

# Summary of the Meeting of the Dental Board of California

July 22-23, 2009

## Prepared for the California Society of Pediatric Dentistry

*The Dental Board of California met July 22-23, 2009, in South San Francisco. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health*

### Dental Assisting Examination Statistics

While the pass rate for the RDA practical examination exceeds 80%, the pass rate for the RDA written examination remains at 50% or lower. Staff reports that for the first six months of this year, 1041 applicants (51%) failed the written test. Board members in the past have expressed concern over the low pass rate and directed the Dental Assistant Committee with staff assistance to report back at this meeting on possible reasons for the poor results. Laura Fisher, RDA Examination Coordinator, offered three possible explanations:

- For many candidates English is a second language, which may pose a particular challenge to these applicants.
- Informal candidate exit surveys indicate particular dissatisfaction and difficulty with the orthodontic questions, an area in which they usually have little clinical experience or familiarity.
- A majority of applicants qualify for licensure examination by the work experience pathway and may not have adequately studied or prepared for the written test.

*Comment: Changes in the structure of licensed dental assisting, including scope of responsibilities, education, training, and the addition of two new permitting categories under SB 2637(2008) take effect January 1, 2010. New written examinations will be developed by the Office of Examination Resources reflecting these changes. It is the hope of the Board that these new written assessments will better reflect the realities of the candidate pool and, within sound psychometric standards, result in a higher pass rate.*

### California Dental Corps Loan Repayment Program

In 2002 the legislature, acting on a bill co-sponsored by the California Dental Association and the California Primary Care Association, created the *California Dental Corps Loan Repayment Program* which became operative January 1, 2003. Designed to increase access to dental care in underserved areas, the program, administered by the Dental Board of California, provided grants of up to \$105,000, distributed over a three year period, to offset or repay educational debt. In return, the dentist would enter into a contract to provide care in a “dentally underserved area” as designated by the California Healthcare Workforce Policy Commission for each year the grant was renewed. The program was financed by the transfer of \$3,000,000 from the unspent reserve account of the State Dentistry Fund to a *Dentally Underserved Account* within the State Dentistry Fund.

The clear statutory authority for the Board to distribute these funds began in the 2003-04 fiscal year and ended in the 2005-06 fiscal year. Since undistributed funds remain in the account (approximately \$2.35 million, of which \$1.0 million is “committed” to existing recipients in the second or third year of program participation), the Senate Business and Professions Committee asked this year for “clean-up” legislation to extend its authority to expend these funds. That language, inserted into SB 599, would extend the program beginning July 1, 2010, and authorize distribution of the remainder funds in the *Dentally Underserved Account* through July 1, 2012, as available.

*Comment: During the three fiscal years of program existence, only 17 qualified applicants were identified and funded. The unencumbered funds remaining would support another 15 or so applicants. The wording of the original legislation left some ambiguity as to whether the program would continue until the funds were exhausted or whether the awarding of \$1 million in grant promises in each of three fiscal years set an automatic limit on program existence. SB 599 resolves this ambiguity. Pediatric dentists may reduce general dental education loans and/or pediatric dental training loans under this program.*

### **Mandatory CE Course on Substance Abuse**

The Continuing Education Committee of the DBC entertained a discussion of mandating continuing education on the subject of substance abuse by dental licensees. Considered by the committee was the perceived necessity for this offering and the form it should take if adopted. After consideration of a number of options, the Committee voted to proceed by exploring the integration of this topic into the existing mandated California Law biannual continuing education course requirement.

*Comment: Historically, CSPD has opposed expansion of mandated-subject continuing education. The Board's authority to mandate subject matter of continuing education is limited to "coursework within the general areas of patient care, health and safety, and law and ethics" and may not exceed fifteen hours per renewal period for dentists and seven and one-half hours per renewal period for dental auxiliaries. If the Committee recommends, and the Board approves, integration of this subject matter into the California Law requirement, it is likely continuing education providers will petition for increasing the number of hours required for this course offering.*

### **Infection Control Regulations**

The California Code of Regulations requires the Dental Board to annually review and, if necessary, amend regulations to ensure that minimum standards for infection control adequately address patient safety in dental service delivery. As part of the annual review process, a two-person subcommittee of the Board's Infection Control Committee was appointed in April to review current regulations (last amended in 2005) and make recommendations, if any, for necessary changes. At the meeting of the Infection Control Committee, the subcommittee made a number of recommendations to conform regulations, as they saw it, to the Centers for Disease Control and Prevention (CDC) 2008 Infection Control Guidelines. After listening to public comment, some of which strongly opposed several of the recommendations, the Committee voted to form a workgroup composed of the two-member subcommittee and other stakeholders and interested parties to advise the Infection Control Committee at the next meeting of the Board on proposed regulatory modifications.

*Comment: The major point of contention revolved around sterilization and disinfection procedures, specifically the elimination of the requirement that instruments must be "bagged" before sterilization and remain "bagged" until use. The California Association of Orthodontists(CAO) has long held this as unnecessary and impractical for orthodontic instrumentation (such as pliers and wire cutters) treated by dry heat sterilization. The CAO contends that cleaning of critical and semi-critical instruments and subsequent sterilization by dry heat, steam under pressure (autoclaving) or chemical vapor is sufficient to ensure prevention of cross-contamination (i.e. to break the chain of microbial transmission). They further argue there is insufficient evidence to suggest that bagging after sterilization to prevent contamination by air-borne pathogens is less effective than pre-bagging in disease prevention.*

Respectfully Submitted,

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