Meeting Notice

Missouri Dental Board
Workforce Assessment Ad Hoc

Committee Meeting
Friday, November 17, 2006
1:00 p.m.

Missouri Dental Association
3340 American Avenue
Jefferson City, Missouri  65109

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Except to the extent disclosure is otherwise required by law, the Missouri Dental Board is authorized to close meetings, records and votes, to the extent they relate to the following: Sections 610.021 (1), (3), (5), (7), (13) and (14), RSMo, and Section 620.010.14 (7), RSMo.

Please see attached tentative agenda for this meeting.

cc:  Members, Missouri Dental Board
     Laurie Morris, Office of Administration
     Dr. Jacob Lippert, Executive Director, Missouri Dental Association
     President, Missouri Dental Association
     President, Missouri Dental Hygienists’ Association
     President, Missouri Dental Assistants Association
     President, Missouri Dental Assistants Educators
     Director, Division of Professional Registration
Open Agenda

Missouri Dental Board
Workforce Assessment Ad Hoc
Committee Meeting

November 17, 2006 1:00 p.m.

Missouri Dental Association
3340 American Avenue
Jefferson City, Missouri

1. Call to Order Dr. Wallace

2. Roll Call Dr. Wallace

3. Approval of the Agenda Dr. Wallace

4. Discussion Topics for Committee Dr. Wallace
   - Introductions and Individual Presentation of Ideas from the Groups Represented
   - Consolidation of Ideas
   - Comments in Opposition
   - Prioritize Ideas for Future Discussions

5. Next Meeting/Conference Call Dr. Wallace

6. Adjournment
The open meeting of the Missouri Dental Board’s Workforce Assessment Ad Hoc Committee meeting was called to order by Dr. Kevin Wallace, Chairperson, at approximately 1:15 p.m. on Friday, November 17, 2006, at the Missouri Dental Association, 3340 American Avenue, Jefferson City, Missouri.

AD-HOC COMMITTEE MEMBERS PRESENT:
Dr. Kevin Wallace, Ad-Hoc Committee Chairperson, Missouri Dental Board
Dr. Rolfe McCoy, Missouri Dental Board
Ms. Patricia A. Lepp, R.D.H., Missouri Dental Board
Ms. E. Maxine Thompson, Missouri Dental Board
Mr. Harold Kirbey, Missouri Department of Health and Senior Services
Ms. Deb Polc, R.D.H., Advisory Commission for Dental Hygienists
Ms. Lori Bruce, R.D.H., Missouri Dental Hygienists’ Association
Ms. Lee Ann Turnbaugh, Missouri Dental Assistants Association
Ms. Mary Lou Young, Missouri Dental Assistants Association
Ms. Kelly Tillery, R.D.H., Ozarks Technical Community College
Dr. Matt Niewald, Missouri Dental Association
Ms. Karen Dent, Missouri Primary Care Association
Dr. Jake Lippert, Missouri Dental Association
Dr. Harvey Eplee, University of Missouri – Kansas City, School of Dentistry

STAFF MEMBERS PRESENT:
Sharlene Rimiller, Executive Director
Justin C. Smith, Executive I
Brian Barnett, Investigator III

GUESTS:
Mark R. Zust, D.D.S.
George H. Bailey, D.D.S.
Dorsey J. Moore, D.D.S.
John R. Hugo, D.D.S.
Ms. Diann Bomkamp, R.D.H.
Ed Kendrick, D.D.S.
Ms. Susan Setner
Ms. Cheryl Healey  
Guy S. Deyton, D.D.S.  
Ms. Vicki Wilbers, Missouri Dental Association

To better track the order in which items were taken up on the agenda, each item in the minutes will be listed in the order it was discussed in the meeting.

**APPROVAL OF AGENDA**
A motion was made by Dr. McCoy and seconded by Ms. Lepp that the agenda be approved as presented. Motion carried unanimously.

