

# Summary of the Meeting of the Dental Board of California

August 22-23, 2007

## Prepared for the California Society of Pediatric Dentistry

*The Dental Board of California met August 22-23, 2007, in South San Francisco. The following summarizes actions and issues coming before the Board pertinent to pediatric oral health*

### Examination and Licensing

The Examination Committee presented for consideration of the Board a proposal to develop a “portfolio” pathway to California dental licensure. Under the concept, graduating dental students of good academic and ethical standing (as attested by their dean), passing Parts I and II of the written National Board Examination, and successfully completing the required competencies at their respective schools as set forth by the Dental Board of California and commensurate with areas of practice presently tested on the California and WREB licensing examinations, would present to the Board a “portfolio” of specified “clinical experiences” accomplished during dental training. The “portfolio” would encompass, as does the current clinical examination, examples of oral diagnosis and treatment planning, periodontics, restorative care, endodontics, prosthodontics, and oral surgery. Portfolios would be evaluated and assessed by a team of Board-appointed “evaluators” using criteria consistent with that used in the examination process. Faculty members designated as “School Competency Instructors” would be responsible for certifying the Board-mandated competencies, determined by observation of the student treating clinical patients. The Board voted to support exploration of the concept and directed the Committee to further develop the proposal.

*Comment: This is a long way from seeking statutory authority to license California dentists by portfolio evaluation. If the Board does pursue the concept, which has the support of the five California dental school deans, there will be significant legislative and regulatory (and possibly political) hurdles to overcome. If the concept were to become a reality, it would probably supplement rather than replace the current paths to California licensure.*

### Budget Issues

Failure of the legislature to agree upon a state budget until August 21 impacted certain Board activities. During the impasse, payments to various vendors who do business with the Boards and State were suspended, which impacted, among other areas, the Licensure By Credential process.

*Comment: I mention this because of a direct impact upon one of our residency programs. In mid-August I was contacted by the Executive Director of Healthy Smiles for Kids of Orange County regarding a protracted delay in securing a license through the licensure by credential process for one of the faculty members of the Children’s Hospital of Orange County pediatric dental residency program. I was asked if I could, as CSPD’s Public Policy Advocate, determine the reason for the delay and to intervene, if possible, to expedite the process. Subsequent conversation with the Board’s Executive Officer, Mr. Richard Wallinder, indicated that work on about 25 pending applications was halted July 1 because the Board could not purchase the necessary information from the National Practitioner Data Bank to perform mandated background checks. All progress on these 25 applications, and all subsequent applications, was halted pending signing of the 2007-08 state budget.*

### 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. Earlier this year, CSPD’s Public Policy Advocate made a formal request of the Board for statistical and other information concerning reports filed under this section since the inception of oral conscious sedation regulation in 2000. After research of the request by the Board’s Enforcement Division, Mr. Richard Wallinder, Executive Officer, said the Board had received only two incident reports, that of the death of a child in Northern California secondary

to asphyxia during a dental procedure in 2005 and that of the death of a child secondary to an anaphylactic reaction in a dental office in 2006. The former resulted in the surrender of the dental license by the dentist involved. The latter involved no findings of negligence or other actionable activity.

*Comment: The information provided is consistent with information previously collected by CSPD's Patient Safety Committee.*

### **Dental Assistant Training and Licensure**

SB 1546 of 2004 placed into law new dental assisting categories effective January 1, 2008. Pending legislation (SB 1048) will move that effective date to January 1, 2010. In the meantime, the Board must adopt implementing regulations regarding the education and training requirements 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 Assistants in Extended Functions (RRAEF). The law also requires the Board adopt content requirements and approve courses in Infection Control, California Law, and Radiation Safety for non-licensed dental assistants.

SB 1541 of 2006 preserved the work-experience pathway to licensure in the new specialty categories and requires the Board to adopt regulations that will enable it to (1) approve formal specialty education programs in the new specialty areas, (2) approve prerequisite and core courses teaching basic science when these courses are taught at secondary institutions or through regional occupational centers and programs, and (3) establish the parameters governing on-the-job training.

In addition, SB 1541 allows existing RDAs to perform duties in accordance with the new, expanded scope of RDA practice by completing stand-alone 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. The Board now approves courses in infection control and California law through its continuing education regulations and may elect to recognize these courses as meeting the new educational requirements for non-licensed dental assistants. In all other areas, COMDA and the Board are in the progress of developing a comprehensive regulatory package to encompass all areas of SB 1546, SB 1541, and related legislation. In June the Board and COMDA met in a special day long session to initiate development of draft regulations. This process was continued at the August meeting. A proposed set of regulations will be presented to the Board in November.

*Comment: See my separate report on Proposed Dental Assisting Training and Licensure Requirements*

### **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 the new 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.

In February 2007, the Board voted to add drug abuse and dependency issues to Category I.

At this meeting, the Board voted to place all courses in behavior guidance, including those of pediatric and special needs populations, when oriented to the clinical care of the patient, into Category I. The complete regulatory package, after a 15-day public notice, will be sent to the Office of Administrative Law for final approval.

*Comment: In public testimony, CSPD successfully argued that all courses related to behavioral guidance, when oriented specifically to the clinical care of the patient, qualify for Category I credit. CSPD also suggested that*

*“behavioral guidance” was more appropriate and contemporary terminology than “behavior management” and consistent with AAPD “Clinical Guidelines for Behavior Guidance of the Pediatric Patient.”*

Respectfully Submitted,

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