ALASKA LEGISLATURE COMMITTEE FILES 1985-1986 0072

3225 HHESS HB 614

161

can have verification that these credentials are accurate...If the money could be specified to go to the Board, we would be happy to pay increased licensing and renewal fees."

Number 479

Dr. Gregg Remaklus, a peridontist in Anchorage, encouraged the Comm. to support a strong dental board for the protection of the public in Alaska. He suggested looking more at the quality of applicants than the exams to investigate pass/fail rates, and supported credentialing. He encouraged the Comm. to look for a better regulatory mechanism.

Number 028

Dr. Robert Warren suggested having more dentists on the Board to help with the workload.

Number 064

Nancy Dunn of the Div. of Occ. Lic. stated that the Div. understands that the "Dental Board needs additional considerations...we will do what we can. Separate Accounting will now be allotted to the Div...We have had a new examiner now.

Utermohle
3/25/86

Original sponsor: Health, Education and
Social Services Committee

IN THE HOUSE BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL . 614 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FOURTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to the Board of Dental Examiners; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 08.03.010(c)(6) is amended to read:

(6) Board of Dental Examiners (AS 08.36.010) -- June 30, 1987 [1986].

* Sec. 2. AS 08.36.234 is amended to read:

Sec. 08.36.234. LICENSURE BY CREDENTIALS. The board may provide for the licensing [WITHOUT EXAMINATION] of a dentist who

(1) is a graduate of a dental college accredited by the Commission on Accreditation of the American Dental Association, or its successor agency, and holds a certificate from the American Dental Association Joint Commission on National Dental Examinations that the dentist has passed the written examination given by the commission;

(2) has been licensed to practice dentistry in another state, territory, or region with licensing requirements at least equivalent in scope, quality and difficulty to those of this state at the time of licensure;

(3) has been engaged in continuous active practice averaging at least 20 hours per week for each of the five years immediately preceding the application;

(4) is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a dental licensing jurisdiction;

(5) has not previously had a license to practice dentistry revoked;

(6) has not failed the clinical examination of this state;

(7) is personally <u>examined</u> [INTERVIEWED] by the board;

(8) pays all required fees.

* Sec. 3. This Act takes effect immediately in accordance with AS 01.-10.070(c).

Nancy: p.1 recommends continuation; p. 3 refers to "wind-down" year. ?

seems ok to me. As you know, I prefer 1-yr. (or more) continuations, with intent letter.

DRAFT

Please note written comments on p. 3 + 4. Also - the Rep. suggested that both the Board + the Division were to look into the regional membership. Also, the ADA already has peer review; Dr. Shaffer's point was just that that situation was reorganized because association members acting as the peer review group may be liable; Board members don't have that problem (except if they are negligent). The Dental Board group already has a peer review proces

March 21, 1986

Representative Ben Grussendorf
Speaker of the House
P.O Box V
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. The Committee has introduced HB 614, to continue the board, but has decided not to move the bill while requesting the board to complete certain taks prior to their renewal.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation. The Committee requested information on reciprocity and how other states license applicants, and is requesting that the board investigate licensing by credentials and specialty licensing by credentials in the next year and suggest statutory language in 1987 to the legislature which would permit the

board to engage in these activities.

(3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

(4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

(5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

(6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

(7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 22 licenses in 1984 and 24 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

(8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

Testimony indicated that the board may have some problems with the structure of the examination. The board should consider dropping the requirement for a good foil portion of the test, which is an outdated technique, and should examine ways to re-format the examination, and revise the scoring of the exam.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentistry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The Committee is requesting that the board complete the following tasks in the wind down year, and present their recommendations to the legislature in 1987:

1. Complete continued competency regulations.

2. Develop new procedures for credentialing and suggest language to the legislature if necessary.

3. Restructure the examination and scoring procedures to address the issue, by statutory or policy change, of "holding harmless" dental applicants from factors occurring beyond their control which interfere with the normal conduct of the dental exam.

The Division of Occupational Licensing, on behalf of the Board of Dental Examiners, should complete the following tasks in the next year and report back to the legislature their recommendations concerning:

1. Credentialing for dental specialties.

2. The possibility of Alaska joining the Northwest Regional Examination Board.

3. The practicality of developing a Peer Review mechanism for the Board of Dental Examiners and any liability the board may incur if adopted.

_____

Representative Max F. Gruenberg, Jr., Co-Chair
House Health, Education and Social Services Committee

_____

Representative Niilo Koponen, Co-Chair
House Health, Education and Social Services Committee

Joseph D. Riederer, M.D.
4600 N. Douglas Hwy.
Juneau, AK 99801
586-1895 work
586-2900 home

March 10, 1986

Gentlemen:

My name is Joseph Riederer and I am lifelong resident of Alaska. I am here to relate some of my concerns about the present policies and testing programs of the Board of Dental Examiners for the State of Alaska.

The clinic examinations which "shall test the Applicant's skill in operative and prosethetic denistry" and "which is not designed to hold down the number of new dentists entering practice in Alaska" certainly seems to have some inherit problems which is restricting many competent dentists from passing the exam. I hope that the present system can be scrutinized by appropriate legislative oversight personnel.

As you may or may not be aware of, the failure rate on recent dental exams has been extremely high and while a high failure rate might suggest that a large number of those seeking licensure are unqualified, it could also suggest that a problem in credability and possibly liability might exist for those concerned with this examination.

My son Mark is a recent dental graduate from a California school and was a successful candidate of the California and Western Regional Board exam and National Board Dental exam and has been a twice unsuccessful candidate for the Alaskan examination, and along with at least three other Juneau and Ketchikan dental graduates that I personally am aware of, are among those that have been unable to return to their home state to practice. According to 1984 American Dental Association statistics, the failure rate nationwide is 15% with 39 states passing 80% or more of those taking the Board examination.

One of those candidates, not my son, that had received an automatic failure by the Alaska Dental Board for inadequate caries removal, had his patient sent back to a licensed dental facility as required, in this case a major west coast university dental school, and when the temporary was

removed, the university faculty found no residual caries in this patient and no reason for his automatic failure. It is incidents of this nature that prompted my inquiry into some aspects of the administration and quality of this exam in a state that has no reciprocity with any major regional examining board or with any other state.

Dr. Paul Buxton and others on the current Board have publicly stated that they feel that the low pass rate is due to poor preparation and shabby work by dentists he would not care to have work on his family. They have indicated this is a national problem and not a state problem, but still the failure rate for '84 and '85 for the state of Alaska is approximately double that when compared with Washington, Oregon, and California examinations for this period.

I share the feeling of the Legislative Audit reports of 1978 and 1981 that potential conflict of interest exists when the Alaska Board members that are practicing dentists grade the performance of applicants who represent potential competition, especially when they have not joined the Regional Testing Board to establish reciprocity as allowed by Alaska statute and encouraged by legislative recommendation in 1978 and 1981.

By way of example, the June exam for 1984 had 30 candidates, and of those 30 dentists, 18 attempted to gain licensure by examinations and 12 by credentialling. Two dentists passed the Boards by examination and two passed by credentialling making a total of 4 out of 30, which is approximately 13% on that exam if you include those that obtained licensure by credentialling, which since has been discontinued. On the June 1985 exam, approximateiy 27% of the candidates passed the exam on the first attempt, and when those taking the exam the second, third, and fourth times were computed into the numbers, the pass rate of the aggregate got up in the area of 56%. However, the highest pass rate that I am able to identify in any exam for 1984 and 1985 is 33% on the first attempt. I have recently been in contact with the Department of Professional Licensing for the State of Oregon and they report for 1985

approximately 70-80% pass rate and while not broken down, "the vast majority of these passed on the first try." I hope to have current statistics from the states of Washington and California within days.

After much effort, my son Mark has been able to obtain the operative score sheets through the efforts of a private attorney and the Ombudsman for the State of Alaska. The request for these score sheets was persued through the Dental Board and the Occupational Licensing office, and by several members of the Dental Board was felt to be an unreasonable and "ludacrist" request. However, some of the grading practices are very revealing. There were three Dental Board examiners and their evaluation of specific points of performance varied as much as 25%.

It is of particular interest that on March 4, 1986, there is a notice of a proposed change to the regulation for the Board of Dental examiners that under 12AAC-28.260 the point grading system for the clinical examination is repealed and item 12AAC-28.280 was also changed in effect attempting to by pass the requirement of demonstrating some consistency in the testing evaluation and, I believe, further degradating the current testing process.

There are some other areas in recent exams that have been of concern. There are authoritative dental references such as the Fundamentals of Fixed Prosthodontics by Schillingberg that teach that dye should be allowed to harden for 24 hours before working on, and when dental candidates are forced to complete a procedure in 2 1/2 hours, it is a violation of current principles of dental materials and techniques. The current California exam has been changed to allow for proper techniques to be used.

In Mark's instance, he had requested, and was assured, a fibro-optic unit in his operatory and his operatory was not equipped with one until the second day when he no longer had a use for it. This may have been an honest and minor oversight by the Board. It was by an extremely minor margin that he failed the inlay section.

In the Alaska Society Dental Newsletter of July, 1984, Dr. James Cerney, who was then President of the Alaska Dental Society, addressed several of these concerns with the current Board and the current examination. Other issues with regard to lack of orientation systems, neglecting to bring a projector or slide screen for the written portion of the exam, and the high failure rate are discussed, and I quote, "the question of credibility arises if the content of the examination is not a good indicator of knowledge or ability, if the grading of the examination is inconsistant and excessively strict, or if the administration in scheduling the exam was poorly done and then becomes a frustration to the candidates not to mention Alaska's State Board of Denistry."

It is very clear to me that the Alaska Board of Denistry knows what they are doing, that the high failure rate is not entirely attributable to poor planning and poor clinical skills of the applicant. There is much that can be done to assure a consistant and fair exam that applicants can perform using recommended techniques and procedures. As long as the present system is prepetuated, they can certainly be assured of maintaining an abnormally low passing rate. It will be a service to the residents of this state if a credible examining system can be established or receprocity established with a major regional examining board.

Thank you for your attention to these concerns.

Sincerely yours,

Joseph D. Riederer, M.D.
JDR:sf

EXAMINATION STATISTICS
DENTAL EXAMINATION

AUTOMATIC FAILURES FY '84 - FY '86

FY '84	GOLD INLAY	AMALGAM	GOLD FOIL
November 1983:			
Total Examinees by Subject	14	12	14
Automatic Failures	2	1	2
Percent of Automatic Failures	14%	8%	14%
June 1984:			
Total Examinees by Subject	17	15	16
Automatic Failures	9	7	4
Percent of Automatic Failures	53%	47%	25%

FY '85	GOLD INLAY	AMALGAM	GOLD FOIL
November 1984:			
Total Examinees by Subject	15	11	13
Automatic Failures	3	0	3
Percent of Automatic Failures	20%	0%	23%
June 1985:			
Total Examinees by Subject	31	29	32
Automatic Failures	9	3	0
Percent of Automatic Failures	29%	10%	0%

FY '86	GOLD INLAY	AMALGAM	GOLD FOIL
November 1985:			
Total Examinees by Subject	20	15	14
Automatic Failures	5	1	0
Percent of Automatic Failures	25%	7%	0%

AUTOMATIC FAILURE

12 AAC 28.250. ERRORS OR OMISSIONS REQUIRING FAILING GRADE. (a) If a majority of the examiners agree that an applicant has committed any of the following errors or omissions in cavity preparation, the applicant will receive a grade of zero in that subject of clinical examination:

(1) incomplete caries removal;

(2) destruction of supporting tissues;

(3) unnecessary mechanical exposure of pulp; and

(4) alteration of preparation between checks by examiners.

(b) If a majority of the examiners agrees that an applicant has committed any of the following errors or omissions in restoration, the applicant will receive a grade of zero in that subject of the clinical examination:

(1) open margins; and

(2) destruction of hard or soft supporting tissue in finishing. (Eff. 4/8/79, Reg. 70)

Authority: AS 08.36.070(1) and (7)
AS 08.36.190

3/18/86

Memorandum

Date: March 13, 1986

To: Rep. Druenberg

From: Donna Ernst
Committee Secretary

Re: HB 614

I spoke with Dr. Reiderer today, the doctor who testified at the hearing on HB 614. He was concerned that action would be taken on this bill without his being aware of it, and without the opportunity for him and other members of the public to have input first. He specifically requested that Hugh Gallert, who is on the Board of Dental Examiners, be given an opportunity to make a statement. I told him the bill has gone to sub-committee, and so he wants the sub-committee to be aware of his concerns.