**DISCUSSION TOPICS FOR THE COMMITTEE**
Dr. Wallace asked for any proposals or positions from the Committee members regarding the assessment of the dental workforce in the State of Missouri. A summary of the positions are as follows:

- Dr. Matt Niewald, Board Member and Legislative Chairperson of the Missouri Dental Association (MDA), stated that the MDA has taken the position along the lines of the American Dental Association (ADA) workforce model. The House of Delegates of the ADA passed a resolution to support the workforce findings and expand the workforce model in order to increase the access to dental care. The MDA supports the national model; however, they are open to suggestions from all interested parties. The ADA has made two (2) additions to the workforce model currently in place to include a Community Dental Healthcare Coordinator (CDHC) to work in the rural communities and an Oral Preventative Assistant which would have expanded duties beyond the current expanded functions including the ability to scale teeth. Dr. Niewald stated that if these positions were to be pursued, there would have to be some sort of formal educational model that would have to be Council on Dental Accreditation (CODA) approved and licensure through the State licensure board.

- Mr. Harold Kirbey with the Missouri Department of Health and Senior Services stated that this is a great opportunity to provide better access to care that is not present in the State of Missouri. He stated that he has seen a lot of oral health issues that call for a better delivery system, and that licensure is a key to this process as a measure of public safety. Mr. Kirbey explained that his Department currently has a preventative model that is in effect and is currently treating approximately 2,000 children in the State. If the program were to expand to the treatment of all grade school children in the State, it would cost approximately $1.5 million in supplies only. He believes that dentists and dental hygienists can not take such a task on their own; it will take the support of local communities and clinics.

- Ms. Lori Bruce of the Missouri Dental Hygienists’ Association (MDHA) stated this is a great opportunity to discuss various issues around the State, and she is very excited about the oral health program described by Mr. Kirbey. She stated that
the MDHA has been reviewing various models, but it will be difficult for this Committee to move forward unless a single focus on a single model is established.

- Ms. Lee Ann Turnbaugh of the Missouri Dental Assistant’s Association stated that she is very isolated from working in a private practice and is unaware of the extent of the access to care issues around the State. She does have some thoughts on the roles of Expanded Functions Dental Assistants (EFDA) and their ability to assist with the workforce problem.

- Ms. Mary Lou Young of the Missouri Dental Assistant’s Association first complimented Mr. Kirbey on his preventative care program. Because she believes that dental hygienists should be performing the oral screenings rather than a nurse. She stated that she would like to see better educational standards for dental assistants, so when they advance to Expanded Functions Dental Assistants (EFDA) they are better qualified.

- Ms. Kelly Tillery of the Ozarks Technical Community College stated that the level of education taught is very important in this process and it would be great if the education was Council on Dental Accreditation (CODA) approved. She stated that she believes preventative care should not be the main concern right now, because the problem is far beyond scaling. Currently, there is not a place for the needy population to get any type of restorative care. Ms. Tillery likes the information provided by Dr. Wallace that specifies the access to care for the actual disease such as filling teeth. She stated that situation will never be resolved unless the care is made more affordable.

- Ms. Karen Dent, Executive Director of the Missouri Primary Care Association, stated that she has seen the access to care issues in her background in education and private practice. She has spent time in Federally Qualified Healthcare Centers (FQHC) and she believes that the general public and the general practitioners are not aware of the extent of the access to care problems. She also stated that the majority of problems that are being seen at a FQHC are preventable problems. It is clear to her that prevention has to be a large part of whatever program is initiated. Ms. Dent provided the Committee a written proposal that has been made a part of the permanent record of these minutes and marked Attachment A. She believes that with the appropriate steps and education, we can get some kind of mid-level provider available to the public.

- Dr. Jacob Lippert, Executive Director of the Missouri Dental Association (MDA), presented a position paper to the Ad Hoc Committee. The written proposal has been made a part of the permanent record of these minutes and marked Attachment B.

