with such a high failure rate that needs to be addressed. While some observers feel the problem may be one of language or linguistic challenge, others feel the problem goes to the deeper core of examination content and difficulty.

Continuing Education

Presently, courses and educational offerings automatically meeting the continuing education requirements for dental and auxiliary license renewal must be given under the auspices of a provider registered with the Dental Board of California. Although there is a process by which other courses may qualify for California continuing education credit, it is one of obscurity and complexity that is all but unused and which places the licensee at distinct risk if he or she does not obtain from the Board in advance of the license renewal approval of the offering. After considering presentations by representatives of the ADA-CERP and the AGD-PACE programs, the Board directed staff to draft for its consideration in June amendment to the Business and Professions Code that would recognize courses given by providers approved by CERP or PACE as qualifying for California continuing education credit.

Comment: PACE and CERP differ in their programs and each will present to the Board certain challenges. Both CERP and PACE approve providers, not courses. PACE has the ability to designate courses as California Category I or II, CERP does not. PACE requires each presenting entity (such as a component dental society) to have its own approval. CERP does not recognize individuals, only entities, as course providers. PACE approves individuals. If adopted, for CSPD this would mean that AAPD, which is a CERP provider, would no longer have to separately register as a Continuing Education Provider with the DBC.

General Anesthesia and Conscious Sedation

Following passage by the ADA House of Delegates in October 2007 of revisions to the ADA's *Guidelines for the Use of Sedation and General Anesthesia by Dentists* and *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, the Board's Committee on General Anesthesia/Conscious Sedation proposed a review of the documents and a report to the Board on any implications to current law and regulation. That report was delivered to the Board, without recommendation for statutory or regulatory change.

Comment: The Committee reported it will continue to monitor progress of ADA plans for changes in airway management in 2009.

Respectfully Submitted,

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