His phone numbers are:

work - 586-1895

home - 586-2900

Alaska State Legislature
House of Representatives
COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCH V
JUNEAU, AK 99811
465-3759

March 10, 1986

Representative Ben Grussendorf
Speaker of the House
P.O Box V
Juneau, Alaska 99811

Dear Mr. Speaker:

The House Committee on Health, Education and Social Services has considered the Sunset Review of the Board of Dental Examiners, and recommends that the board be continued. The Committee has introduced HB 614, to fulfill the findings of the Division of Legislative Audit.

As required by AS 44.60.050 (c), the Committee submits the following findings:

(1) the extent to which the board, commission or program has operated in the public interest.

The board served the public by examining and licensing qualified candidates and proposing changes in regulations. To accomplish these functions, the board has held an average of four meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

(2) the extent to which the operation of the board, commission or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

The board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview required for applicants. The Attorney General's office determined that a personal interview required for licensure by credentials should be limited to verifying information rather than requiring case presentations of the applicant's prior work. The board feels it cannot adequately determine an applicant's professional abilities without a case presentation. The Committee requested information on reciprocity and how other states license applicants, and agrees with the board that protection of the public justifies an in-depth examination of applicants.

(3) the extent to which the board, commission or agency has recommended statutory changes which are generally of benefit to the public interest.

Legislation was enacted in 1984 defining the rights of dentists practicing in the state, repealing out-of-state examinations because of time and money constraints and the issuance of temporary permits.

(4) the extent to which the board, commission or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

The board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades and holds open meetings prior to examinations.

(5) the extent to which the board, commission or agency has encouraged public participation in the making of its regulations and decisions.

The board advertises meetings and proposed regulations as required by law and presents and considers all correspondence related to board matters which has been received.

(6) the efficiency with which public inquiries or complaints regarding the activities of the board, commission or agency filed with it, with the department to which the board or commission is administratively assigned, or with the office of the ombudsman have been processed or resolved.

The board has processed and addressed complaints in a timely fashion.

(7) the extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

The board issued 22 licenses in 1984 and 24 licenses in 1985. The board has continued to work toward completion of its continued competency regulations.

(8) the extent to which state personnel practices, including affirmative action practices, have been complied with by the board, commission or agency to its own activities and the area of activity or interest.

The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints relating to the board's activities.

(9) the extent to which statutory, regulatory, budgeting or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

The board must complete work on the continued competency regulations.

As required by AS 44.60.050 (d), the Committee submits the following findings:

(1) an identification of the problems or the needs that the programs and activities of the board, commission or agency are intended to address.

No problems and needs were identified.

(2) a statement, to the extent practicable, of the objectives of the program of the board, commission, or agency program, and its anticipated accomplishments.

The board shall continue to protect the public by issuing licenses to all qualified candidates who are competent to practice in Alaska.

(3) an identification of any other programs having similar, conflicting or duplicate objectives.

There are no other programs having a duplicate function.

(4) an assessment of alternative methods of achieving the purposes of the program.

There are no viable alternative methods to be considered at this time.

(5) an assessment of the consequences of eliminating the board, commission or program and consolidating its activities with another program, or of funding it at a lower level.

There may be some desire in the future to combine medical licensing boards, but the committee did not find this desirable at this time since legislation was passed last year requiring licensing fees to be structured so as to cover the operating costs of each licensing board.

(6) a justification for the recommended continuation or extension of the board, commission or program, and an explanation of the manner in which it avoids duplication of or conflict with other efforts.

The board serves a legitimate public purpose in screening applicants desiring to practice in the state. Since the practice of dentristry includes the usage of prescribed drugs, and can result in injury or death to a patient, the board should be continued. There is no other body which oversees the practice of these occupations.

(7) any other information which, in the opinion of the committee, would improve the performance of the board, commission or agency with respect to its representation of and responsiveness to the public interest.

The board may want to consider requesting a statutory change in the future to restructure licensure by credentials into a format which would allow the board to carefully examine applicants and provide for protection of the public.

Representative Max F. Gruenberg, Jr., Co-Chair
House Health, Education and Social Services Committee

_____

Representative Niilo Koponen, Co-Chair
House Health, Education and Social Services Committee

VERBATIM TRANSCRIPT OF THE NOVEMBER 9, 1984 DENTAL BOARD MEETING
(Discussion regarding the PHS Applications)

Dr. Warren Okay, next

UNKNOWN Thanks

Dr. Warren You're welcome

Dr. Warren Bruce Shaken

Dr. Shakian Sahakian

Dr. Warren Sahakian

UNKNOWN Okay, I've looked at this, you want to look at it?

Dr. Buxton I have

Dr. Warren I have

UNKNOWN Paul, can we talk to you about, Paul

Dr. Warren First you took the Northeast Regional Board?

Dr. Sahakian Yes

Dr. Warren Can you give us the scope of that examination when you took it?

Dr. Sahakian I was, _____ there was, four or five parts to it.

Dr. Warren Yea

Dr. Sahakian section where you had to treatment plan, another section where you had to perform a scaling on a patient, there's a section where you had to do a gold foil, and there was a section where you had to do a pin buildup amalgam or an inlay and there was a section where you had to do a denture, there's an impression for the motive of setting up teeth.

Dr. Buxton So what's, which did you do?

Dr. Sahakian I did the pin buildup

Dr. Buxton Okay, you did a pin buildup and a class V foil?

Dr. Sahakian That's right

Dr. Buxton and what else, the denture setup?

Dr. Sahakian Yes

Dr. Woller You, did you say a foil was in there?

Dr. Buxton Yes, class V foil, pin buildup and denture setup, period.

Dr. Buxton Okay

Dr. Warren This was in 1978?

Dr. Sahakian That's right.

Dr. Warren You have his application in front of you, I've already looked at it, but I've just

Dr. Warren Doctor, what kind of complaints have you had against it you in any way? None? Have you ever been in private practice?

Dr. Sahakian No I haven't.

Dr. Warren And you're practicing here now in Anchorage at the Public Health Service Hospital?

Dr. Sahakian Yes.

Dr. Warren How many hours do you think you practice a week?

Dr. Sahakian At least 40

Dr. Warren 40, okay,

Dr. Buxton What's a dental technician petty officer?

Dr. Sahakian That's when I was in the military, it was a rank I achieved by going to a dental technician school, 11 week training in essentially hygiene.

Dr. Buxton Okay. I got it, I see

Dr. Warren Dr. Wright, were you on board, dental board 1968?

Dr. Wright I was on the board in 1960 to 1968, I came off in 1968.

Dr. Warren Can you give us what the scope of the examination was, the clinical examination at that time?

Dr. Wright If my memory serves me correctly, what we did a Class III foil denture setup and MOD alloy and MOD inlay

Dr. Warren — Pretty much the same exam as today except you had a III foil and a denture setup

Dr. Wright — Yes

Dr. Warren — Where now we have a V foil and don't have a denture setup

Dr. Warren — Thank you

Dr. Warren — and a MOD inlay and onlay

UNKNOWN — May I ask a question?

Dr. Warren — Sure

UNKNOWN — we, when a hearing was held on credentialling in Juneau, I was under the impression that they were talking private practice. When the _____ that they, we're talking about military and public health,

Dr. Warren — Well the statute says: "has been engaged in continuous active practice averaging at least 20 hours per week for each of the five years immediately preceding the application," it doesn't say whether the practice is with the federal services or private sector.

Dr. Buxton — Uh, excuse me a second, we, what we need to do is let's finish with this and then be more than willing to talk with you about that _____ after we're done with this.

Dr. Warren — Any more questions?

Dr. Buxton — Uh, I'd like to

Dr. Warren — Peruse

Dr. Buxton — Yeah, I would like to have a executive session

Dr. Warren — Executive session

UNKNOWN — So moved.

Dr. Buxton — a little discussion about that

UNKNOWN — Folks, we'll be on executive session

Dr. Warren — Just about five minutes

TAPE WENT OFF

Dr. Warren	Dr. Buxton, I'd like to move that we set Dr. Bruce Sahakian's application for credentialling and give him a license.
UNKNOWN	Second
Dr. Buxton	License by credentialling
Dr. Warren	By credentialling
Dr. Warren	Roll call vote
Mr. Mercer	Paul Buxton
Dr. Buxton	No
Mr. Mercer	Leslie Ann Luboff
Ms. Luboff	No
Mr. Mercer	Bob Warre
Dr. Warren	No
Mr. Mercer	Dick Madson
Mr. Madson	I abstain
Mr. Mercer	Tim Woller
Dr. Woller	No
Mr. Mercer	Bert Beneville
Mr. Beneville	No
Mr. Mercer	The motion fails
Dr. Buxton	The reasoning behind that was due to the scope of the examination you took. It's not equivalent to the Alaska examination and
Dr. Sahakian	I don't understand
Dr. Buxton	Well
Dr. Sahakian	There's a part in there that is actually you don't have, you don't have a denture setup
UNKNOWN	It says that the Northeast Regional Board

Dr. Sahakian — is I did a pin buildup, now I know that's different from an inlay

Dr. Buxton — Right, it's not what, the situation is that were not up for discussion to argue the case back and forth here, so the, what we've done is made this decision and we're not going to pursue it any further at this time. We thought that one thing that's been done in the past when there wasn't any sort of telling the person what's going on or anything for you know six weeks or whatever on down the line and we're not doing that any more so at least we're letting you know and you can take whatever action that you need to take if you want to take some action on that.

Dr. Warren — The following 08.36.234 which states that they must be licensed in a state or territory which has requirements at least equivalent in scope, quality and difficultly as those of the state, licensure

Dr. Sahakian — That's debatable

Dr. Buxton — I know it, so but you can just debate just darn near everything. That s the decision as it stands

UNKNOWN — What's the next one?

Dr. Buxton — Uh, okay we'll get the next one out of the line up there

Dr. Warren — Dr. Coleman

UNKNOWN — Kohn, I'm sorry, how many do we have for Dr. Kohn, how many

UNKNOWN — I've seen this

UNKNOWN — I haven't had a chance

UNKNOWN — You have another one?

UNKNOWN — No, I do not have one

Dr. Woller — Dr. Kohn you took the Northeast Regional Board?

Dr. Kohn — Yes, that's correct

Dr. Woller — What procedures did you do on that board?

Dr. Kohn — On the board itself I did a 3 surface inlay and an alloy and in Illinois we were required to take although this doesn't have to do with this board, we were required to take two mock Northeast Regional Boards, which I did, foils and inlays and other alloys and never failed any procedure.

Dr. Warren — But you didn't do a foil on your, Northeast Regional

Dr. Kohn — No, we were only required to do a

Dr. Warren — You had a choice didn't you, like you could do either/or?

Dr. Kohn — Right, foil or inlay, or pin buildup

Dr. Warren — I hope you don't mind us taking the time to do this, we because we did not know that we were going to be interviewing more candidates than we did, the time was not taken to duplicate the applications

Dr. Kohn — I understand, something that's important, I can wait

Dr. Buxton — Do you have any unresolved or complaints against you, written complaints?

Dr. Kohn — I've never had any complaints

UNKNOWN — I don't see the actual application itself, at least in this

UNKNOWN — it right there?

Dr. Buxton — Well there's three others floating around

UNKNOWN — That's it

UNKNOWN — Where's the one that asks where they're, why do you want to practice in Alaska, whether they've been arrested

UNKNOWN — It's in there, I saw it

UNKNOWN — I know where it is but I've never seen it

UNKNOWN — I think you indicated that the Tanana Chiefs were planning on taking over and you would need a license

Dr. Kohn — Yes sir, they have taken over as of September 28

UNKNOWN — How long have you been there, how long have you worked for them?

Dr. Kohn — I've been there one year

UNKNOWN — I can't see the part of the application that normally asks for your arrest record that sort of thing, so I've decided to ask you, have you ever been arrested other than minor traffic violations and that sort of thing?

Dr. Kohn — Not

UNKNOWN — Any kind of litigation that you've ever been involved in or pending at the present time?

Dr. Kohn — No, nothing.

UNKNOWN — Have you ever had any written complaints of any kind in either of your practices either private or public

Dr. Kohn — Nothing written nor verbal, never a complaint

UNKNOWN — Have you ever been in any financial or

Dr. Kohn — Nothing

Dr. Warren — What year did you take the Northeast Regional?

Dr. Kohn — 1978

Dr. Warren — Were you with the public health service when you took your Naval General _____ License

Dr. Kohn — No, I was in the Navy

Dr. Warren — Navy and then transferred over to the public health service

Dr. Kohn — After I got out of the Navy, I was in private practice back in my original home in Illinois

Dr. Warren — What was your reason for leaving private practice and going back into the public service?