- Ms. Maxine Thompson has many concerns. She likes the ideas that Ms. Dent provided to the Ad Hoc Committee and agrees with her views on the subject.
Mr. Pat Lepp believes that everyone agrees that the correct amount of education and licensing is imperative to this process, and seems to be something that the Committee agrees on and can build on. She stated the question is if establishment of a new type of provider is necessary or expansion of the scope of practice of current providers is a better decision. She believes that, like Ms. Tillery stated, restorative care should be a cause of concern for this group, and Minnesota has a model for restorative care by assistants and hygienists that the Committee may want to examine. She would like assistants to have more freedom, possibly of working under the supervision of hygienists providing more preventative services. Ms. Lepp stated that Minnesota also has a collaborative program which allows hygienists to perform specific duties without the supervision of a dentist, but at the direction of the dentist.

Dr. Harvey Eplee, appearing on behalf of Dean Michael Reed from the University of Missouri – Kansas City School of Dentistry, stated that the school will provide help with the direction of the training for changes in the scope of practice issues.

Dr. Rolfe McCoy stated that he is glad to hear the positive ideas from each of the Ad Hoc Committee members.

Dr. Kevin Wallace presented a position paper to the Ad Hoc Committee. The written proposal has been made a part of the permanent record of these minutes and marked Attachment C.

Dr. Wallace asked for any positive ideas from the guests that were in attendance. A summary of the ideas are as follows:

- Dr. Mark Zust stated that the dental field is in a dental healthcare crisis due to lack of manpower. He believes that the key to correcting the problem is education and that the workload needs to be redistributed. Dr. Zust believes that dental hygienists need to be able to do what they are trained to do. Currently, they are performing jobs that they are over qualified to do. He believes that a person could be trained in a much shorter program to do what the dental hygienist is doing now. He likes what Ms. Dent proposed to the Committee, and further believes that hygienists should be able to diagnose. Dr. Zust stated that there needs to be more levels of practice types like there are in the medical field.

- Dr. Dorsey Moore stated that he believes that Missouri would be able to provide better access to care with a five level system, similar to the medical field and the availability of nurses, nurse practitioners, doctors, and specialists.

- Dr. George Bailey is worried that the neediest population in Missouri is receiving the least amount of service and poorest quality of care.
• Dr. John Hugo stated that the mission statement of the Missouri Dental Board guarantees that the minimal criteria has been met in order to be licensed. He believes that ultimately, we need to train more dentists and dental hygienists so that there is no need to proportion out oral health services.

• Dr. Ed Kendrick is currently a lead trainer in Expanded Functions Dental Assistant (EFDA) restorative modules. He stated that more well-trained eyes will improve the quality of product that dentists provide their patients, and he believes that we must emphasize the preventative care before the problems begin. Dr. Kendrick also complimented Ms. Dent on her presentation to the Committee.

• Ms. Diann Bomkamp emphasized the importance of the preventative messages that should be spread throughout the State, and liked the community preventative model presented by Mr. Kirbey. She stated that outreach is a key to spread dental care throughout the State, because all care cannot be done within an office.

• Ms. Maxine Thompson believes that there is not so much a shortage of care, but a problem with the ability to pay for dental care. As the public member of the Missouri Dental Board, she is greatly concerned with the welfare of the public.

• Dr. Ed Kendrick believes that the Missouri Dental Board's responsibility is not to ensure that patients receive the best care, but are there to ensure that a minimum standard of care is met at many levels.

• Ms. Lori Bruce stated that she is glad to hear the many well thought out ideas that have been presented during this discussion. She believes that the Committee can establish a model that includes a team approach to care and includes preventative care, public education, and licensure. Ms. Bruce believes that other items that need to be addressed by this Committee are the possibility of a sliding fee scale, and establishing a solid educational foundation for those in the dental field.

• Dr. George Bailey believes that this program can only succeed if we can provide the best dental care for the least dollar amount possible.

• Susan Setner [ph] stated that her organization has created an Oral Health Way paper, and she has participated in twelve (12) meetings across the State on behalf of the Missouri Coalition for Oral Health. She stated that the feedback from the meetings indicated that Missouri needed to provide some restorative care, but prevention and education are the wave of the future.

