

Bored of the Board?

In a sweeping move during his State of the State address last January, Gov. Arnold Schwarzenegger called for the incorporation of the functions of more than 80 licensing boards and regulatory commissions, including the Dental Board of California, into the Department of Consumer Affairs. His reasoning appeared to be one step in making “government more responsive and accountable to the people it serves.” Recently, the governor rescinded this decision and will not attempt to eliminate the Dental Board. That he even thought to do so makes one ponder the implications of such an action and raises the question of the necessity for the board. Are dental health professionals needed to regulate dentistry? Let us be contemplative in the consideration of these issues.

At first blush, the reaction might be one of muted elation by some members of our profession. To be sure, through the years, the board has had a difficult time in fulfilling some of its legislated functions and many of us have been, at a minimum, frustrated with the concept of the board regulating dentistry in California. For that group, the elimination of this body could be seen as a blessing.

A word of caution might be in order. To assess the impact of this potential abolition of the Dental Board, one must consider the functions it serves or is intended to serve. It is purported that these responsibilities would have been transferred to the Department of Consumer Affairs for administrative (read: bureaucratic) performance of the tasks being executed by the present board, such as happened with the Environmental Protection Agency and Department of Health Services.

The most obvious function, and one in which all of us have been involved, is the

testing of dental health professionals for licensure. It is clear the state already has begun to ease the requirements for licensure through the completion of an examination developed by the Dental Board of California. The passage of legislation that allows participation in the Western Regional Board with acceptance in California has (or will) minimize the need for test development and administration by our present board. Couple this with the licensure-by-credential regulations that are in-place as well as the CDA proposal to enact a PGY-I model, and it is easy to see that the need for examination development and administration should be decreasing. Contracting the examination to other agencies could be accomplished quite easily by administrators.

If one considers the legislative mandate that the overriding responsibility of the board is to protect the public, not the betterment of dental health professionals, then enforcement becomes the *sine qua non* of their existence. In prior years, there was a significant backlog of enforcement cases, only recently resolved by a hard-working board staff. Enforcement will continue to be problematic, and adequate resources need to be allocated for this important function. Lack of sufficient numbers of investigators, poor funding, organizational hoops, and an overabundant agenda for high-level tasks impacts the board in fulfilling this mission. One would hope that consumer complaints would be judiciously resolved in a timely manner. Enforcement activities such as policing of licensees could be overseen by an administrative body, but it is imperative that one must not eliminate professional input into decision



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making. To allow bureaucrats or administrative law judges to adjudicate malfeasance without educated input from doctors serves little purpose in protecting the public. It is extremely important that adequate dental health professional participation be obtained to set standards and make judgments as to inadequate or dangerous care.

The need to counsel and rehabilitate impaired dentists through diversion programs is a highly sensitive and specialized form of enforcement. This, too, could be administered by an agency with appropriately trained professionals that oversee this function for all health professionals — not only dentists. The ultimate decisions on enforcement for dental health professionals should be made in consultation with highly qualified dentists who pledge to serve the best interests of the public, but have an understanding of all aspects of practice.

The licensing of second offices, issuing of fictitious name permits, verification of continuing education, issuing of anesthesia and sedation permits, and many other administrative functions could be done by nonprofessionals or contracted out to communities of interest. There will be occasions when the professional advice is essential, and this could be sought from a series of consultants.

Another area of responsibility for the board is in the development, recommendation and enforcement of policy and regulation affecting dental care. This should imply that the board could be proactive in these areas and support rational regulations through the Legislature and oversee implementation. More realistically, the Legislature develops regulations and laws, and then transmits them to the board for enactment. While policy development would be a reasonable function for the board, very little of this has transpired in recent years.

It is not tenable that all functions of the board could become purely administrative and overseen by nonprofessionals. We must hope that there will always be dental professional input into the decisions that affect our daily practice and the overall safety and quality of patient care. Dentists who serve as consultants to the board or any entity that ensures the quality of dental care in California should be qualified and appointed not as a result of their political contributions or connections, but rather on their education, experience, and merit. Diversity, practice style, locations, and years of experience should be considered as well; one would expect nothing less to maintain the highest standards of care in our state.

While some of us are not comfortable with the current structure of the Dental Board of California, eliminating it for inappropriate reasons is hardly the best course of action. This might be an excellent application of the adage about not throwing out the baby with the bath water. Is the board perfect as it functions today? Probably not. Could the process be improved? By all means. The governor, the Legislature and the administration need to take care not to eliminate the ability to ensure quality of care in our state. The elimination of all 88 boards and commissions may save the state a few million dollars, which hardly makes the effort worthwhile from a fiscal standpoint.

Government should consider and make changes carefully, and recognize the functions that are critical to patient safety and good clinical practice *must* be overseen by dental health professionals and not lay personnel. Do not make it more difficult for dentists to have input in the regulatory and administrative processes that affect the dental health of the people of California. Change for its own sake is not the best thing. **CDA**