Dr. Kohn — Well, I was in Alaska for two years with the Navy and at that time my wife and I, we wanted to stay here but we went back home just to be around the family, but even as I left the Navy I was in contact with Dave Jones, he's head of public health here, as a means of getting back to Alaska. Even when I was in private practice, we knew we wanted to come back.

UNKNOWN — Why didn't you go into private practice when you came back?

Dr. Kohn — Pardon me

UNKNOWN — Why didn't you just go into private practice when you came back then?

Dr. Kohn — When we came back to Alaska?

UNKNOWN — Yeah

Dr. Kohn — Well the public health was a means of getting back up here and then the job I'm in is, has been a big challenge and I like a challenge right now.

UNKNOWN — Any other questions? Bob, do you have anything

Dr. Warren — I would like to go into executive session

ALL SAID AYE

WENT OFF TAPE

Dr. Buxton — You're going to have to wait around until Froehlich gets here

UNKNOWN — I make a motion that we grant a license to Dr. Kohn

Dr. Warren — I'll second that

Dr. Buxton — been moved and seconded, take a roll call vote

Mr. Mercer — Paul Buxton

Dr. Buxton — No

Mr. Mercer — Leslie Ann Luboff

Ms. Luboff — No

Mr. Mercer — Dick Madson

Mr. Madson — abstain

Mr. Mercer — Bob Warren

Dr. Warren — No

Mr. Mercer — Tim Woller

Dr. Woller — NO

Mr. Mercer Bert Beneville

Mr. Beneville No

Mr. Mercer The motion fails

Dr. Buxton And the reasoning behind it again was the board was not equal in scope to the Alaska board.

Dr. Kohn I don't understand o her dentists have passed by credentials in Alaska, with the Northeast Regional Board, the same board I took.

Dr. Warren It depends on the time they took it too

Dr. Kohn They took it, they did the same procedures that I did for the same, I mean the options were the same.

Dr. Buxton Again, this ain't the place to go into doing a the decision stands

Dr. Woller We're operating with our current statutes which are new and that's what we have to go by.

Dr. Kohn I don't understand why with other dentists, the Northeast Regional Board was accepted and why it isn't in my case. I mean, you know I can tell you that I've strived for the highest ideals that I can in dentistry

Dr. Warren Well we're not denying you should practice in the State, all you have, we encourage you to take the examination.

Dr. Kohn Well, I don't understand why other dentists have passed credentialling with the Northeast Regional Board and I haven't, when I've, and I did more difficult options on the Northeast Regional Board which is accepted by 30 percent of the states in the union, I don't know, I don't know how much more

Dr. Buxton Well we've got the statute to go by and we follow the statutes the way we see fit and this is the way it stands right now.

Dr. Kohn Was that the only reason why, the only thing that

Dr. Buxton As far as I'm concerned, from my _____, the only thing that I saw was

UNKNOWN That was the only thing that was discussed.

Dr. Kohn — But, back to my original question, is why if that's the only thing, why have other people passed with the Northeast Regional Board with the same options and I've failed on it?

Dr. Buxton — I don't know if that's the case and

Dr. Woller — With the existing statutes, no we're operating with statutes that are new as of this year. These statutes were adopted in what June?

UNKNOWN — It could have been other boards with other interpretations

Dr. Kohn — You passed a dentist this morning with Northeast Regional

Dr. Buxton — Yeah, we did he took it, he informed us that he had foil, inlay and an amalgam

UNKNOWN — That was his word so I

Dr. Kohn — I did foils on

Dr. Buxton — See we're talking about this board in August, what you did elsewhere you may have been a foil practitioner ever since you got out, the thing is the boards you took doesn't meet up with the board we have in place at that time and that's

Dr. Warren — That's what the statute exactly says

Dr. Kohn — But, I'm a good practitioner and I think my records show that, isn't there some justice in just looking, I mean, does it have to be picked at that closely that every exact procedure isn't the same?

Dr. Buxton — I'm afraid so.

UNKNOWN — I guess we're maybe saying too much, but the difficulty in doing it, if we said well here comes somebody and we look at what he's doing and he's a good guy and everything, we have to make some kind of just moral judgments by saying he's good and somebody isn't and there's no criteria to go by.

Dr. Kohn — Well how could another dentist be accepted by _____, I know of a couple of other dentists by Northeast Regional Board who took it around the same time, well the procedures have been the same

Dr. Buxton — It won't do you any good to keep questioning us, I've got your frustration and I know there's upset and know all of that but it won't do any good to pursue any further so let's at least not in

Dr. Kohn — Can you tell me what the appeal procedure is?

Dr. Buxton — Yes, please, Harry

Mr. Treager — Yeah doctor what happens now is we send you a letter, correspondence, that says that the dental board does deny you licensure by credential. It gives you the option o. (1) applying for licensure by examination and (2) under the Alaska Administrative Procedures Act, you have the right to request a hearing and that takes the appointment of a hearing officer, etc., we will send you a letter saying that's draft copy that you would have to fill out saying I protest the board's decision and request a hearing in this regard, sign that, send it back to us, and then we have a hearing officer appointed by the Governor.

Dr. Kohn — Allright

Mr. Treager — But we will be touch with you by correspondence from our office with the official opinion, etc.

Dr. Kohn — Allright, thank you.

3700W3/21/86

forum

The future of dental education: Can we afford apathy?

Jerry F. Taintor, DDS, MS
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Americans are showing a renewed interest in the quality and direction of education.[1-4] The implications of this interest and related financial support must be recognized and considered in any plans for the future of dental education.

We need, for example, to examine the type of aid that might become available and to understand its positive and potentially negative effects. To consider these factors, we need to analyze the past interrelationship between government, dentists, and educational institutions.

The 1960s and 1970s were a period of change for education, which generally had a high priority nationally. Dentistry and dental education saw profound changes in numbers of graduates and direction of curriculum emphasis. These changes followed a public outcry that the United States needed more health professionals, including dentists.

The demand for more dentists was coupled with the hope that dental care would become more available and that competition would decrease or stabilize the cost of dental services.[3]

Fein,[4] Harris,[5] and other authorities stimulated public demand through statistics indicating the need for more dentists. These authorities believed that the free market system would define the distribution of the increased number of dentists.

But did the interpretation of dental manpower statistics accurately reflect the immediate situation or prudently predict the future?

Experts predicted that increasing the number of dental school graduates would achieve the desired results. Only a small minority of dentists, perhaps mainly clinicians, saw dangers in the way the statistics were being interpreted.

Despite the seemingly poor use of statistical analysis with little use of statistical inference, the federal government launched a plan. Legislation provided federal capitation funds so that dental facilities and faculties could be expanded and more students could be accepted and graduated from dental schools.[6]

This federal health manpower policy was supported by the Health Professions Education Assistance Act of 1963, the Comprehensive Health Manpower Training Act of 1971, and the Health Professions Educational Assistance Act of 1976.[7] However, the Reagan administration did not continue this economic support.

Bruce[8] has noted, "Schools became the victims of escalating costs, higher enrollments, and eventually, decreasing federal dollars. Perhaps the most costly assurance that schools had to meet to obtain institutional support was the maintenance of an increase in enrollment."

Many schools accelerated their programs to three years and increased the number of pedodontic and general-practice residencies. These steps were taken in an attempt to come closer to producing the number of "full-service" dentists that the legislation sought.

Results of federal funding

Dentists might feel fortunate in their choice of profession when they compare their situation with that of physicians or attorneys (Table 1).[9] Between 1970 and 1980, the number of dental graduates increased 41.4 percent. During the same decade, the number of medical graduates increased 79.2 percent, and law graduates increased 139

percent.

The American Dental Association, through its strength and influence, has been credited with controlling the number of dental graduates. ADA represents about 78 percent of practicing dentists in the United States.[10]

In contrast, the American Medical Association represents only about 35 percent of practicing physicians,[11] while the American Bar Association represents only 46.4 percent of practicing attorneys.[12]

Tables 2 and 3[13] present an analysis of what happened nationally as a result of governmental assistance. Four points are evident:

- The United States population increased 11 percent between 1970 and 1980, while the number of practicing dentists increased 26 percent.
- National health expenditures have increased more rapidly than inflation, but dentistry has taken a smaller percentage of the national health expenditures since 1965.
- The rise in the cost of dental care between 1970 and 1980 lagged marginally behind the inflation rate.
- Per-capita visits for dental care have remained relatively constant.

In addition to ignoring the question of distribution,[14] few authorities predicted the effect of the expansion program at a time when fluoridation and preventive dentistry programs would decrease the need for dental care.

Studies, such as one done by the National Institute of Dental Research in 1979-80, document this decreased need.[15] Results of the NIDR study show that 36.6 percent of youngsters 5-17 years of age were caries free and less than one surface per child needed filling.

At the same time, the drop in the birth rate over the past 20 years has further reduced the need for care. In addition, a staggering inflation rate increased the number of consumers who delayed regular dental care to buy food, clothing, and shelter.[16]

Howard Stambler, director of the Office of Data and Management at the Department of Health and Human Services, predicted in 1980 that an excess of 50,000 physicians and 9,000 to 11,000 dentists would exist by 1990.[17] According to HHS, the result would be that "dental offices would be open more hours each week, and less work will be done by auxiliaries."[16]

Yet from 1950 to 1977, dentistry added 150,000 auxiliary jobs.[18] Many came through Training in Expanded Auxiliary Management (TEAM) programs, which promoted expanded functions for dental auxiliaries.

With the current surplus of dentists, many auxiliaries cannot perform to their maximum training because of restrictive state laws or economic hindrances. Dentists who are not busy are not in a position to hire such auxiliaries, much less to use their services.

Considering the supply-and-demand situation, lack of financial reward may affect the quality of applicants entering auxiliary training. And very little is being done to prevent this situation from getting even worse.[18,19]

Potential dental students are becoming aware of the surplus of dentists. Since the mid-1970s, the number of applicants generally has declined. In 1972, national averages show that three applicants vied for each opening, compared to only 1.5 for each vacancy in 1981.[20] ADA Treasurer A. Lynn Ryan stated in April that currently there are 1.2 applicants per dental school opening.[10]

Dental Aptitude Test (DAT) academic average scores also indicate that the quality of applicants has decreased in recent years.[21] Implications about the quality of applicants have obvious ramifications for the future of dental care.[22,23]

The current dilemma

Articles and letters to editors have discussed the viability of private practice.[24-27] An ADA study published in 1981 indicated that the average dentist's patient load had declined by about five patients per week in recent years.[14] An Academy of General Dentistry survey, also published in 1981, found that 67 percent of surveyed dentists reported that their net incomes were declining.[14]

Most caring yet creative dentists will be able to handle the intensified pressures of competition and personal financial welfare, as well as the patient's health. However, competition must provide employment opportunities for professional graduates with differing degrees of drive and motivation.

Most caring yet creative dentists will be able to handle the intensified pressures of competition and personal financial welfare . . . However, competition must provide employment opportunities for professional graduates with differing degrees of drive and motivation.

The solo practice is undoubtedly becoming more difficult to initiate and maintain. More group practices and so-called commercial clinics are being formed.[28] Gerber[29] suggests that only 5 to 10 percent of dentists will be in solo practice by the year 2000.

The pressures of competition—with the oversupply of dentists, the lack of patients, and the nation's economic problems—are changing dental practice as we know it.[3,30] Littleton[31] described the issue as need versus demand. He noted that dental *need* has been met and surpassed, leaving the profession to work on increasing *demand*.

Perhaps we have exceeded both need *and* demand. The ADA has spent millions of dollars on advertising the need for dental care, as have dental manufacturers and advertisers.

Some support for this can be found in comparing dentist-to-population ratios in selected Western nations. Statistics from 1975 show: Great Britain, 1:3,600; France, 1:2,550; and Spain, 1:9,900.[32] In the U.S., the ratio was 1:1,900.

One difference among these nations is the health of national economies. The United States traditionally has been a wealthy nation with a large

Table 1. Increases in the Number of Dentists, Physicians, and Attorneys (1950-1980).

Data	1950	1955	1960	1965	1970	1975	1977	1978	1979	1980
Number of dental schools	41	42	47	49	53	59	59	59	60	60
Dental degrees awarded	2,579	3,099	3,247	3,107	3,718	4,773	5,138	5,189	5,434	5,258
Medical degrees awarded	5,612	7,014	7,032	7,304	8,314	12,447	13,461	14,279	14,786	14,902
Law degrees awarded	—*	8,209	9,240	11,583	14,916	29,296	34,104	34,402	35,206	35,647

*Statistic not available.