• Cheryl Healey [ph] inquired if there has been any valid studies regarding the quality of care of the Alaskan Dental Health practitioners. Ms. Dent answered that the time frame that the practitioners have actually been in their own practice in Alaska is very limited; however they have extensive training and have yet to
have a standard of care complaint filed against any of these practitioners. Dr. Lippert stated that the practitioners in Alaska have been practicing for about three (3) years, but practiced with a dentist for approximately two (2) years. To his knowledge there are only eight (8) of these type of practitioners that are currently practicing on their own.

- Dr. Matt Niewald stated that the Missouri Dental Association (MDA) stands behind the training that the dentists receive regarding diagnosis and therapeutic remedy to patients. He did not believe that the MDA had any interest in delegating those responsibilities to another healthcare provider without general or direct supervision by a dentist.

Dr. Wallace reiterated that the Ad Hoc Committee should be dedicated to assess the workforce, and we need to identify those ideas that were presented that relate to that particular issue.

- Ms. Mary Lou Young stated that educational standards must be established for dental assistants, beginning with trainee dental assistants, and then going to a dental assistant, followed by an expanded functions dental assistant. She believes that the dental assistants should be registered as they qualify for competency at certain levels. Ms. Young distributed her ideas regarding a multiple level dental assistant, which has been made a part of the permanent record of these minutes and marked Attachment D.

- Mr. Harold Kirbey stated that it may be advantageous for the dental workforce to encourage a career ladder beginning with dental assistants, working with them to become expanded functions dental assistants to dental hygienists and finally on to dentists. This ladder could lead to homegrown dentists that will be more prone to stay within their hometown and will assist in providing care to lacking communities. He stated that nursing has a similar structure to this that lays out competency for each level of practitioners including nursing assistants.

- Dr. Rolfe McCoy stated that the steps this Committee take need to involve accredited education through the Counsel on Dental Accreditation (CODA).

- Dr. Guy Deyton stated that not all assistants are looking to become dental hygienists, so the career ladder mentioned by Mr. Harold Kirbey may be assuming that all workers in the dental field wish to advance in the oral health field. On the contrary, many want to become further functioning, for example, a dental assistant performing restorative care.

- Dr. Matt Niewald asked for further information on the American Dental Hygienists’ Association (ADHA) proposed model for an advanced dental hygiene practitioner, for which the ADHA currently has a draft educational curriculum. Ms. Lori Bruce stated that the Missouri Dental Hygienists’ Association (MDHA) has looked at the proposed model; however, they will not
endorse this model until the final proposal is established and reviewed. She stated that the proposed position is at a Master’s degree level and is similar to the nurse practitioner model, and gives the ability to perform such tasks as performing pulpotomies, some restorative and therapeutic care, prescriptive authority, cavity preparation.

Dr. Kevin Wallace broke down the current positions that are being utilized in the oral health field that could be applied to the career ladder that Mr. Harold Kirbey discussed. Currently, there is a dentist, dental hygienist, an expanded functions dental assistant, and an on the job trained dental assistant. During the discussion, there have been ideas for potential positions that could be added to the career ladder, including a “scaling assistant” which would lie between a current expanded functions dental assistant and a dental hygienist. Another position proposed is higher level dental hygienist that would lie between the dental hygienist and dentist.

Dr. Rolfe McCoy believes that a ladder may not necessarily be as good of an idea as determining an expedited educational plan to go from one level to the next. For example, a hygienist that has the ability to be admitted into an expedited dental school program.

