

Do Your Own Thing

A

litany of buzzwords is associated with the political aspects of dental care, but among the more popular is access. Access to dental care is a significant problem in parts of our state, as well as across the nation. The reasons for the inability of a patient to receive adequate oral health care might be financial, in that, the poorest populations, who do not or cannot enroll for available low-income programs, have little ability to receive care under any circumstances. In addition, there are individuals who cannot qualify for state-funded programs because their family income exceeds the maximum amount of dollars that can be earned and still receive benefits. Finally, there are areas within our state where there is no access to dental offices, despite patients' ability to pay for care.

There is no question that diminishing the problem or eliminating access issues in their entirety is a high priority for dental societies and associations throughout the state and across the country. More importantly, politicians consider access to care a high priority in serving their constituents, or at least they articulate that concern.

In recent months, there has been a significant amount of effort spent on the delivery of health care to Alaska natives living in the most remote parts of that state, including a suggestion that a cadre of technically trained dental health aide therapists be developed. These individuals would be able to provide routine dental care to students in schools — such as fillings and simple tooth extractions. This

program has been compared to the New Zealand dental nurse program, which has been in operation for many years. As might be expected, organized dentistry at the national level was quite concerned about this program, arguing that these individuals would be poorly trained to perform irreversible dental procedures.

Some of the points raised against the Alaska dental therapist concept of delivery proposed the notion that dentistry is a profession and not a trade. While one could suggest that a technically trained person could be taught to restore a tooth, the need for a broad science background and the preclinical education received in dental schools allow that person to be a doctor, not merely a technician. To train individuals to do dentistry without the ability to properly assess patients and understand the biological implications of dental treatment was considered inappropriate.

Within our state, we have problems similar to Alaska and other areas with large underserved populations. Several politicians have proposed different mechanisms for solving these problems. One such program was proposed and enacted in AB 1116 by former Assemblyman Fred Keeley. This law enables the Dental Board of California to “approve” dental schools in other countries as being equivalent in the education of their own dentists to allow their graduates to ultimately practice dentistry in California after passing the licensure examination. One such school has al-



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ready been approved in Mexico, so five of their graduates who have completed an “equivalent curriculum” can sit for licensure in California and, if successful, practice anywhere in the state. The regulation is in place and in four years, the first applicants from that institution may arrive to take the examination.

Assemblyman Marco Firebaugh had AB 1845 enacted to allow 30 individuals, who are graduates of a designated school in Mexico, to practice in underserved areas with a limited license, provided they did so under the supervision of a California-licensed dentist. The law has not been implemented since the individuals from this school needed remediation to bring them up to the standards of California dentistry, according to a survey team sent by the Legislature. Financing this project has been extremely limited, and the dentists are not coming at this time.

At the recent House of Delegates of the American Dental Association, a resolution was discussed that would empower the Commission on Dental Accreditation to go to foreign countries and, using standards that are applicable to United States schools, accredit foreign institutions. As one would expect, this issue was hotly discussed and debated. Regrettably, after much political argument and negotiation, the resolution was diluted to allow for “evaluation and consultation” to those schools without the accreditation credential. Clearly, this defeats the purpose of the resolution, but appeared to be a point of agreement between opposing sides of the issue. It is unlikely that any schools will spend the money to have this process without the possibility of accreditation.

One contention proffered against the accreditation of foreign dental schools by the commission, was that the standards of

education as applied for the accreditation process were minimal, and the accreditation of other nation’s schools would not produce the same level of competent practitioners in our country. Another argument against the commission having responsibility for foreign school accreditation was that options for foreign-trained dentists to achieve licenses in the United States were available. In California, all five schools offer a two-year program for foreign-trained individuals to receive a degree.

So what’s the problem? The two-year dental programs for foreign graduates in our schools are good, and all the schools have worked hard to develop curricula that will ensure that quality dentistry is being performed on patients here. Unfortunately, in only two years, the emphasis, by necessity, needs to be on performance — to ensure these students are practicing “technical” dentistry at the same level as our American graduates. There must be sacrifice of some of the basic science portions of the curriculum to allow for completion within the two years. While these individuals are required to pass Part I of the national boards, doing so is not necessarily an indicator of their overall basic understanding of science. The programs are good, the individuals coming out of them seem to be well-trained, and the quality dentistry does not appear to be compromised. However, with the two-year programs, we are only emphasizing the technical aspects of practice.

Again, so what’s the problem? The argument that the standards of the Commission on Dental Accreditation are minimal, merely shows that the individuals who espouse that philosophy are not involved in accreditation surveys at any level. Be confident that the standards are developed by educators and clinicians who have set the bar at an extremely high

level. The site visits generate significant introspective study of the institutions to assure quality of education at the highest level.

Let us look at the system, as it exists today. If an individual graduates from dental school in Mississippi or Washington, and desires to practice in California, that person can take a dental licensing examination based on graduation from a school accredited by the commission in the original state. The standards set by the commission and met by the school are acceptable by all states for licensure. Those who oppose the commission accrediting foreign dental schools are not opposed to the above system; it is what is in place today and works well. If a foreign school meets all the same strict criteria as American schools, then what is the difference? Once again, I am compelled to ask what the problem is. I don't get it ... or do I?

We have a well-established and respected system in place to ensure the quality of our schools and training programs, and we should continue to use it to maintain a high level of education, regardless of the country of origin for dentists who practice in not only California, but in all of the United States. If a school meets the criteria for accreditation, its graduates should be able to practice anywhere.

The Dental Board of California does not desire to be — nor is it equipped to be — in the business of accreditation. The American Dental Association needs to support the accreditation of foreign dental schools by the commission. Last year, they missed an opportunity to elevate dentistry to an even higher level. One would hope that they will rethink the issue this year. **CDA**