

CPCA

California Primary
Care Association

Health Care Access for All

TO: Welcome Back Initiative
FR: California Primary Care Association
DATE: May 12, 2005
RE: Advanced Placement Dental Hygiene Program for Foreign Trained Dentists

EXECUTIVE SUMMARY

This memorandum addresses the strategies for creating an advanced placement program in dental hygiene for foreign-trained dentists.

To qualify for examination and licensure in California, individuals must have completed a Dental Board-approved and Commission on Dental Accreditation (CDA)-accredited dental hygiene program. A dentist trained in another country is not qualified to apply for the dental hygienist examination and licensure without meeting all of the specified requirements.

Many dental hygiene programs already offer Advance Placement (AP) for students transferring from other educational institutions. The CDA strongly encourages institutions and programs to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by them or by use of appropriate qualifying or proficiency examinations. Creation of an advanced placement dental hygiene program for these foreign dentists could seek the use of appropriate qualifying or proficiency examinations in order to demonstrate that the same standards of competence are being met. An advanced placement program tailored for foreign trained dentists could include accelerated coursework which meets all the accreditation and approval standards. If Welcome Back secured an interested and qualified educational institution, the institution should be able to develop an advanced standing program and seek appropriate accreditation and approval. If this effort is couched within the context of seeking to address existing shortages and serve populations that lack access to oral health care services, we can secure key stakeholder support and perhaps limit opposition.

As this issue progresses, Welcome Back should work to secure as many allies as possible, convening meetings with known allies and initial meetings with the Dental Board and the Committee on Dental Auxiliaries. The level of support from the Board and the Committee and any opposition will dictate the level of outside mobilization that will be necessary.

If educational institutions are unwilling to house the advanced placement program or if Board approval becomes a major barrier, Welcome Back should consider a legislative option, such as to mandate that an educational institution create this program based on the need to have hygienists in dental shortage areas.

POLICY QUESTION

The Welcome Back program has identified over 500 dentists in California who were trained and licensed abroad in dentistry. What are the strategies for creating an advanced placement program in dental hygiene for these foreign trained dentists?

This memorandum will seek to address this question by providing a brief overview of the licensure process for dental hygienists; information on state legislation regarding foreign trained health professionals; a comprehensive description of accreditation standards for dental hygiene programs; a discussion of the standards that specifically relate to advanced placement dental hygiene programs; and a description of administrative and legislative options to address the above stated policy question.

OVERVIEW OF THE LICENSURE PROCESS FOR DENTAL HYGIENISTS

The Committee on Dental Auxiliaries licenses registered dental hygienists in California. Applicants must pass both a clinical and written examination, and undergo a criminal history investigation, prior to receiving a license. Generally, all applicants for licensure must have:

- 1) Graduated from a hygiene program that has been approved by the California Dental Board and accredited by the Commission on Dental Accreditation (CDA);
- 2) Completed California Board approved courses in soft tissue curettage, administration of nitrous oxide and oxygen, and administration of local anesthesia;
- 3) Passed the written examination of the National Board of Dental Examiners'; and
- 4) Passed the clinical examination which includes an examination of a patient and complete scaling and root planing of one or two quadrants.

Since this memorandum is exploring the feasibility of creating an advanced placement dental hygiene program for foreign trained dentist, an extensive description of the curriculum requirements for Dental Board approval and the CDA curriculum accreditation standards will follow. **Attachment A** includes the statutory and regulatory requirements for the written and clinical examinations required for licensure as a dental hygienists.

Only individuals who have completed a Dental Board approved and CDA accredited dental hygiene program qualify for examination and licensure in California. A dentist who has been trained in another country is not qualified to apply for the dental hygienist examination and licensure without meeting all of the specified requirements. **Attachment B** includes the statutes and regulations that relate to the scope of practice for dental hygienist.

STATE LEGISLATION REGARDING FOREIGN TRAINED HEALTH PROFESSIONALS

AB 1116 (Keeley), which was signed into law in 1997, revised requirements for foreign-trained dentists to become licensed in California. One of the new requirements included that individuals who graduated from a dental school that was not accredited by the California Board of Dental Examiners could complete a minimum of two academic years of education at a Board approved dental college. These two years would then make the individual eligible to take the California dentist exam for licensure. In addition, AB 1116 also established procedures for accreditation of foreign dental schools by the California Dental Board.