Dr. George Bailey stated that half of the problem for the underserved population is periodontal disease, and it cost the government twice as much to correct the problem after it persists. Dr. Wallace agreed that periodontal disease is a major problem to the underserved population, and stated that this is an area that has been left unaddressed by the Missouri Dental Association’s (MDA) model. Dr. Niewald responded that the MDA has presented the American Dental Association’s (ADA) national model; however, the House of Delegates has left an opportunity for each state to individualize their model. Ms. Bruce asked for a clarification on the position of the MDA regarding the ADA workforce model, and if they are following the direction from the national association or if they are looking for input from other parties. Dr. Mark Zust stated that the MDA was asked by Dr. Wallace to present a potential model to this Ad Hoc Committee, and the model approved by the ADA was the best model that they had at the time; however, the MDA is open to any suggestions by any stakeholder, and that nothing has been ruled out of consideration. Dr. Niewald reiterated the Association’s openness to suggestions.

Dr. McCoy made a motion to forward the rule change considerations that were presented to the Ad Hoc Committee by Dr. Kevin Wallace to the Policy Review Committee (PRC) for review. Dr. McCoy’s motion died due to a lack of second.

Ms. Lepp believes that the four specific expanded function areas need to be specified in the rule. Ms. Turnbaugh noted that section 4(A) should be edited to read the Dental Assisting National Board (DANB) rather than “the authorized testing agent of the American Dental Assistant’s Association.”
Dr. Wallace stated that there were four items that seem to be more of a concern and differed opinion that will need more in depth discussion and research including the potential of a “scaling assistant,” the potential position between dentist and hygienist, educational standards for dental assistants, and amending the current expanded functions dental assistants (EFDA) rule. He suggested that the Committee members attempt to define specific points on these issues, such as suggested training, licensure requirements, and supervision, and be prepared to present their ideas on these four topics at the next Committee meeting.

Dr. Wallace thanked all of the Committee members for their open mind on these issues.

FUTURE MEETING SCHEDULE
The Ad Hoc Committee set its next meeting at 10:00 a.m. on Friday, January 5, 2007, in Jefferson City, Missouri.

Respectfully submitted,

Justin C. Smith

____________________________
Sharlene Rimiller, Executive Director

Approved by Board on: _________
Options for the Development of
Alternative Dental Healthcare Providers

Karen Dent
Workforce Assessment Meeting
November 17, 2006

Dental Assistants

1. Increase skill sets of EFDA's to include the following:
   A. Scaling of teeth including coronal surfaces and extending
      no deeper than the floor of the gingival sulcus on
      patients without loss of attachment
   B. Placement of sealants and fluoride varnish/treatments
      in public health settings under the supervision of a
dental hygienist
   C. Placement of ART restorations in public health settings
      under the supervision of a dentist or dental hygienist
   D. Allow EFDA's to restore all classifications of cavity
      preparations

2. Allow EFDA's with a specified level of experience to
   enter new training programs that would teach the
   following skill sets to clinical competence to be performed
   under the supervision of a dentist:
   A. Radiographic and clinical diagnosis of specified dental/
      oral conditions
   B. Administration of local anesthesia
   C. Tooth preparation for direct restorations
   D. Pulp therapy on deciduous teeth
   E. Simple extractions of deciduous and permanent teeth

3. Properly trained dental assistants and dental hygienists
   should be able to perform skills as outlined in the
   American Dental Association's profile for a
   Community Care Coordinator

Dental Hygienists

1. Allow dental hygienists who have completed training for
   and demonstrated competence in skills allowed for EFDA's to
   enroll in training programs described under #2 above

2. Allow properly trained dental hygienists to perform
   the skills listed under #2 above, as well as periodontal
   procedures, in public health settings without supervision

Attachment A – Page 1 of 1
MDA position on expanded duties.

The MDA is in total support of the ADA Workforce Models Taskforce report to the ADA 2006 House of Delegates.

