

Summary of the Meeting of the Dental Board of California

August 3-4, 2006

Prepared for the California Society of Pediatric Dentistry

The Dental Board of California met August 3-4, 2006, in San Diego. The following summarizes actions and issues before the Board and its Committees pertinent to pediatric oral health

Continuing Education Requirements

Late last year the Board rejected a proposal to require completion of a stand-alone continuing education course related to the dentist's obligation under the penal code to identify and report suspected cases of domestic violence as a condition for license renewal. The Board did, however, in January approve language requiring instruction in mandated-reporting as part of the compulsory biannual course on the California Dental Practice Act. In conjunction with this modification, additional "clean-up" changes to the continuing education requirements were considered in April and referred to the Continuing Education Committee for recommendation. Meeting August 3, the Continuing Education Committee considered these changes, including modification as to what content constitutes either Category I or Category II credit.

During these deliberations, CSPD brought to the attention of the Committee that although the Dental Practice Act directs that no less than 80% of the required hours of continuing education be in Category I, it is silent on the responsibility of the Board or the course provider to make a determination as to whether a particular course meets the regulatory definition of either category. The result is that the license holder is responsible for making a determination as to the category of credit for a particular course --- a decision with which the Board may later disagree in a disciplinary proceeding. After listening to CSPD's argument on the matter, which had not been considered in the modifications suggested by Board staff, the Committee voted to revise the continuing education regulations so that course providers would assume the responsibility for certifying courses as meeting the regulatory definitions of either Category I or Category II credit.

Comment: The Board subsequently voted to accept the recommendations of the Continuing Education Committee, but to delay moving forward with the regulations until further consideration could be given in November to the proportion of Category I to Category II required credit

Infection Control Regulations

The Business and Professions Code requires the Board to review, and revise as necessary, Section 1005 (Minimum Standards of Infection Control) annually. The last update became effective April 1, 2005. In January the Board requested that the Infection Control Subcommittee perform this review, and to report back with any recommendations for modification. In January, and again in April, the California Association of Orthodontists (CAO) requested that the issue of requiring pre-sterilization bagging of critical and semi-critical orthodontic instruments be revisited in this review. Meeting August 3, the subcommittee reported that their review was complete, with no recommendation for change. This was brought back to the Board the next day, August 4. A representative from the CAO protested approval of the subcommittee report, saying members had failed to consider the bagging issue. The Board agreed, and directed that the Infection Control Subcommittee meet again in November to consider the issue raised by the CAO before re-submitting its final report and recommendations.

Comment: The California Association of Orthodontists takes strong exception to Article 10 of the section, which requires bagging of instruments prior to 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. Further, 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. They would, therefore, modify the regulation to allow either pre or post bagging of semi-critical instrumentation.

Auxiliary Examination Statistics

COMDA reported on the historical (FY 97/98 – FY 05/06) examination results for the Registered Dental Assistant licensure category, which indicated no significant difference in pass/fail rates between those examinees trained by formal education and those qualifying for the examination by one-the-job training.

<u>Fiscal Year</u>	<u>Formal Education Pass Rate</u>	<u>Work Experience Pass Rate</u>
97/98	63%	61%
98/99	69%	66%
99/00	67%	62%
00/01	66%	67%
01/02	68%	66%
02/03	68%	66%
03/04	62%	61%
04/05	63%	63%
05/06	73%	72%

Comment: These statistics support continuation of the work experience pathway to RDA licensure opposed by the Dental Assisting Alliance and contained in the provisions of SB 1541 (Ducheny) supported by CSPD.

Conscious Sedation Regulations

AB 1386, which became effective January 1, 2006, established certain permitting requirements for the administration of oral conscious sedation to patients 13 years of age or older. The Board began accepting applications for the adult oral conscious sedation certificate in December of 2005, but has been unable to issue the certificate pending adoption of regulatory language to be contained in the Dental Practice Act. Proposed regulatory language, covering both the adult and minor conscious sedation permits, was filed with the Office of Administrative Law in April. The required regulatory hearing was held May 31, at which the majority of comments were directed in opposition to requirements for the Board-approved qualifying educational course for the adult permit. Specifically, supporters of the educational program offered by the Dental Organization for Conscious Sedation (DOCS) asked that instead of requiring at least 25 hours of instruction including a clinical component composed of at least one age-appropriate patient, the adult-permit course require only 18 hours, including observation of “20 clinically-oriented experiences” (simulated or presented by electronic media). The General Anesthesia/Conscious Sedation Subcommittee voted to retain the 25 hours and the clinical requirement for both permits, a decision supported by the Board the next day.

Comment: In a less contentious decision, the Subcommittee and the Board accepted the recommendation of CDA and CSPD that language requiring equipment “age appropriate and capable of accommodating patients of all sizes” be changed to “age appropriate and capable of accommodating the patients being seen by the permit holder”.

Automatic External Defibrillators (AEDs)

The Board in the past has given consideration to requiring Automatic External Defibrillators (AEDs) as necessary emergency equipment in the administration of conscious sedation or general anesthesia in the dental office. As a separate issue, the Board at this meeting directed staff to investigate and report back in November on the issue of whether AED’s should be required in all dental facilities for the benefits of patients, staff and the public.

Comment: Should the Board make this determination, it would likely make the decision to require proficiency in the use of AEDs a condition of dental and auxiliary licensure.

Respectfully Submitted,

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