Table 2. Increases in U.S. Population, Number of Active Dental Practitioners, and Dentists-per-Population Ratios (1950-1980).

Data	1950	1955	1960	1965	1970	1975	1977	1978	1979	1980
U.S. population (in millions)	151.3	164.3	179.3	193.5	204.4	213.1	216.4	218.2	225.1	227.0
Number of active dentists, excluding those in active service (× 1000)	75	—*	85	90	96	107	113	115	118	121
Dentists per 100,000 population	50	—*	47	47	47	50	52	53	54	55

*Statistic not available.

Table 3. Changes in Inflation Rates, Health Expenditures, Dental Expenditures, and Dental Visits (1960-1981).

Data	1960	1965	1970	1975	1977	1978	1979	1980	1981
National health expenditures, percent change**	—*	+9.2	+12.3	+12.3	+13.1	+11.9	+13.5	+15.8	+15.1
Dentistry's percent of health expenditures	7.5	7.4	6.5	6.4	—*	—*	—*	6.2	6.0
Consumer price index (in 1967 dollars)	88.7	94.5	116.3	161.2	181.5	195.4	217.4	246.8	272.4
Index of dental care costs (in 1967 dollars)	82.1	92.2	119.4	161.9	185.1	198.1	214.8	240.2	263.3
Dollars per capita spent on dentistry	11	14	23	37	47	52	58	67	74
Dental visits per capita	—*	—*	1.5	1.6	1.6	1.6	1.7	1.7	—*

*Statistic not available.

**Compared to previous time period.

middle class. Now, however, much of our struggling middle class has classed dentistry as an elective expenditure. While the U.S. Department of Health, Education, and Welfare (now Health and Human Services) considered this factor,[3] dental projections generally have ignored the economic picture.

In these times of stiff competition, some dentists have turned to novel or short-cut techniques that may be economically attractive but ineffective. Some dentists may be unaware that their services are not in the patient's best interest.[33,34] Doherty[18] has noted that "dental benefits depend on the *quality* of what is produced, as well as on the *quantity;* data is not available that adequately examines this issue."

Reaction to the dilemma

In reaction to these changes, practicing dentists have pressured legislators to withdraw economic support for dental schools and to cease capitation funding. As a result, federal funds have been lost—and the states have not replaced them uniformly.

The consequences of such lost funds have received little publicity, except through alumni associations and study clubs. Dental school budgets have been severely affected, and many schools are struggling for survival. Some schools have reduced class sizes or are considering doing so.

Cuts in class size lead to inherent problems. At a time when schools need more funding, each lost student means fewer dollars for the dental school through lost tuition, clinical revenue, and government funding for student institutional support.

Under scrutiny, student cutbacks often are meaningless. Brown[19] reported that 17 of 56 schools indicated that first-year enrollment would be reduced or that a reduction was being considered. Total cuts for the 17 schools would be 109 students in the 1981-82 class, 56 in the 1982-83 class, and 65 in the classes of 1983-84 and beyond, for a total reduction of 230 first-year places. This amounts to fewer than four students annually per school.

Some enrollment projections report statistics in terms of freshmen enrolled,[35] while others report numbers of graduates.[3,16,36] For example, a 1982 AADS report on freshman enrollment projected that 5,331 students would enter dental school nationwide in 1983-84. Another 1982 report, by the ADA Council on Dental Education, predicted that 5,400 dental students would graduate in the same year.

A surprising consistency is evident in these figures, which span 1977 through 1982. *None* represent significant cutbacks. On the contrary, most dental manpower projections indicate that the number of dental school graduates will continue to increase until the mid-1980s.[37]

By comparison with the figures in Table 1, these cutbacks do not demonstrate any significant end to capitation support. Considering the estimated surplus of dentists,[16] the government's plan seems on schedule.

Schools promise cutbacks in enrollment when they perceive pressure from alumni and other dentists. However, many cutback plans have been delayed. For example, the University of Pennsylvania planned to reduce class size from 160 students to 80 by fall 1979.[21]

In fact, 160 students were accepted into the freshmen class that year. More students—not fewer—were admitted in 1980 (163) and in 1981 (162). Class size did not diminish until 1982, when 125 students were admitted. Some 112 students were projected for 1983, though the actual number admitted was 121.

A similar situation occurred at UCLA. The California Dental Manpower Committee recommended in 1981 that class size be reduced to 80 students to meet state manpower needs. Nothing happened until 1982, when the freshman class was reduced from 108 to 96 students.

Class cutbacks are difficult to justify without a similar reduction in the number of faculty members. When this occurs, some faculty are forced to accept lower or frozen salaries or to leave teaching altogether. In some cases, faculty members have had to replace lost income through intramural private practices.[38]

Some schools have developed "clinician-educator tracks" as an alternative to maintaining tenured faculty.[21,38,39] These tracks "would enable faculty to teach and remain members of the standing faculty as long as they were capable of generating their compensation by means of patient-care revenue."[39] These so-called educators would thus produce a "significant portion of clinical revenue."[39]

S.B. Arbit, president of the American Association of Dental Examiners, has asked, "Why would a successful or potentially successful practitioner want to practice in a dental school? I fear that only marginal practitioners, who would be poor role models for students, would find such positions attractive."[40]

For some schools, these faculty are cheap labor who generate their own salaries; are little interested in academic or research activities because they have no such responsibilities; and are easily removed if budget problems arise because they have no tenure protection.

Energies previously used for teaching and research apparently are being redirected toward income-generating activities for the survival of the institution. Is this the function of a teaching university—or of a trade school?

In these instances, energies previously used for teaching and research apparently are being redirected toward income-generating activities for the survival of the institution.[41] Is this the function of a teaching university—or of a trade school?

The difficulty that private practitioners encounter in securing patients extends to schools' student and intramural clinics. In his survey of den-

tal schools, Cheney[42] found that 13 deans were advertising or were considering advertising to secure more patients for their clinics.

At the 1983 meeting of the American Association of Dental Schools, Taintor[43] reported that several schools are considering advertising. He questioned how dentistry will react to previously passive schools competing aggressively for patients.

Such advertisements also may affect student perceptions of dental advertising. This issue relates to the need-versus-demand concept of dental care. If per-capita visits have remained relatively constant despite a diminishing dentist-to-population ratio, advertising has become a competitive market tool. The advertising dentist creates a demand specifically for his or her services, rather than simply for professional services.

Perhaps the ideal definition of a health-care professional is someone who works to eliminate the need for his or her services. The triad of practitioner, educator, and businessperson must be in harmony to attain this vital goal.

Effect on education

The two most important components of any dental school are capable faculty and a quality student pool. New schools and facilities are wasted effort without quality people. The degree to which all faculty positions are filled, all appropriate lectures are given, or all seats are occupied does not necessarily relate to how well graduates are informed or prepared for private practice.

Classes may be taught more economically by part-time faculty or full-time faculty who have low base salaries augmented by private practice. However, forsaking a full-time, well-paid faculty that can devote full energy to teaching—rather than professional survival—may compromise quality and continuity.

The future quality of dentistry and the care of patients may be affected as well. Some schools offer students diminished supervision in clinics, at the same time that actual clinical requirements have increased because of the need for increased clinical revenue.

The loss of federal capitation funds has sent two powerful messages to the academic community. Educators now know that federal funding is unreliable over an extended period of time and that schools must become more self-sufficient to be less vulnerable financially. In addition, loss of the legislative support that provided capitation funds indicates the course of future funding for dental education.

An apparent conflict is inherent in this situation. The schools, which have been created to produce more dentists, are saying: "We will survive as we have been created." Yet practicing dentists indicate that they want responsible change to meet the needs of the public and the profession.

The situation that Stambler[17] projected cannot continue. The product of the conflict is the situation schools now face. Previous government support created an inflated number of faculty members, who now share less money and attempt to compensate by earning money in student clinics and private practices rather than educating students.[21,38] Budgets meant to support fewer students now finance diminishing supplies and result in decreased staff support.

The current loss of quality must be directly related to self-serving concerns and the subsequent loss of federal support. To replace lost federal funds, schools must develop increased state support, alumni donations, and other potential sources.

A possible solution

To assure the continued quality of dental education, the obvious solution is to reduce class *and* faculty sizes over a four-year period. This must be done gradually so that quality can be maintained.

Funding cutbacks have been immediate, without a gradual phase-out period. As a result, immediate and severe cutbacks in faculty salaries have occurred when available funds are apportioned. Available money has been stretched and, in most instances, does not provide an adequate salary for faculty without some form of supplement. A scheduled and controlled gradual reduction in faculty would prevent this from happening again.

After agreeing on phased reductions to maintain quality, we must determine priorities. The profession presumably wants future dentists to be trained adequately to maintain quality while the number of dentists is decreased to a level commensurate with demand. Consequently, the dental profession must define its goals and objectives regarding this assumption.

If our schools previously educated students successfully and in appropriate numbers, the current loss of quality must be directly related to self-serving concerns and the subsequent loss of federal support. To replace lost federal funds, schools must develop increased state support, alumni donations, intramural practices, clinic revenues, and other potential sources.[8]

ADA and AADS representatives met in September 1980 to "explore the educationally related issues of a perceived oversupply of dentists." This group "agreed that the future of dentistry and dental education should not continue to float in limbo and be left for outsiders to decide."[18]

As a profession, we have power that we should exercise through our professional organizations. This may be a hard concept to foster, especially if dentists believe they are supporting future competitors in hard times. The first step toward controlling our own destinies may be to think of dental students as "colleagues" rather than "competitors."

Most schools *can* survive through their own inventiveness and delayed-action tactics. However, dentistry should realize that dental education and our profession's future can be

salvaged only through our financial support. In return for this support, the schools *must* become more responsible to practicing dentists.

Without our help, the educational product may be second-rate at best. This would reflect on each of us through the diminished quality of services that these ill-prepared graduates would provide the public.

Some might try to hold dental schools accountable for flooding the market with dentists. However, the whole profession will be at fault if it abandons the schools in their time of need.

Abandonment might reduce class and faculty sizes eventually, bringing short-term benefits in many instances—and forcing administrators toward revenue-generating activities instead of education. The long-term result of such abandonment will be poorly trained dentists representing a profession that has been high in public confidence.

Perhaps even worse, some schools may use their faculty and students so successfully in money making that the number of graduates will not diminish. If support for education is not directed toward quality rather than quantity, the situation will surely get worse for practicing dentists

The concept of university-based professional schools rather than trade schools may be eroding. We can reverse this trend through an organized phase-out program sponsored by practicing dentists who take direct or political action. The alternative is to chance a random, chaotic retreat and to hope that the profession obtains the result it desires.

We should take an active part in determining the future of our profession.[44] We cannot afford apathy instead of supporting our schools. If we do not take action, others with different interests will determine our future. This is particularly critical at a time when educational support has popular appeal and is again before the public politically.