- The dentist must be the head of the oral health care team. The dentist is the only member fully prepared to make independent diagnostic and therapeutic decisions.
- An expanded workforce team must collectively possess the requisite Knowledge, Skills, and Abilities (KSAs) to provide safe, high-quality dental services to the population in all of its various settings.
- Allied dental personnel may provide services under appropriate supervision or prescriptive direction for reversible procedures provided they have received training and demonstrated core competencies; have received certification and/or licensure in these areas as deemed necessary by the dental board of this state.
- When delegation of responsibilities are granted, they shall be with oversight and supervision by members of the oral health team who have the education and preparation background to assume responsibility for the safety of the procedures performed.
- Patients in rather good oral health require a different set of services that patients with substantial oral health problems. Older individuals require different services than children.
- The ultimate goal of expanding the workforce model must be to provide more services to more patients as efficiently as possible thereby providing the service as economical as possible to the recipient; resulting in improved access to care for all who seek comprehensive service.
- To develop a means to provide at least emergency service to all citizens regardless of how remote they reside.
- To develop specified competencies for each workforce category.
- To provide appropriate curriculum for formal education to allow specified members of the team to achieve those predetermined competencies.
- To develop appropriate testing to assure the specified minimum competencies have been mastered for each level of the team.

Additional formal education and competency evaluation requirements for expanded functions resulting in Certification or Licensure of dental assistants to provide any of the following services.

1. To provide expanded functions under the direct supervision of the dentist to include, but not limited to the following:
   - Place, carve and finish all categories of amalgam and composite restorations.
   - Placement of sealants and fluoride varnishes
   - Placement of temporary and palliative restorations
   - Conventional polishing
• Final impressions and cementation of fixed prosthesis
• Final impressions and out of the mouth adjustment of removable prosthesis
• Cementation and removal of orthodontic bands and brackets, including the removal of all cements
• Coronal polishing for all patients including use of air polishers.
• Any procedures governed by statute or rule.

2. With specialized formal education, testing and appropriate certification to provide
• Scaling of patients by an Oral Preventive Assistant (OPA) or a Community Dental Health Care Coordinator (CDHC) as defined by the ADA Workforce Models Task Force and approved by the ADA House of Delegates in October of 2006.
• Seek CODA approval for a formal education curricula developed by an appropriate agency. The formal education shall include but not limited to:
  a. collection of data to allow the dentist to make a diagnosis
  b. Individual preventive services for all patient types including disease prevention education and oral hygiene instruction
  c. Both didactic and clinical elements
  d. Up to twelve months in length
• Direct patient care shall be under the direct supervision of a licensed dentist or hygienist
• Patient Education functions would be under general supervision
• Dental Schools must consider granting dental hygienists credit for appropriate didactic courses of various related disciplines for analogous dental school curricular requirements

This position paper is a work in process and the MDA is open to ANY suggestion by any stakeholder, nothing has been ruled out for consideration.
With the exception of the EFDA program many of the previous and current recommendations to improve access to affordable oral healthcare have tended to fit into one of the following categories:

1. Increasing the number of and improving distribution of dental healthcare providers (dentists, hygienists, and assistants).
2. Changing the scope of practice for already existing providers with the primary aim to provide for more preventive services (prophies, scaling, etc…).
3. Increasing the dollars available for payment of services (Medicaid).

I suggest: with the recent changes that have taken place with the dental school, dental hygiene schools, and dental assisting schools that they are currently (or will shortly be) producing as many dentists, hygienists and assistants as possible given their available resources.

I suggest: the distribution of dental treatment centers is currently adequate as there are well over 2,000 fully equipped dental clinics dispersed across this state.

I suggest: if you ask those who feel that they currently do not have adequate access to affordable oral healthcare or those who attempt to treat those without adequate care, Emergency rooms, Medicaid clinics, charity clinics, FQHC providers, etc; they will all tell you that prevention (education, scaling of teeth with gingivitis only, prophies, etc…) are all needed and beneficial but the real problems are in regard to access to actual treatment of disease (filling teeth, scaling mouths with periodontitis, extracting teeth).

I insist: it is beyond the scope of this committee to lobby for increased Medicaid dollars.

With the above in mind I am proposing the development of a new category of healthcare provider for Missouri, the ORAL HEALTH TECHNICIAN or OHT (I am sure there would be a better name).
I have only a very general vision of this provider in mind.

