NYSDA Council on Dental Education & Licensure 17 March 2017 – *Final*

The NYSDA Council on Dental Education & Licensure met at NYSDA headquarters on Friday, 17 March 2017. Present were: Dr. Terrence Thines, Chair; Dr. Gail E. Schupak (NYC); Dr. Deborah Pasquale (2); Dr. John Milza (4); Dr. Patricia L. Carlson (7); Dr. Joseph Gambacorta (substituting for Dr. Eugene Pantera-8); Dr. Christopher Tota (9); Dr. James Fitzgerald (N); Dr. Rekha C. Gehani (Q); Dr. Dimitrios Kilimitzoglou (S), and Dr. Keith Margulis (B). Also in attendance were Dr. Prabha Krishnan, NYSDA Board of Trustees Liaison to CDEL; Dr. Mark J. Feldman, NYSDA Executive Director; Ms. Laura Clark Leon, NYSDA Assistant Executive Director, and Dr. Dolores Cottrell, Executive Secretary, State Board for Dentistry. The meeting was called to order at 10:00 a.m. The Council adopted the minutes from the September 2016 meeting as well as today's meeting agenda.

Curriculum Integrated Format Examination

Dr. Feldman reported on the status of the Curriculum Integrated Format (CIF) examination. Due to a lack of understanding and support for a CIF examination from New York's dental schools and the American Student Dental Association (ASDA), any proposed legislation regarding the CIF examination is being set aside for now. It would not be possible to pass legislation recognizing a CIF exam in NY if the dental schools opposed the bill. Discussions with the New York dental school deans and students will continue as we educate them about what a CIF exam entails and the need to establish an ethical pathway to dental licensure that can be supported by all State licensing boards. ASDA and the deans favor a non-live patient pathway to licensure, a concept which has proven elusive over decades, and we hope to move forward with the CIF legislation once consensus is reached by all parties.

The ADA Board of Trustees recently voted to develop an objective structured clinical examination (OSCE) to evaluate clinical and critical thinking skills and competency. The Board directed that a pilot of the Dental Licensure Objective Structured Clinical Examination (DLOSCE) be available in 2019, and an exam made ready by 2020. The development of the DLOSCE supports ADA policy calling for the elimination of patients from the licensure examination process.

Dental Therapists/Community Dental Health Coordinator

The Council discussed the fact that three states (Vermont, Maine and Minnesota) are now empowering dental therapists to perform some tasks that were previously done by dentists, including filling cavities, placing temporary crowns, drilling and restoring teeth and extracting teeth. Last year, the Commission on Dental Accreditation (CODA) year started allowing dental therapists accreditation.

NYSDA prefers the concept of the community dental health coordinator as a means toward improving access to care while increasing dental productivity. A Community

Dental Health Coordinators is a nationally recognized job title through which individuals are trained to assist with case management, patient navigation and community/individual oral health prevention – all key to maximizing patient access to care and overall health outcomes. The CDHC is trained to interact in the dentally undeserved communities in which the Volunteer Dental Demonstration projects are being conducted. The NYSDA Dental Demonstration Project, a grant given through New York State, will seek to introduce this model in the state, possibly beginning as early as next year.

Anesthesia

After seven years, the NYS Education Department has finally approved new dental anesthesia regulations, which will be rolled out in two stages: changes to various definitions and to dental anesthesia practice requirements will take effect on 1 July 2017; changes to dental anesthesia certification and to dental anesthesia education and training requirements will take effect on 1 January 2018. The most notable changes are to the certification and education and training requirements. The new regulations create two new categories of dental anesthesia certification: 1. A new certification to provide dental anesthesia services to patients 12 years of younger; and 2. A new certification to provide dental anesthesia services to patients 13 years old or older. The NYSDA website contains in-depth information on all the nuances of the new regulations and NYSDA will continue to disseminate information to the membership.

The Council considered Resolution 28 which was submitted at to the 2016 NYSDA House of Delegates:

28. RESOLVED, that the New York State Dental Association adopt policy that would permit appropriately trained registered dental hygienists who possess a dental hygiene restricted local infiltration anesthesia/nitrous oxide analgesia certificate issued by the New York State Education Department to administer nitrous oxide analgesia and/or local infiltration anesthesia for any dental procedure under the personal supervision of a dentist.

The resolution attempts to correct a restriction in New York State law that either modality may only be administered by hygienists in conjunction with the performance of dental hygiene procedures. New York joins Maryland and South Carolina as the only states to have such a restriction. The maker of Resolution 28 argued that qualified hygienists should be permitted to administer infiltration local anesthesia for any dental procedure, adding that the benefits of eliminating the restriction would increase dental office productivity.

After much discussion, during which various "pros" and "cons" to the proposal were considered, the Council decided to support this measure; both CDEL and the Council on Dental Practice will recommend its adoption at the upcoming House of Delegates meeting.

Certified Dental Assisting

Dr. Cottrell updated the Council on progress made by the NYSED's task force on certified dental assisting. The task force is proposing change the current term "certified dental assisting" to "registered dental assisting" in order to avoid the current confusion between NYS and DANB certification. Additionally, the tentative proposal would include changes to examination and fee structure. The hope is that such amendments will help to increase the number of certified dental assistants in the state and, thereby, contribute to increased access to oral health services. The Council discussed the need to continue to educate the dental profession about the best utilization of dental auxiliaries to enhance productivity.

Opioid Abuse CE and Training

Prescribers licensed under Title Eight of the NYS Education Law to treat human and who have a DEA registration number to prescribe controlled substances are now required to take at least three hours of course work/training in pain management, palliative care and addiction. The course work must include the following eight topics: NYS and Federal requirements for prescribing controlled substances; pain management; appropriate prescribing; managing acute pain; palliative medicine; prevention, screening and signs of addiction; responses to abuse and addiction, and end of life care. There are a number of approved providers of this coursework; dentists should make sure to check that the course they take to fulfill the mandate also qualifies toward their MCE credits toward relicensure.

Good and Welfare

Staff will distribute a survey to set up the fall CDEL videoconference meeting.

Dr. Cottrell urged those present who are residency directors to get their Form 5Rs in ASAP in order to facilitate the ability of their foreign trained residents to assume responsibilities as part of their residencies.

Dr. Kilimitzoglou will provide the CDEL's report to the upcoming NYSDA House of Delegates, as Dr. Thines will not be able to attend that session.

The Council voted unanimously to nominate Dr .Thines to a second one year term as Council Chair.

There being no further business to discuss, the meeting was adjourned at 1:20 p.m.