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References

1. *Quinn, J.C. and Seigenthaler, J. The issue: Education's politics. USA Today 1(193): 10A, June 17, 1983.*
2. *Williams, D.A. et al. Can the schools be saved? Newsweek May 9, 1983, pp. 50-58.*
3. *U.S. Department of Health, Education, and Welfare, Division of Dentistry. Projections of national requirements for dentists: 1980, 1985, and 1990. Government Printing Office, HEW pub. no. (HRA) 77-48, July 1977, pp. 1-80.*
4. *Fein, R. The Doctor Shortage: An Economic Diagnosis. Washington, D.C., The Brookings Institution, 1967, pp. 114-121.*
5. *Harris, S.E. The Economics of Health Care: Finance and Delivery. Berkeley, California, McCutchan Publishing Corp., 1975, pp. 155-158.*
6. *Higher Education and the Nation's Health: Policies for Medical and Dental Education. New York, The Carnegie Commission on Higher Education, McGraw-Hill Book Co., 1970, pp. 35-59.*
7. *Thompson, F.J. Health Policy and the Bureaucracy: Politics and Implementation. Cambridge, Mass, The MIT Press, 1981, pp. 80-83.*
8. *Bruce, H.W. The impact of federal legislation and declining financial resources on dental education. J Dent Educ 45(10): 646-651, 1981.*
9. *Statistical Abstract of the United States: 1982-83, ed 103. U.S. Bureau of the Census, 1982, pp. 197 and 168.*
10. *A. Lynn Ryan, ADA Treasurer. Address to the 35th Annual Session of the Alaska Dental Society, Girdwood, Alaska, April 15, 1984.*
11. *Lipscomb, J. and Douglas, C.W. A political economic theory of the dental care market. Am J Pub Health 72(7): 665-675, 1982.*
12. *Gwen Vaughn, ABA Membership Director. American Bar Association, Membership Council, Chicago, April 30, 1983, personal communication.*
13. *Statistical Abstract of the United States: 1982-83, ed 103, op. cit., pp. 9, 101-102, 105, 107, 109, and 452.*
14. *Huddleston, W.D. Trends in federal legislation in the '80s. J Dent Educ 45(4):201-203, 1981.*
15. *Prevalence of dental caries in U.S. children, 1979-1980. National Dental Caries Prevalence Survey. National Institute of Dental Research, 1981, pp. 1-12.*
16. *Forecasts of employment in the dental sector to 1995. HEW pub. no. (HRA) 79-6. Government Printing Office, September 1979, pp. 1-22.*
17. *Stambler, H. The future of the dental profession. Opening address at the national convention of the American Association of Endodontists, Los Angeles, April 17, 1980.*
18. *Doherty, N. Economic growth in the U.S. dental industry. J Dent Educ 45(5): 277-281, 1981.*
19. *Brown, W.E. The present status of United States dental education. J Dent Educ 45(10):628-634, 1981.*
20. *Pait, C.B. and Solomon, E. Declining ratios between number of applicants and first-year enrollments in law and health professions, abstract. J Dent Educ 45(6):382, 1981.*
21. *A 10-Year Report, 1972-1982. University of Pennsylvania School of Dental Medicine, Philadelphia, June 1983, pp. 1-26.*
22. *Powell, R.A. The impact of a declining pool of applicants on dental education. J Dent Educ 45(12):652-656, 1981.*
23. *Solomon, E. and Pait, C. Impact of applicant decline on dental student characteristics, abstract. J Dent Educ 45(12):812-81[illegible]981.*
24. *Adams, W.M. et al. Individual practice associations: Are they part of dentistry's future? CDA J 11(2):39-43, 1983.*
25. *Conrad, D.A. et al. Dentistry in the marketplace: An economic forecast, II. JADA 104(2):148-154, 1982.*
26. *Furze, R.T. No thanks, Dr. Dugoni, letter to the editor. CDA J 11(1):5-6, 1983.*
27. *O'Connor, J.T. The medical-dental practitioner, letter to the editor. JADA 103(2):156, 1981.*
28. *ADA Council on Dental Practice, Council on Dental Care Programs, Bureau of Economic and Behavioral Research. Update on retail store dentistry, 1981. JADA 104(4):498-500, 1982.*
29. *Gerber, P.C. What's the future for dentistry? Dent Man 22(2):17-20, 23, 1983.*
30. *Wolman, S. and Goldman, H. Pressures on the dental care system in the United States. Am J Pub Health 72(7):684-689, 1982.*
31. *Littleton, P.A. Dental manpower supply and requirements: The effect of national estimates on individual dental schools. J Dent Educ 44(5):241-145, 1980.*
32. *Griffiths, R.H. Dental care costs from the National Commission on the Cost of Medical Care, 1976-1977, vol. 2. Monroe, Wisconsin, American Medical Association, 1978, pp. 67-71.*
33. *Clark, N.G. Occlusion and myofascial pain dysfunction: Is there a relationship? JADA 104(4):443-446, 1982.*
34. *Helkimo, M. Epidemiological surveys of dysfunction of the masticatory system. Oral Sci Rev 7:54, 1976.*
35. *Solomon, E. Changes in first-year enrollment since 1960-61, abstract. J Dent Educ 46(12):729, 1982.*
36. *ADA Council on Dental Education. Dental education: 1981-1982. JADA 104(6): 882-885, 1982.*
37. *Littleton, P.A. Reactor paper. J Dent Educ 45(10):720-722, 1981.*
38. *UCLA Dental School Compensation Plan. Los Angeles, July 1979, pp. 1-8.*
39. *Cohen, D.W. Dental education of the future. J Dent Educ 45(10):713-718, 1981.*
40. *Arbit, S.P. Reactor paper. J Dent Educ 45(10):719, 1981.*
41. *Ten Cate, A.R. Reactor paper. J Dent Educ 45(10):722-723, 1981.*
42. *Cheney, H.G. Use of paid advertising to attract dental clinic patients. J Dent Educ 46(12):707-708, 1982.*
43. *Taintor, J.F. Diminishing endodontic patient pool: Alternatives and options for Western dental schools, lecture. Endodontic Sectional Meeting. American Association of Dental Schools Annual Session, Cincinnati, March 16, 1983.*
44. *Crowder, L. Through the looking glass. Dent Stud 61:14-19, 1983.*

American
Dental
Association

211 East Chicago Avenue
Chicago, Illinois 60611
312/440-2500

Dr. Shaffer

ADA

DATE: February 17, 1986

TO: Executive Directors, Constituent Dental Societies

FROM: Dr. Donald W. Johnson, chairman
Council on Dental Care Programs

SUBJECT: Liability Coverage for Peer Review Committee/Members

The Missouri Dental Association (MDA) has recently advised the Council that it has suspended all peer review activity because it does not have liability coverage for its peer review committee/members. MDA is referring all complaints to the Missouri Dental Board, and has been doing so since its liability carrier discontinued coverage for health care associations in August of 1985.

MDA subsequently obtained a new liability policy through CNA. The new policy, however, specifically excludes liability coverage for the activities of "peer assessment committees", taken to mean peer review committees. MDA has appealed this exclusion on the basis that an existing state statute provides immunity from civil liability for peer review committee members. That appeal is still pending.

The Missouri Dental Board has introduced legislation that would expand its authority with regard to conducting peer review. At the same time, the MDA Board of Trustees is examining this problem in view of the fact that peer review has traditionally been the responsibility of the constituent society and its components. MDA's attorney has advised that the liability statute may be inadequate protection, so if MDA should resume peer review activity without having liability coverage in force, the peer review committee and/or its members would be vulnerable to litigation.

The Council is concerned that this problem, namely, a liability carrier specifically excluding coverage of peer review committee/ members, may be happening in other states. The Council would be interested in knowing if you have experienced a similar problem and has prepared the attached form for your convenience in responding. The Council will be meeting March 3-5, so would appreciate receiving your response by February 28.

A return envelope is also enclosed. If you have any questions, please do not hesitate to contact Ms. Jasna Stosic, assistant secretary, at the Council office: (800) 621-8099.

DWJ:de
Enclosures

cc: ADA Officers and Trustees
Members, CDCP
Dr. Michael Perich
Mr. Richard Berry
Mr. John O'Donnell

Liability Coverage for Peer Review Committee/Members

_____ No, we have not had a problem in obtaining liability coverage for our peer review committee/members

_____ Yes, we have a problem - coverage was denied or discontinued

Name of Liability carrier_____

Current status of Peer Review Activity:

_____

_____

_____

_____

_____

Constituent Dental Society: _____

Response Prepared by: _____

Alaska Dental Society
3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

February 24, 1986

Jane Gearhart
Account Executive
Alaska 100 Insurance
2550 Denali Street
Anchorage, Alaska 99503

Dear Jane:

As we discussed over the telephone I am writing to formally request your assistance on the following matter:

We received a letter from the American Dental Association Council on Dental Care Programs - enclosed - saying that the Missouri Dental Association had recently suspended all peer review activity because it no longer had liability coverage for committee members.

The Alaska Dental Society does not have "Directors and Officers" coverage, as I understand it, we have a PPP plan written for this business office of the society and it may or may not cover peer review functions. My question is to find out specifically how our PPP plan covers the peer review committee functions (if it does), and to further ask for an explanation of what sort of liability protection is available for Elaine Williamson and I who are the lay staff personnel.

Thank you for your assistance.

Sincerely,

Martha A. Dearborn

Martha A. Dearborn
Executive Director/Secretary
Alaska Dental Society

BILL SHEFFIELD
GOVERNOR

Dr. Shaffer
1-23-86

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

January 15, 1986

Edward McKrill, DMD
President
Alaska Dental Society
Suite 10
3400 Spenard Road
Anchorage, AK 99503

Dear Dr. McKrill:

Thank you for your letter of December 13 regarding your support for obtaining calibration training for the grading dentists with the Board of Dental Examiners.

I certainly agree with the position taken by the Alaska Dental Society on this matter. In fact, the board's recommendation on this same matter was considered sufficiently important that several months ago efforts were initiated to explore the possibility of securing an agreement with Dr. Robert Christoffersen to provide such training. However, as you stated, it may not be possible to finalize an agreement for this fiscal year due to budget restrictions. The Division of Occupational Licensing is currently studying alternatives in the overall funding program to establish funding for this type of training, at least for the next fiscal year.

While budget restraints often do limit our ability to provide certain services, I assure you that I support the Board of Dental Examiners' efforts to ensure the integrity of the examination process for the safety of Alaska citizens. I also must express my own appreciation to the individual(s) who privately funded previous participation by Dr. Christoffersen. Such support is most noteworthy and generous.

I appreciate the time you and your society took to address such issues and to advise me as you have. If you have further concerns, feel free to contact my office any time, or contact the Division of Occupational Licensing directly at P.O. Box D, Juneau, Alaska 99811, telephone 465-2534.

Sincerely,

Barbara A. Dale

Barbara A. Dale
Special Staff Assistant
to the Governor

cc: Director, Div. of Occupational Licensing

Alaska Dental Society
3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

December 13, 1985

Barbara Dale, Executive Assistant
Office of the Governor
Pouch A
Juneau, Alaska 99811

Dear Ms. Dale:

During our recent executive council meeting, it was unanimously approved for the Alaska Dental Society to correspond with your office on behalf of an expressed need by the State Board of Dental Examiners.

During the last examination, Dr. Robert H. Christoffersen, Dean of Clinics at the University of the Pacific in San Francisco was present to offer calibration consultation. This service is provided as an efficient means of imparting the very most fair and impartial clinical consensus of candidate performance - in other words, if all dentists who are grading clinical performance are evaluating the same aspects of the procedure, the resultant grades given are considerably more fair. Dr. Christoffersen's expertise provides the training the grading dentists use as a frame of reference.

Unfortunately, there is little (no) funding in the current budget to allow for transportation and per diem for a calibration consultant to come to Alaska. Dr. Christoffersen's last trip was provided by private funds donated by a dentist in Alaska.

The members of the Alaska Dental Society do feel that the presence of a calibration consultant is not only valuable, but also insures a degree of integrity in the exam process that can only serve to continually increase the effectiveness of dental licensing procedures - for the public's safety, the profession's quality and the media's reassurance. We ask that sufficient funds be included in the upcoming budget to provide transportation and per diem costs for an dental exam calibration consultant.

Our sincere thanks for consideration of our suggestion.

Best Regards,

Edward M. McKrill, DMD
President
Alaska Dental Society

federal register

Wednesday
January 8, 1986

Part II

Department of Health and Human Services

Health Resources and Services Administration

List of Designated Dental Health Manpower Shortage Areas (Dental HMSAs); List of Withdrawals From Dental HMSA Designation; Notice

has been desig... service area, po... facility involved ... county name. Following the ... State ...

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

List of Designated Dental Health Manpower Shortage Areas (Dental HMSAs); List of Withdrawals From Dental HMSA Designation

SUMMARY: This notice provides two lists. The first is a list of all areas, population groups and facilities designated as dental health manpower shortage areas (dental HMSAs) as of September 30, 1985. Second is a list of previously-designated dental HMSAs that have been found to no longer meet the dental shortage criteria and whose designations are therefore being withdrawn from the HMSA list. HMSAs are designated or withdrawn by the Secretary of HHS under the authority of section 332 of the Public Health Service Act.

FOR FURTHER INFORMATION CONTACT: Richard C. Lee, Chief, Distribution and Shortage Analysis Branch, Office of Data Analysis and Management, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8–57, 5600 Fishers Lane, Rockville, Maryland 20857 (301–443–6932).

SUPPLEMENTARY INFORMATION:

1. Background

Section 332 of the Public Health Service Act provides that the Secretary of Health and Human Services shall designate health manpower shortage areas based on criteria established by regulation. Health manpower shortage areas (HMSAs) are defined in section 332 to include (1) urban and rural geographic areas, (2) population groups, and (3) facilities with shortages of health manpower. Section 332 further requires that the Secretary publish a list of the designated geographic areas, population groups and facilities. The list of areas is to be reviewed annually and revised as necessary. The Health Resources and Services Administration's Bureau of Health Professions has been assigned the responsibility for designating these areas.