This provider would be able to perform basic oral health prevention and treatment services. Under the direction of and supervision of a dentist (perhaps hygienist for some treatment procedures) this provider would be trained and licensed to provide basic treatment procedures such as:

1. basic scaling for all classifications of periodontal patients
2. local anesthesia
3. tooth preparation, placement, and finishing routine amalgam and composite restorations
4. routine extractions
5. etc. . . . .

My vision would require that this person receive adequate formal education, testing and licensing (perhaps 2 years of core undergraduate course work followed by 2 years of dental specific training). A licensed hygienist would be eligible to enroll in an accelerated version of the program.

The OHT would work side by side in existing dental clinics with current provider types. The OHT would allow for a dramatic increase in dental treatment available statewide. Treatment cost would be dramatically lower than what is currently available. Many bright, new, potential oral healthcare workers would be attracted to the profession and eventually be available to provide basic dental care. The profession would be perceived positively by the public and as being progressive in regard to their needs.

EFDA’s have overall had a positive impact on the profession but enhancements to the program could be made. The following are some very specific potential changes for your consideration.
EFDA REVIEW

Areas of Concern and Recommendations

Concerns:
Currently each training entity creates, awards, and tracks their own Basic Skills and EFDA certificates. Limited ability to check validity of certificates and/or ability to ascertain numbers and distribution of EFDA’s certified.

Recommendations:
A. Missouri Dental Board creates, distributes, and tracks all future certificates awarded for Basic Skills and EFDA functions. Will require change in rules as proposed below.
B. Missouri Dental Board compiles and maintains a list, from all training entities, of all past EFDA certificate holders.

Concerns:
Assistants seeking EFDA certification who do not have sufficient grasp of basic dental assisting skills. Basic Skills Tests (BST) may have been leaked out and be available to perspective students before testing time which nullifies the validity of test?

Recommendations:
A. Rule change (proposal attached) that further defines basic skills necessary as prerequisite for EFDA certification. Current Basic Skills Tests offered would need to be reevaluated and approved as to compliance with new rule. Or alternatively, the Mo Dental Board could administer all tests (rule change not included).
B. Ideally the basic skills test would be amended routinely to protect validity (perhaps yearly or every 2 years?) If this isn’t possible, DANB can provide and routinely update this test. Appoint an ad hoc committee to review current test and make recommendations as to content necessary and to make recommendation for board consideration as to who develops BST, how often updated, etc…

Concerns:
Individual EFDA function course content and delivery varies greatly from training entity to training entity with concern being that training is not standardized and in some cases not delivered at an acceptable level. Potential concerns:
A. No specific curriculum requirements for EFDA courses.
C. Student/faculty ratios vary greatly.
D. Faculty without sufficient credentials/background for material being taught.
E. Instructors not appropriately calibrated.

Recommendations:
A. Rule changes that require at least one dentist faculty member per course and student to total faculty ratio no greater than 6:1. Appropriate calibration of instructors required by rule.

B. Appoint an ad hoc to develop suggestions for a universal curriculum for each EFDA module. Additionally this committee would review, edit, and recommend changes necessary for an effective faculty calibration process. Rule change to provide for faculty calibration.

Concerns
A. Additional procedures could be delegated to EFDA’s.
B. Some current EFDA functions should be deleted from the list. These functions would then become delegatable to a dental assistant, under the direct supervision of a dentist, without EFDA certification.

Recommendations:
A. Rule change that adds placement of condensing, and carving class II, III, and IV amalgams.
B. Rule change that adds placement of class II, III, and IV composites.
C. Rule change that removes 1. placement of periodontal dressings. 2. Placement of post extraction and sedative dressings. 3. Minor palliative care of orthodontic emergencies.
Rule Change Considerations

4 CSR 110-2.120

1. Definitions:
   (E) Missouri Test of Basic Dental Assisting Skills: a test of basic knowledge of dental assisting approved by the Board including terminology, principles of asepsis, disinfection, & sterilization, and other concepts of dental assisting deemed necessary to master courses in more advanced assisting functions.
   (F) EFDA Approved Course Provider: a provider of expanded function curriculum and competency testing approved by the Board

   (1) (E) becomes (G)

4. A currently licensed dentist may delegate, under direct supervision, functions listed in subsection 4 (C) of this rule to a certified dental assistant or a dental assistant providing the dentist has the following documents displayed in plain view in his office prior to the act of delegation.