While AB 1116 attempts to incorporate foreign trained dentists into California's pool of health professionals, it has important drawbacks. First, the cost of dental school, even in a public institution, is significant. The Welcome Back program states the additional two academic years will cost approximately \$150,000. The high cost is a deterrent for foreign trained dentists. In addition, at this point the Dental Board has only accredited one foreign dental school, located in Mexico. Foreign dental facilities are expected to meet accreditation standards established in the

United States. It is likely most schools are deterred by the process including the accreditation standards.

AB 2394 (Firebaugh), which passed into law in 2000, established the Task Force on Culturally and Linguistically Competent Physicians and Dentists. The Director of Health Services and the Director of Consumer Affairs chaired the Task Force. The bill created a subcommittee of the Task Force which examined the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California's medically underserved communities.

Members of the subcommittee (who submitted comments) were in agreement regarding the importance of providing dental care to individuals who lacked access to care especially the uninsured and those living in underserved areas. These members, however, differed in five areas: 1) Temporary vs. permanent nature of the pilot project. 2) The placement of project participants (i.e. clinics affiliated with a dental school, pilot clinics, non-profit community health centers in specified counties, and free and community clinics throughout California). 3) The means of assuring cultural and linguistic competency of participants. 4) Length of time needed to implement the project. 5) Licensing and professional residency requirements for participants.

Attachment C is the matrix the Department of Health Services created to summarize the subcommittee's position on a pilot project to increase the number of culturally and linguistically competent physicians and dentists. Also attached are the subcommittees written analysis/comments on the pilot project.

AB 1045 (Firebaugh), signed into law 2002, was follow-up legislation to AB 2394. The bill created a pilot program for Licensed Physicians and Dentists from Mexico and the Caribbean. Through the program, the bill would allow up to 30 physicians in a variety of specialties and 30 dentists from Mexico or the Caribbean to practice medicine and dentistry in California for up to three years. The program exists only in statute; it has not been implemented for a variety of reasons including the requirement that a California educational institution create an extensive training program for these pilot clinicians. At this point, none of the five California dental schools have sought to create such a program nor do they seem interested in doing so.¹

CURRICULUM ACCREDITATION AND APPROVAL STANDARDS FOR DENTAL HYGIENE PROGRAMS

As mentioned previously, prior to seeking licensure as a dental hygienist, an individual must graduate from a hygiene program that has been approved by the California Dental Board and accredited by the Commission on Dental Accreditation. Both the Dental Board and the CDA have lengthy criteria regarding the standards that must be met by the facilities housing a dental hygiene program, the administration, faculty and staff implementing the program, health and safety provisions, as well as standards regarding the educational program itself. This section will focus on the requirements for accreditation and approval of a dental hygiene educational program, specifically its curriculum. An advanced placement program will need to meet these requirements. **Attachment D** provides the CDA's comprehensive accreditation standards for dental hygiene education programs. **Attachment E** includes the Dental Board's entire regulatory framework for approval of a dental hygiene education program.

¹ Mertz, E., Anderson, G., Grumbach, K., O'Neil, E., "Evaluation of Strategies to Recruit Oral Health Care Providers to Underserved Areas of California", Center for California Health Workforce Studies, July 2004.

I) The Commission on Dental Accreditation: Curriculum Requirements²

In its preface, the CDA states that its standards represent the minimum requirements for accreditation, which are described in a manner that allows an institution flexibility in the development of an educational program.

The following are many of the CDA's standards for curriculum content necessary for accreditation of dental hygiene programs. The remainder can be found in Attachment D pages 22 - 25:

- 2.5 The curriculum must include at least two academic years of full-time instruction or its equivalent at the post secondary college-level.
- 2-10 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science.
- 2-11 General education content must include oral and written communications, psychology, and sociology.
- 2-12 Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology, nutrition and pharmacology.
- 2-13 Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.
- 2-14 Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies including basic life support, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.
- 2-15 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.
- 2-16 The number of hours of clinical practice scheduled mustensure that students attain clinical competence and develop appropriate judgment.
- 2-17 The dental hygiene program must have established mechanisms to ensure an adequate number of patient experiences that afford all students the opportunity to achieve stated competencies within a reasonable time.
- 2-18 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.

² This entire subsection is derived from the Commission on Dental Accreditation publication entitled " Accreditation Standards for Dental Hygiene Education Programs". This document is included as Attachment D.