Public or nonprofit entities in (or with a demonstrated interest in) these areas are eligible to apply for assignment of National Health Service Corps (NHSC) personnel to provide health services in, or to, the areas. These areas are also eligible obligated service areas for certain Public Health Service scholarship, loan repayment and nurse practitioner traineeship programs, and entities located in the areas are eligible to apply for (or receive preference for) certain Public Health Service grant programs.

2. Development of the Designation and Withdrawal Lists

Criteria for designating HMSAs were first published by the Department of Health, Education, and Welfare as Interim-Final regulations (42 CFR Part 5) in the Federal Register of January 10, 1978. Final regulations, revised as warranted by public comments received, were published in the Federal Register on November 17, 1980. Criteria are defined for each of seven health manpower types (primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary manpower).

The first list of HMSAs developed under these criteria by the Bureau of Health Professions, with the review and recommendations of the appropriate Health Systems Agencies (HSAs), State Health Planning and Development Agencies (SHPDAs) and Governors, was published in 1978. Since then, updated lists have been published approximately annually to reflect changes which occur as a result of the continuous process of shortage area designation. Individual requests received for designation or for withdrawal of particular areas, population groups or facilities are routinely submitted to the appropriate HSAs (where active), SHPDAs, Governors and other interested organizations and individuals for their review and recommendations. Requests regarding dental manpower are also provided to the appropriate State dental society and State dental director for comment.

Annually, the Bureau of Health Professions also provides data listings to all HSAs, SHPDAs, State professional societies and others showing the latest data contained in the HMSA data base for each county and designated HMSA within their State, requesting their review and update of the data, and seeking their recommendations regarding new additions to, continuations of, and/or withdrawals from the HMSA list.

The Bureau of Health Professions reviews each designation or withdrawal request, together with any recommendations received on individual requests or in the annual review process, and determines whether or not each area involved meets the shortage criteria. The results of these reviews are provided by letter to the agency or individual requesting action or providing data; copies are sent to the other commenting agencies as well as to other interested organizations and individuals. These letters constitute the official notice of designation as a HMSA or rejection of recommendations for such a designation, and/or constitute advance notice of pending withdrawals from the list. Designations (or revisions of designations) are effective as of the date of the letter making (or revising) the designation; withdrawals are effective only when published in the Federal Register.

The first list below ("List of Designated Dental HMSAs") includes all those areas, population groups and facilities which were designated as dental HMSAs by the Bureau of Health Professions as of September 30, 1985. This list incorporates the 1984 review of all dental HMSAs designated or last updated on or before December 31, 1979 and supersedes the last published dental HMSA list which was included in the list of primary care, dental, and psychiatric HMSAs that appeared in the Federal Register on August 19, 1983.

The second list below ("List of Withdrawals from Dental HMSA Designation") includes those areas, population groups and facilities which had previously been designated as dental HMSAs but were found, between January 1, 1983 and September 30, 1985, to no longer meet the HMSA criteria and therefore were indicated as scheduled for withdrawal from the HMSA list in letters from the Bureau of Health Professions. This list does not include any previously withdrawn dental HMSAs which were not included in the HMSA list published on August 19, 1983.

Some dental service area definitions have been modified in such a way that portions of some areas have effectively been withdrawn. The list of withdrawals does not include such technical withdrawals, but rather consists of those whole counties, service areas, population groups, and facilities that have been completely withdrawn from dental designation. However, the list of designated dental HMSAs includes the current definitions for each designated service area, excluding any portions withdrawn.

3. Format of Lists

a. List of Designated Dental HMSAs

The list of dental HMSAs is arranged by State. Within each State, the list is first presented by county. If only a portion (or portions) of a county has been designated, or if the county is part of a larger designated service area, or if a population group residing in the county or a facility located in the county

has been designated, the name of the service area, population group, or facility involved is listed under the county name.

Following the county listing for each State, a list of any designated service areas within that State is presented, identifying their component parts in terms of counties, towns, townships, census tracts (CTs), minor civil divisions (MCDs), census county divisions (CCDs), enumeration districts (EDs), magisterial districts, or other definable geographic divisions recognized by the Bureau of the Census. Following the service area listing, a list of any designated population groups within the State is presented, identifying each such group and the geographic area wherein it resides. Following the population group listing, a list by name and location of any separately designated facilities (including prisons, correctional institutions or health centers) within the State is presented.

Beside each designated area, population group and facility the appropriate "degree-of-shortage" group is indicated, corresponding to the criteria for these groupings contained in the regulations. (Group 1 represents areas with the highest degree of shortage, Group 2 with next highest degree of shortage, etc.) These groups have been defined for use in determining relative priorities for placement of NHSC personnel; however, these groupings represent only part of the process for making placement decisions, which includes other considerations relating to need, demand, and attractiveness of the various designated areas.

In addition to the specific listings included in this notice, all Indian tribes which meet the definition of such tribes referenced in section 4(d) of Public Law 94-437, the Indian Health Care Improvement Act of 1976, are automatically designated as population groups with primary medical care and dental manpower shortages. Such Indian tribes are automatically considered assigned to degree-of-shortage group 4 (unless otherwise indicated in this listing based on specific data provided for this purpose).

b. List of Withdrawals From Dental HMSA Designation

Withdrawals from the list of dental HMSAs are also arranged by State. Within each State, whole counties being withdrawn are presented first. Following the county lisiting, a list of service areas, population groups, and facilities withdrawn is presented identifying their component parts in terms of counties and subparts of counties.

4. Future Updates of List of Designated Areas

The list of dental HMSAs below consists of all those which were designated as of September 30, 1985. It should be noted that additional areas have been designated by letter since September 30, 1985, and the appropriate agencies and individuals notified of the action. Although official, these actions are not included in the list below, because they had not yet been added to the computerized data base at the time this list was generated.

Any designated area listed below is subject to possible future withdrawal from designation if new information is received by the Bureau of Health Professions indicating that the situation in the area has changed or that erroneous or incomplete data were used in making the original designation. Interested parties will be notified by mail of any such pending withdrawal, which will become effective only upon publication in a future Federal Register listing of withdrawals or upon publication of a future Federal Register listing of dental HMSAs which does not include the area.

For further information on the HMSA designations and withdrawals listed below, or to request additional designations or withdrawals or reinstatement of a withdrawn HMSA, please contact Richard C. Lee, Chief, Distribution and Shortage Analysis Branch, Office of Data Analysis and Management, at the address listed above. All requests for designations or withdrawals should be based on the criteria in the regulations as published on November 17, 1980.

Dated: November 26, 1985.

John H. Kelso,

Acting Administrator.

HEALTH MANPOWER SHORTAGE AREAS

DENTAL CARE: Alabama

County name	Degree of shortage group
Autauga	04
Barbour	03
Bibb	04
Blount	01
Bullock	01
Chambers	02
Cherokee	02
Chilton	03
Choctaw	04

DENTAL CARE: Alabama—Continued

County name	Degree of shortage group
Clay	02
Cleburne	01
Conecuh	01
Coosa	01
Crenshaw	01
Cullman	04
Dale	02
De Kalb:	
Service Area: Crossville	01
Service Area: Ider	01
Elmore	02
Etowah:	
Service Area: East Gadsden	01
Franklin	03
Geneva	03
Greene	01
Hale	02
Jackson	04
Jefferson:	
Service Area: Pratt City	01
Service Area: Roosevelt City	01
Lamar	02
Lawrence	03
Lowndes	04
Macon	01
Madison:	
Population Group: Den. Ind. pop.	01
Marengo	03
Marion	04
Mobile:	
Service Area: Davis Ave. Community	01
Perry	04
Pickens	04
Randolph	01
Russell:	
Service Area: Hurtsboro	01
St. Clair	03
Sumter	01
Talladega	04
Washington	01
Wilcox	01
Winston	02

DENTAL CARE: Alabama

Service Area Listing

Service area name	Degree of shortage group
Crossville	01
County—De Kalb:	
Parts:	
Collinsville CCD	
Crossville CCD	
Davis Ave. Community	01
County—Mobile:	
Parts:	
C.T. 2-3	
C.T. 4.01-4.02	
C.T. 5-6	
East Gadsden	01
County—Etowah:	
Parts:	
C.T. 13-17	
C.T. 105-106	
Hurtsboro	01
County—Russell:	
Parts: Hurtsboro CCD	
Ider	01
County—De Kalb:	
Parts:	
Hengar	
Ider CCD	
Valley Head-Mentone CCD	
Pratt City	01
County—Jefferson:	
Parts:	
C.T. 10-12	
C.T. 14	
Roosevelt City	01

DENTAL CARE: Alabama—Continued

Service Area Listing

Service area name	Degree of shortage group
County—Jefferson:	
Parts:	
C.T. 105	
C.T. 131	
C.T. 133	
C.T. 136–137	

DENTAL CARE: Alabama

Population Group Listing

Population Group	Degree of shortage group
Den. ind. Pop.	01
County—Madison	

DENTAL CARE: Alaska

County name	Degree of shortage group
Kobuk Area	03
North Slope Borough	01
Southeast-Fairbanks Area	04
Yukon-Koyukuk	01

DENTAL CARE: Alaska

County name	Degree of shortage group
Kobuk Area	03
North Slope Borough	01
Southeast-Fairbanks Area	04
Yukon-Koyukuk	01

DENTAL CARE: Arizona

County name	Degree of shortage group
Apache:	
Service Area: Kayenta	01
Service Area: South Central Apache	01
Population Group: Indian Population of Jsaile	01
Coconino:	
Service Area: Hopi Indian Reservation	01
Population Group: Coconino/Mohave Indian Population	01
Gila	04
Graham	03
Maricopa:	
Service Area: El Mirage	01
Service Area: Guadalupe	01
Service Area: South Phoenix	04
Population Group: Gila River Indian Community	01
Navajo:	
Service Area: Hopi Indian Reservation	01
Service Area: Kayenta	01
Population Group: Indian Pop. of Ganado	01
Pima:	
Service Area: Marana	02
Pinal:	
Population Group: Mig./Seas. Farmworkers of Cent./W. Pinal	01
Population Group: Gila River Indian Community	01
Santa Cruz	02
Yavapai:	
Service Area: Seligman	01

DENTAL CARE: Arizona

Service Area Listing

Service area name	Degree of shortage group
El Mirage	01
County—Maricopa:	
Parts:	
C.T. 405 (Southern ½)	
C.T. 606	
C.T. 609	
Guadalupe	01
County—Maricopa:	
Parts:	
Town of Guadalupe	
Hopi Indian Reservation	01
County—Coconino:	
Parts:	
Hopi CCD	
County—Navajo:	
Parts: Hopi CCD	
Kayenta	01
County—Apache:	
Parts:	
Dennehotso CCD	
County—Navajo:	
Parts:	
Western CCD	
Marana	02
County—Pima:	
Parts:	
Marana CCD	
Seligman	01
County—Yavapai:	
Parts:	
Ashfork CCD	
South Phoenix	04
County—Maricopa:	
Parts:	
C.T. 1152–1161	
C.T. 1162.01–1162.02	
C.T. 1163–1167	
South Central Apache	01
County—Apache:	
Parts:	
Puerco	
St. Johns	

DENTAL CARE: Arizona

Population Group Listing

Population Group	Degree of shortage group
Mig./Seas. Farmworkers of Cent./W. Pinal	01
County—Pinal:	
Parts:	
Casa Grande Div.	
Coolidge Div.	
Eloy Div.	
Maricopa/Stanfield Div.	
Sacaton Div.	
Coconino/Mohave Indian Population	01
County—Coconino	
Gila River Indian Community	01
County—Maricopa	
County—Pinal	
Indian Pop. of Ganado	01
County—Navajo	
Parts:	
Apache (Indian Pop.)	
Indian Population of Jsaile	01
County—Apache	

DENTAL CARE: Arkansas

County name	Degree of shortage group
Ashley:	
Service Area: Parkdale	01
Calhoun	01
Chicot	03
Clay:	
Service Area: Rector	02

DENTAL CARE: Arkansas—Continued

County name	Degree of shortage group
Cleveland	01
Fulton	02
Grant	04
Greene:	
Service Area: Rector	02
Lafayette	01
Lincoln	03
Marion	03
Monroe:	
Service Area: Clarendon	01
Montgomery	04
Nevada	04
Newton	03
Perry	01
Poinsett	03
Scott	04
Sharp	04
Woodruff	01

DENTAL CARE: Arkansas

Service Area Listing

Service area name	Degree of shortage group
Clarendon	01
County—Monroe:	
Parts:	
Cache	
Cleburne	
Cypress Ridge	
Duncan	
Hindman	
Jackson	
Montgomery	
Pine Ridge	
Raymond	
Roc Roe	
Smally	
Parkdale	01
County—Ashley:	
Parts:	
Beech Creek	
De Bastrop	
Portland	
Wilmot	
Rector	02
County—Clay:	
Parts:	
Blue Cane	
Haywood	
Oak Bluff	
Rector	
County—Greene:	
Parts:	
Hopewell	
Humcane	