   (A) A diploma from a dental assisting educational program accredited by the Commission on Dental Accreditation or a Certified Dental Assistant certificate issued by the authorized testing agent of the American Dental Assistant's Association or a certificate awarded by the board and attesting to passage of the Missouri Test of Basic Dental Assisting Skills

   (B) A course completion certificate awarded by the Board specifically stating the expanded functions credentialed

   (C) Functions delegable upon successful completion of 4 (A) and 4 (B) are:

   (D) Functions delegable upon successful completion of competency testing are:

   1. deleted
   2. deleted
   3. unchanged.
   4. placing and condensing amalgam for class I, II, III, IV, V, and VI restorations.
   5. unchanged.
   7. unchanged.
   8. unchanged.
   9. unchanged.
   10. unchanged.
   11. unchanged.
   12. deleted
   13-19. unchanged.
5. The Board may approve expanded function course providers that satisfy the following minimum criteria:

(a) Uses course curriculum approved by the board.
(b) Demonstrates that faculty at each course include at least one dentist and that student-faculty ratios do not exceed 1 faculty per 6 students.
(c) Demonstrates that adequate faculty calibration occurs to ensure that educational standards are maintained.
(d) Demonstrates that adequate testing, monitoring and evaluation is in place to assure that graduates can be certified as having attained mastery of the component skills and concepts in a laboratory setting.
(e) Demonstrates that mechanisms are in place to provide the Board with data on the outcomes of expanded duty dental assisting training by reporting on follow-up blind surveys of certificated assistants, supervising dentists, and patients.

(5) becomes (6)
(6) becomes (7)
(7) becomes (8)
Registration Categories:

QJT Dental Assistant: Education Requirement

1. Infection Control
2. OSHA
3. Radiology
4. Basic Dental Terminology
5. Currently CPR certified

Pass Exams for each of the above.

Graduate of a Dental Assisting Program: Education Requirement

Proof of Graduation (Certificate for School) CPR

Certified Dental Assistant: Education Requirement

Proof of current certification, CPR

Expanded Function Dental Assistant: Education Requirement

Proof of Completion of requirements (Certificate), CPR
6 CEU each year.

Registration would be require every two years on the anniversary date of your initial registration. If you change your home address, complete a form and mail it to the Missouri Dental Board along with a fee of $10.00.

CPR requirements:
Registration of Dental Assistants

Rationale: To elevate the profession of Dental Assisting thru registration requiring minimum standards of education, continuing education to ensure safe and quality dental care for all citizens of Missouri.

Outcome Expected: To encourage people to enter the field of dental assisting.

Definitions:

a. Trainee Dental Assistant - a dental assistant with less than one year experience or education.

b. Dental Assistant - a dental assistant that has over one year experience in a dental office or a graduate of an accredited dental assisting school and has successfully passed both the Dental Assisting National Board, Inc. exams for Infection Control and Radiology and Missouri Dental Jurisprudence.

c. Certified Dental Assistant - a dental assistant who is currently certified by the Dental Assisting National Board, Inc., CPR certified and taken Missouri Dental Jurisprudence.

d. Expanded Function Dental Assistant - a certified dental assistant or dental assistant, that has completed approved courses, exams and passed competency testing for expanded functions and taken Missouri Dental Jurisprudence.

Continuing Education requirements:

a. Trainee Dental Assistant - Infection Control, OSHA, and Radiology.

b. Dental Assistant - 6 credit hours per year.

c. Certified Dental Assistant - 12 credit hours per year.

d. Expanded Function Dental Assistant - 12 credit hours per year.