II) The California Dental Board: Curriculum Requirements³

The following are the Dental Board's standards for curriculum content, which must be met for approval of a dental hygiene program:

California Code of Regulations Title 16, Section 1072.1 (g) Curriculum.

(3) The general content of the curriculum shall include four subject areas: general studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall also include didactic and laboratory instruction of those registered dental assistant duties specifically delegable by a licensed dentist to a registered dental hygienist. (The following guidelines are not to be interpreted as requiring specific courses in each, but rather as areas of instruction which shall be included in the curriculum.)

General Subject Matter

Speech English Sociology Psychology Biomedical Sciences

General and Microscopic Anatomy Physiology Microbiology Pathology Nutrition Pharmacology (Basic sciences necessary as a foundation for the instruction of Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of approved RDH programs) Dental Sciences

Anesthesia Dental and Medical Emergencies Tooth Morphology Head, Neck and Oral Anatomy Oral Pathology Oral Embryology and Histology Dental Materials Clinical Sciences and Practice

Periodontology Clinical Dental Hygiene Legal and Ethical Aspects of Dentistry Oral Health Education Community Dental Health

(4) Content of the curriculum for approved dental hygiene educational programs shall specifically include instruction in:

(A) periodontal soft tissue curettage;

(B) administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(C) administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe type machines containing no other general anesthetic agents; provided, however, that a graduate of a nonresident program which meets all the requirements of Sections 1072 and 1072.1 except those contained in Section 1072.1(g)(4), shall be deemed to have completed an approved program if such person has successfully completed a board-approved course of instruction in each of the functions described in Section 1072.1(g)(4) which were not taught to clinical proficiency in the nonresident dental hygiene program.

(h) Length of Program. A dental hygienist educational program shall be two academic years, not less than 1,600 clock hours, and lead to a certificate.

³ This entire subsection is derived from the Commission on Dental Accreditation publication entitled "Accreditation Standards for Dental Hygiene Education Programs". This document is included as Attachment D.

Based on the significant overlap in the CDA and the Dental Board's standards, it is likely that a curriculum approved by the Dental Board will be able to secure CDA accreditation.

DEVELOPMENT OF AN ADVANCED PLACEMENT PROGRAM IN DENTAL HYGIENE

Many dental hygiene programs already offer Advance Placement (AP) for students transferring from other educational institutions. Typically information is sought on course work in order to adequately place the students. The CDA strongly encourages institutions and programs to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by them or by use of appropriate qualifying or proficiency examinations. In addition, the CDA articulates the following standard for advance standing admissions:

- 2-2 Admission of students with advance standing must be based on the same standards of achievement required by students regularly enrolled in the program. Transfer students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

Since the coursework done by foreign trained dentists was not conducted within educational programs accredited by the CDA, creation of an advanced placement dental hygiene program for these individuals could seek the use of appropriate qualifying or proficiency examinations in order to demonstrate that the same standards of competence are being met. An advanced placement program tailored for foreign trained dentist could also seek to create accelerated coursework as long as it met all the accreditation and approval standards outlined in the previous section. Basically, if the Welcome Back Program secured an interested and qualified educational institution, the institution should be able to develop an advanced standing program and seek appropriate accreditation and approval.

POLITICAL FEASIBILITY OF DEVELOPING ADVANCED PLACEMENT PROGRAM IN DENTAL HYGIENE

I) The Environment

Creating an advanced placement dental hygienist curriculum for foreign trained dentists may face some opposition. In analyzing prior California legislation that would allow foreign trained doctors or dentists to work in California, in the same capacity as their country of origin, there was much opposition. The opposition tended to be from the trade groups, such as the California Medical Association, the California Academy of Family Physicians, and the Federation of the State Medical Boards. These groups tend to be cautious when education, examination, and licensure requirements for foreign trained physicians and dentists are less than their US or California counterparts. Because in this instance, we are seeking to create an advanced placement program for foreign dentists into dental hygiene rather than practicing dentists, there will be less controversy and opposition from these groups.

The California Dental Association (CDA) has been adverse to expansions in the scope of practice of dental hygienists; however, the CDA has shown interest in exploring the integration of adequately trained foreign dentist into California's dental delivery system. Since this effort does not seek to expand the scope of practice of dental hygienists, the Welcome Back Program may find an ally in the CDA.