DENTAL CARE: California

County name	Degree of shortage group
Alameda:	
Service Area: East Oakland	02
Service Area: Southwest Berkeley	03
Alpine:	
Population Group: Washoe Indian Reservation	01
Imperial:	
Service Area: Brawley	03
Population Group: Mig./Seas. Frmwkrs	04
Kern:	
Service Area: Arvin/Lamont	02
Service Area: Pioneer Park	03
Los Angeles:	
Service Area: Maple/Santa Barbara	02
Mono:	
Service Area: Northern Mono	01
Monterey:	
Service Area: Soledad	04

DENTAL CARE: Puerto Rico—Continued

Population Group Listing

Population Group	Degree of shortage group
Municipio—Yauco	

DENTAL CARE: Trust Terr-Pac

District name	Degree of shortage group
Kosrae District	02
Marshall District	01
Palau District	02
Ponape District	01
Truk District	01
Yap District	01

DENTAL CARE: North Mariana Islands

District name	Degree of shortage group
Mariana Island District	01

DENTAL CARE: Virgin Islands

Island name	Degree of shortage group
St. Croix:	
Service Area: Frederiksted	01
St. Thomas:	
Service Area: East End St. Thomas	01

DENTAL CARE: Virgin Islands

Service Area Listing

Service area name	Degree of shortage group
East End St. Thomas	01
Island—St. Thomas:	
Parts:	
East End	
Southside	
Tutu	
Frederiksted	01
Island—St. Croix:	
Parts:	
Frederiksted	
Northwest	
Southwest	

WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS

Service area	County	Parts
Alaska		
	Aleutian Islands area.	All.
	Bethel area	All.
	Nome area	All.
	Pr. Wales Outer Ketchikan.	All.
	Skagway-Yakutat-Angoon.	All.
	Valdez-Cordova area.	All.
	Wade Hampton	All.
Bristol Bay	Bristol Bay Borough.	All.

WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS—Continued

Service area	County	Parts
	Dillingham Area	All.
Arizona		
Population Group		
Mig./Low Inc. Pop. (Somerton).	Yuma	Somerton Div.
California		
	San Benito	All.
Barstow	San Bernardino	C.T. 88.02, 90.01–90.02, 93–95, 96.01–96.03, 103.
E. Palo Alto/E. Menlo Park.	San Mateo	C.T. 6117–6121
Huron/Five Points	Fresno	C.T. 78
Loma Prieta School District.	Santa Clara	Lexington Div. (Part).
	Santa Cruz	San Lorenzo Valley (Part), Scotts Valley Dist. (Part).
Newhall	Los Angeles	C.T. 1081–1082, 9200.01–9200.03, 9201, 9203.01–9203.03.
South Tulare	Tulare	C.T. 32, 42–45.
West Modesto	Stanislaus	C.T. 15–17, 22–25, 31.
Population Group		
Mig/Seasonal Farmworkers (San Joaquin).	San Joaquin	All.
Span.-Spkng/Ind. Pop. in Nipomo Area.	San Luis Obispo	All.
Colorado		
Avondale	Pueblo	C.T. 30.01–30.02 (Part-Avondale), C.T. 31.02 (Part-Avondale), C.T. 32–34 (Avondale).
Commerce City	Adams	C.T. 87.02–87.03 (Commerce City), C.T. 88.01 (Irondale), C.T. 88.02 (Adams City), C.T. 89.01 (Commerce City), C.T. 89.52 (South Welby).
Eastside (Denver)	Denver	C.T. 15–16, 23, 24.01–24.02, 31.01, 35, 36.01.
Westside (Denver)	Denver	C.T. 6, 7.02; 8, 9.01, 9.03, 10, 18–19, 21.
Connecticut		
Central Bridgeport	Fairfield	C.T. 713–717.
Charter Oak/Rice Hts.	Hartford	C.T. 5046, 5049.
N. Central Bridgeport.	Fairfield	C.T. 728.
S.E. Bridgeport	Fairfield	C.T. 740–744
S.W. Stamford	Fairfield	C.T. 222–223.
Florida		
	Baker	All.
	Citrus	All.
	Gadsden	All.
	Glades	All.
	Hendry	All.
	Hernando	All.
	Jackson	All.
	Madison	All.
	Pasco	All.
	St Lucie	All.

WITHDRAWALS FROM LIST OF DENTAL MANPOWER SHORTAGE AREAS—Continued

Service area	County	Parts
	Washington	All.
Northwest Orange	Orange	C.T. 175–179.
Population Group		
Low Income Pop. (Highlands).	Highlands	All.
Facility		
Cross City Corr. Inst	Dixie	Cross City Corr. Inst.
Georgia		
	Chattahoochee	All.
	Chattooga	All.
	Decatur	All.
	Fannin	All.
	Franklin	All.
	Hart	All.
	Heard	All.
	Jefferson	All.
	Lumpkin	All.
	Meriwether	All.
	Montgomery	All.
	Oconee	All.
	Peach	All.
	Pickens	All.
Athens Neighborhood Health Center Target.	Clarke	C.T. 2-3, 6, 9.
Burke-Jenkins-Screven.	Burke	All.
	Jenkins	All.
	Screven	All.
Facility		
Gracewood School	Richmond	Gracewood School.
Hawaii		
Kau	Hawaii	C.T. 212
Illinois		
	Greene	All.
	Hamilton	All.
	Hancock	All.
	Johnson	All.
	Massac	All.
Englewood Area	Cook	C.T. 6101–6122, 6701–6720, 6801–6814.
Nashville	Washington	Ashley Twp, Beaucoup Twp, Bolo Twp, Covington Twp, Dubois Twp, Johannisburg Twp, Lively Grove Twp, Nashville Twp, Oakdale Twp, Okawville Twp, Pilot Knob Twp, Plum Hill Twp, Richview Twp, Venedy Twp.
Robbins	Cook	Robbins Village.
Uptown	Cook	C.T. 310–312, 315–321.
Indiana		
	Crawford	All.
	Martin	All.
	Miami	All.
	Owen	All.
	Pike	All.
	Starke	All.
Iowa		
	Decatur	All.
	Keokuk	All.
Albia	Appanoose	Monrovia Town.
	Marion	Hamilton Town.
	Monroe	Albia City.
		Lovilia Town.
	Wapello	Blakesburg Town.

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

February 13, 1986

Honorable Max Gruenberg
Co-chairman
Health, Education and Social
Services Committee
House of Representatives
P.O. Box V
Juneau, AK 99811

Dear Representative Gruenberg:

You asked us yesterday to answer the following questions for today's hearing on the Dental Examiners Sunset Review.

1. Which states license dentists by credentials?

2. Which states offer reciprocity?

3. What is the number of applicants and the pass/fail rate for dentists' licenses from FY 66 - FY 85?

4. What is the number of newly licensed dentists from FY 66 - FY 85?

5. How does the division's exam statistics released to Dr. Buxton compare with those noted in the Legislative Audit Report?

Our responses are as follows:

1. Enclosed is a list of states (prepared by the American Association of Dental Examiners) which license by credentials. A brief description of testing requirements is included. Note that, although this is the Association's most current list, it was completed in 1983 (Attachment I).

Also enclosed is a draft list prepared within the past six months by an intern for the Council on State Governments. The list indicates at least 23 states must still be contacted. We are aware of at least one error on the list - a call to the State of Kentucky shows that it dropped licensing by credentials two years ago. Therefore, we cannot testify to the accuracy of tne list.

Also attached is a brief description of the requirements for licensure by credentials in Arkansas and Kansas (Attachment II).

2. The draft report of the Council of State Governments indicates that of the 27 states offering licensing by credentials, 12 will do so only under reciprocal agreement and 15 will do so by endorsement. Again, the report does not include statistics on 23 states not yet contacted.

   Alaska does not maintain reciprocal agreements with any state.

3. & 5. It was not possible to review statistics released to Dr. Buxton except for FY 84 and FY 85; we believe that remaining files back to 1976 are in archives; files older than 10 years have been destroyed. We are presently researching the actual files in archives to see which remain.

The licensing examiner for the board and the auditor reviewed the audit figures and those released to Dr. Buxton. These are the findings:

- The division and the auditor used the same assumptions and procedures in calculating results.

- FY 84 figures released to Dr. Buxton were incorrect due to a mathematical error. Corrected copy provided (Attachment IV).

- FY 85 figures released to Dr. Buxton are correct; the auditor included November 1984 exam results but not June 1985 exam results.

  A listing of statistics for initial licenses issued during calendar years 1966 through 1976 and fiscal years 1977 through 1985 is attached (Attachment IV).

When the division has audited all years for which files are still available we will submit the results to the committee and to the board.

Sincerely,

Nancy Dunn
Director

ND/BB/ss2573c
021386b

LICENSURE BY CREDENTIALS
TESTING REQUIREMENT

Arkansas	-- no examination indicated
Indiana	-- not specified whether board may conduct clinical evaluation
Iowa	-- interview by the board; board in its discretion may require examination in dental jurisprudence, oral diagnosis, treatment planning
Kansas	-- interview by the board
Kentucky	-- no examination indicated
Maine	-- no examination indicated
Maryland	-- interview by the board; examination on dental jurisprudence
Massachusetts	-- no examination indicated
Michigan	-- interview by the board to evaluate credentials
Minnesota	-- interview by the board to question applicant's dental knowledge
Missouri	-- written and practical examination if licensure has been denied, revoked, etc. in another state
New York	-- have passed an examination satisfactory to the board
Ohio	-- examination on dental jurisprudence is mandatory; practical, written or oral examination is discretionary with the board
Oklahoma	-- examination discretionary with the board
Pennsylvania	-- examination on dental jurisprudence
Rhode Island	-- oral examination by the board
South Dakota	-- examination on dental jurisprudence
Tennessee	-- no examination indicated
Vermont	-- practical examination

repealed

19

No information on the District of Columbia or Virgin Islands.

ATTACHMENT II
STATES LICENSING BY CREDENTIALS
DRAFT, FEBRUARY 1986*

Reciprocity	Endorsement/ Credentials	Unknown to Date
Alabama		
	Arizona	
Arkansas		
	Idaho	California
	Kansas	
Iowa		Colorado
Delaware	Maine	Illinois
Louisiana	Maryland	Florida
	Michigan	
	Minnesota	Montana
	Nevada	Nebraska
New Hampshire	New York	
North Dakota	North Carolina	Ohio (?)
Oklahoma		
Rhode Island	Pennsylvania	
	South Dakota	South Carolina
Washington	Texas	
West Virginia	Vermont	Tennessee
Wyoming	Wisconsin	Utah
		Virginia

*This list was released by phone to the Division of Occupational Licensing by Ellen Hume from the Council of State Governments.

ATTACHMENT III

LICENSURE BY CREDENTIALS REQUIREMENTS

ARKANSAS

Application:

Photograph w/completed application signed and notarized
Transcript from school of Dentistry
Letters from two dentists to Secretary of Board attesting to applicants moral character.

Letter of good standing from Secretary of Board of all states which applicants is licensed. Letter must have all scores from licensure examination. Applicants must have received present license by examination only.

Graduate of ADA approved school and practiced continuously for a period of 5 years in the state from which applicant is applying.

National Board certification from ADA

Drug Enforcement Administration clearance will be initiated by the Board office.

Other documentation required by the board.

Applications must be complete within 60 days prior to the board meeting. Credential applications are reviewed at meeting held in September only.

Approved applicants must appear before the board for a oral jurisprudence examination.

Regional Examination:

Southern Regional Examination (Arkansas, Kentucky, Tennessee, Virginia)

*Other examinations are reviewed during investigation of credentials, and are generally accepted.

KANSAS

Applicants must complete applications set forth by the board.
Approved School of Dentistry
National Board from ADA

Must have practiced at least 5 years prior to application.
Must show documentation of at least 30 hrs. of Continuing Education within the 12 months previous to application.

Approved applicants appear before the board for jurisprudence examination.