The trade association representing the dental hygienist may be hostile to the concept of an advanced placement dental hygienist program for foreign trained dentist because of the

additional competition within their employment sector. According to a 2004 report by the Center for California Health Workforce Studies, “Dental Hygiene as a profession has been expanding and is projected to grow 37% between 2000 and 2010 (Bureau of Labor Statistics 2002).”⁴ Currently, the 21 dental hygiene programs graduate approximately 383 registered dental hygienists per year.⁵

II) Administrative Option

The Center for California Health Workforce Studies also presents a strong argument for why an advanced placement dental hygiene program should be created. According to their report, only 15% of registered dental hygienists are African-American and Hispanic. Although it is not clear how dental hygienists are distributed geographically, since supervision by a dentist is required for many of the duties performed by a dental hygienist, distribution likely mirrors that of dentists.⁶ The report discusses California’s dental shortages and those communities most underserved by the current dental system. The report discusses the barriers and, in some instances, the lack of interest the current dental workforce has in serving underserved populations and discusses how the Welcome Back Program, which works with a high number of dentist from Latin America, may find their constituency more invested in working with Spanish-speaking populations.

If this effort is couched within the context of seeking to address existing shortages and serve populations that lack access to oral health care services, we can secure key stakeholder support and perhaps limit opposition. For example, if an educational institution develops the advanced placement dental hygiene program and targets, in the application process, students interested in serving in dental shortage areas, a strong coalition of consumer groups, key legislators and others could be secured to assist in advocating with the Dental Board for approval of the program. For example, the Latino Caucus chair, Martha Escutia (2005) or Joe Coto (2006), could be mobilized to send letters of support to the Board or perhaps we could target the entire Latino Caucus and other relevant Caucuses or legislators to support this effort.

As this issue progresses, the Welcome Back Program should work to secure as many allies as possible. A variety of meetings should be convened with known allies and initial meetings with the Dental Board and the Committee on Dental Auxiliaries should also be scheduled. The level of support from the Board and the Committee and whether or not opposition materializes will dictate the level of outside mobilization that will be necessary.

II) Legislative Option

If educational institutions are unwilling to house the advanced placement program or if the Board approval becomes a major barrier, a legislative option should be considered. This option could, for example, seek to mandate that an educational institution create this program based on the need to have hygienists in dental shortage areas. This year Assembly Member Hector de la Torre has introduced AB 958. If passed, this bill would require the trustees of the California State University and request that the regents of the University of California establish a nursing education program designed to allow foreign-educated physicians to obtain bachelor of science degrees in nursing as a gateway to becoming registered nurses.

California is suffering from a well documented nursing shortage, which provides a strong argument for the author of this bill. Documentation of a shortage of dental hygienists would

⁴ Mertz, E., Anderson, G., Grumbach, K., O’Neil, E., “Evaluation of Strategies to Recruit Oral Health Care Providers to Underserved Areas of California”, Center for California Health Workforce Studies, July 2004.

⁵ Ibid.

⁶ Ibid.

also provide a strong basis for a similar bill (also targeting community colleges). As stated in the Administrative Option, discussing the interest of these foreign trained clinicians to address dental shortage areas would also provide a solid foundation for the legislation. Language specifically stating this interest could be included in the bill either in intent language or in the criteria for the bill. Intent language is not typically codified, but does give an indication of the legislation's purpose. As criteria, the bill could mandate that graduates work one or two years in a dental shortage area.

Documentation of the inability of current dental hygienist to meet the linguistic and cultural needs of California's current population could be another foundation for a bill argument. If a strong case can be made, perhaps this factor alone can justify the bill.

BRIEF LIST OF POTENTIAL ALLIES AND OPPONENTS

Allies: CPCA membership, UCSF Center for the Health Professions, the Latino Coalition for a Healthy California, the Office of Statewide Health Planning, the Oral Health Access Council and Development and the California Pan Ethnic Health Network.

Potential Supporters: Legislative Members, California Dental Association and Committee on Dental Auxiliaries.

Potential Opponents: California Dental Hygienists.

The Director of the Department of Consumer Affairs, who oversees the Dental Board, was a dental hygienist for 20 years. The Director may have a strong opinion about CPCA's proposal.

ADDITIONAL ATTACHMENTS

Attachment F

Attachment G