Regional Examination:

Central Regional Examination
* Same as Arkansas

ALASKA DENTAL BOARD EXAMINATIONS

Year	Number of Canidates	Number Passed	Number Failed	Percent Passed	Percent Failed
1966	20	14	6	70	30
1967	20	15	5	75	25
1968	23	12	11	52	48
1969	18	8	10	44	54
1970	32	25	7	78	22
1971	22	12	10	55	45
1972	25	16	9	64	36
1973	25	14	11	56	44
1974	26	15	11	58	42
1975	33	16	17	48	52
1976	31	25	6	81	19
1977	28	23	5	82	18
1978	25	12	13	48	52
1979	19	11	8	57	43
1980	26	14	12	54	46
1981	27	14	13	52	48
*1982	45	21	24	47	53
*1983	51	27	24	53	47
*1984	36	~~18~~ 14	~~18~~ 22	~~50~~ 39	~~50~~ 61
*1985	52	23	29	44	56
	~~584~~	~~335~~ 331	~~249~~ 253	~~57%~~ 56.68%	~~43%~~ 43.32%

*Fiscal Year (July 1 - June 30)

NOTE: The number of canidates that passed and failed the examination in FY '84 were reported incorrectly due to a computation error. These numbers have been corrected on this copy. The total percentage of pass/fail rate was not adversely affected. The figures from FY '83 and before have not been audited to date.

Corrected: 2/13/86

ATTACHMENT V

Initial Dental Licenses issued for calendar years 1966-1976 and fiscal years 1977-1985.

1966	14
1967	16
1968	12
1969	8
1970	25
1971	12
1972	16
1973	14
1974	15
1975	16
1976	57
(23 initial licenses issued between)	
*1977	26
*1978	17
*1979	16
*1980	13
*1981	13
*1982	25
*1983	19
*1984	22
*1985	24

* Fiscal Year

Hess

A PERFORMANCE REPORT ON THE DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT BOARD OF DENTAL EXAMINERS

September 24, 1985

Audit Control Number

08-1226-86-R

Commissioner, Department of Commerce and Economic Development	Loren H. Lounsbury
Deputy Commissioners, Department of Commerce and Economic Development	Greg Baker Terry Elder

Members of the
Board of Dental Examiners

President	Paul S. Buxton, DDS
Secretary	Leslieann Luboff
Member	Jerry F. Zemlicka, DDS
Member	Robert E. Warren, DDS
Member	Timothy J. Woller, DDS
Member	Patrick J. Gullufsen, Esq.
Member	Hubert J. Gellert

STATE OF ALASKA

AUDIT DIVISION
POUCH W
JUNEAU, ALASKA 99811

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

September 24, 1985

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Titles 24 and 44 of the Alaska Statutes (sunset legislation), the attached report is submitted for your review.

A PERFORMANCE REPORT ON THE
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
BOARD OF DENTAL EXAMINERS

September 24, 1985

Audit Control Number

08-1226-86-R

Gerald L Wilkerson

Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit

TABLE OF CONTENTS

PURPOSE OF THE REPORT

In accordance with the intent of Titles 24 and 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Board of Dental Examiners to determine if the Board has been operating in an efficient and effective manner.

As required by legislative intent, this report shall be considered during the legislative oversight function in determining whether the Board of Dental Examiners should be reestablished. The law currently specifies that this Board will terminate on June 30, 1986, but will continue until June 30, 1987 for the purpose of concluding its affairs.

The major areas of our examination were the licensing, examination, administration, complaint, and affirmative action functions of the Board. We reviewed and evaluated the following:

1. Applicable statutes and regulations.

2. Tests of files and documents of licensees.

3. Interviews with the licensing examiner.

4. Complaints filed with the Division of Occupational Licensing, Equal Employment Opportunity Office, Attorney General's Office, and the Ombudsman Office.

5. Discussions with Board members.

6. Minutes of Board meetings and Division correspondence files.

7. Attorney General's Opinions applicable to professional boards.

ORGANIZATION AND FUNCTION

The Board of Dental Examiners was created in 1955. The Board consists of seven members; four licensed dentists, one dental hygienist, and two public members which are appointed by the Governor subject to confirmation of the Legislature. Board members serve terms of four years.

The Board is organized under the Department of Commerce and Economic Development, Division of Occupational Licensing (OL). Administrative functions of the Board are provided by OL, such as processing applications, maintaining licensing files, answering inquiries, and providing investigative support.

The primary function of the Board is to ensure a minimum quality of dental care to Alaskans by licensing qualified applicants and establishing regulations necessary to enforce statutes. The Board regulates dentists, dental specialists, and dental hygienists who perform services in the State. Special permits are issued by the Board to Federal agencies that supply dentistry to residents of isolated areas remote from major population centers.

The responsibility and authority for evaluating the competence of candidates for dental licensure are vested in the Board. A clinical and written examination has been developed by the Board to assess a candidate's competency. The clinical examination is a two day practical examination, requiring candidates to complete an amalgam, gold foil, and a gold inlay restoration procedure. Dental hygienists are also required to take a clinical and written examination. Although dental specialists are not required to take an examination, they must be licensed dentists in Alaska and may be required to have completed additional years of education in their specialty area.

REPORT CONCLUSION

Policy Issues

This report contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this report but require legislative consideration. In debating these issues, the oversight committees should take into consideration the findings and recommendations presented in this report so the potential impact of policy changes can be evaluated.

Report Conclusion

In our opinion, the Board of Dental Examiners should be reestablished. The regulation and licensing of qualified professionals is necessary to protect the public's health, safety, and welfare. The Board provides this service by establishing minimum educational and experience requirements that provide reasonable assurance that persons licensed are qualified. Also, assurances that those licensed act in a competent manner is provided by active investigation of complaints and revocation or suspension of licenses when appropriate.

However, the following findings describe areas where weaknesses or conflicts exist. We have made recommendations which, if implemented, will improve the efficiency and effectiveness of the Board.

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

The Board of Dental Examiners should adopt regulations to provide requirements for proof of continued professional competence for dentists, dental hygienists, and dental specialists.

Alaska Statute 08 36.070 requires that the Board provide requirements for proof of continued professional competence for dentists and dental hygienists. The Board has not yet adopted any regulations regarding continued professional competence. One way of demonstrating continued competence is to require practitioners to obtain continuing education, an action currently under consideration by the Board.

Continuing education is one method that provides a reasonable means of assuring continuing competency in a profession. A required program of continuing education will help prevent professional obsolescence and keep practitioners aware of changes taking place in the profession. We encourage the Board to adopt regulations pertaining to continuing competency in order to provide better dental services to public and fulfill their statutory responsibility.

Recommendation No. 2

The Board should pursue adopting policies allowing for licensure by credentials.

The Board adopted a regulation effective February 1, 1985 which ceased licensing by credentials (licensing based on out-of-state licensure) for dentists because of problems raised over the Board's credentialling procedures. This regulation was adopted so that the Board could reconsider policies and procedures over licensing dentists by credentials.

The cessation of licensing by credentials restricts entry into the dental profession in Alaska for out-of-state dentists wishing to practice in the State. The Board should address the policies and procedures and introduce legislation clarifying statutes over licensure by credentials.

ANALYSIS OF PUBLIC NEED

Limited Analysis

The following analyses of board activities relate to the public need factors defined in the "sunset" law. These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

I. The extent to which the board, commission, or program has operated in the public interest.

A. The Board has served the public by examining and licensing qualified applicants and proposing changes in regulations that are necessary to enforce State statutes and enhances quality of dental care to Alaskans. To accomplish these functions, the Board has held an average of four board meetings and two examination sessions for dentists and dental hygienists during the past two fiscal years.

B. The Board introduced legislation, passed by the Legislature in 1984, which repealed the authority for issuing temporary permits without examination. The issuance of these temporary permits created a double standard in the quality of protection to the public by allowing applicants to practice dentistry who may not meet the qualifications for licensure to practice dentistry in the State.

II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

A. The Board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview requirement for applicants. The Attorney General's Office has determined that the personal interview of an applicant by a Board member be limited to verifying credentials and asking questions. rather than requiring case presentations of the applicant's prior work for examination. The Board does not feel that it can adequately measure the qualifications of applicants without examining case presentations for issuing licenses by credentials. There are no plans for reenacting licensure by credentials in the future.

B. The Board was unable to adopt regulations establishing licensing and examination fees to be effective during FY 85. Alaska statutes require that the Department of Commerce and Economic Development, by regulations adopted under AS 08.01.065, establish licensing and examination fees for dental hygienists and dentists. However, AS 08.01.065 did not exist during FY 85, and therefore there was no authority for adopting regulation.

III. The extent to which the board, commission, or agency has recommended statutory changes which are generally of benefit to the public interest.

A. Legislation was enacted in 1984 defining the rights of dentists practicing in the State. This legislation specifies certain activities permitted by dentists, such as practicing in association with other dentists and supervising research.

B. The Board recommended repeal of statutory provisions for administering out-of-state examinations because of budgetary and time constraints. The statutes were repealed in 1984.

C. The Board recommended the repeal of the statute allowing for the issuance of temporary permits, which was repealed by the Legislature in 1984.

IV. The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.

A. The Board has advertised proposed regulation changes in major Alaskan newspapers, allows applicants to appeal their examination grades, and holds open meetings prior to examinations.

V. The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.

A. The Board announces its board meetings, examinations, and proposed regulations and regulation amendments in the Anchorage, Fairbanks, and Juneau newspapers as required by law.

B. The Board presents and discusses correspondence related to Board matters which has been received from various persons and associations.

VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.

A. Two complaints have been filed against the Board regarding licensure by credentials and are scheduled for hearings. The Board has processed and addressed complaints in an effective and timely manner.

VII. The extent to which a board or commission which regulated entry into an occupation or profession has presented qualified applicants to serve the public.

A. The Board issued 18 licenses during fiscal year 1984 and renewed 386 licenses effective January 1, 1985.

B. The Board needs to establish requirements for proof of continued competency as provided by statutes (see Audit Recommendation No. 1).

VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.

A. The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints related to the Board's activities.

IX. The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

A. Please refer to the previous section, Findings and Recommendations.

APPENDIXES

APPENDIX A

BOARD OF DENTAL EXAMINERS
REVENUES COMPARED WITH EXPENDITURES
For the Fiscal Year Ended June 30, 1985
(Unaudited)
(Note 1)

Average Revenue (See Schedule 1 and Note 2)	$41,536
Expenditures (See Note 3)	50,888
Excess of Revenues over Expenditures	$(9,352)

Schedule 1
Types of Revenues

Revenues	Amount	Collection Time
Filing Fee		
Dentist	$ 25	With application
Dental Hygienist	25	With application
Examination Fee		
Dentist	200	Before exam
Dental Hygienist	75	Before exam
Credential Review Fee (Note 4)		
Dentist	200	Before interview
Dental Hygienist	75	Before interview
Initial License Fee		
Dentist	30	Before licensure
Dental Hygienist	20	Before licensure
Registration/Renewal Fee		
Dentist	200	Before licensure; quadrennially thereafter
Dental Specialist	30	" "
Dental Hygienist	100	" "
Reexamination Application		
Dentist	25	With application
Dental Hygienist	25	With application
Specialty License	30	Before licensure
Branch Office Registration	100	Quadrennially
Delinquent Registration		
Dentist	10	With registration
Dental Hygienist	10	With registration
Duplicate License	10	With application

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II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.

A. The Board suspended, by regulation, statutory provision for licensure by credentials because of legal problems surrounding the scope of the interview requirement for applicants. The Attorney General's Office has determined that the personal interview of an applicant by a Board member be limited to verifying credentials and asking questions, rather than requiring case presentations of the applicant's prior work for examination. The Board does not feel that it can adequately measure the qualifications of applicants without examining case presentations for issuing licenses by credentials. There are no plans for reenacting licensure by credentials in the future.

VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.

A. Two complaints have been filed against the Board regarding licensure by credentials and are scheduled for hearings. The Board has processed and addressed complaints in an effective and timely manner.

VII. The extent to which a board or commission which regulated entry into an occupation or profession has presented qualified applicants to serve the public.

A. The Board issued 18 licenses during fiscal year 1984 and renewed 386 licenses effective January 1, 1985.

B. The Board needs to establish requirements for proof of continued competency as provided by statutes (see Audit Recommendation No. 1).

VIII. The extent to which state personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.

A. The Human Rights Commission and the Equal Employment Opportunity Office have received no complaints related to the Board's activities.

IX. The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

A. Please refer to the previous section, Findings and Recommendations.

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APPENDIXES

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APPENDIX A

BOARD OF DENTAL EXAMINERS
REVENUES COMPARED WITH EXPENDITURES
For the Fiscal Year Ended June 30, 1985
(Unaudited)
(Note 1)

Average Revenue (See Schedule 1 and Note 2)	$41,536
Expenditures (See Note 3)	50,888
Excess of Revenues over Expenditures	$(9,352)

Schedule 1
Types of Revenues

Revenues	Amount	Collection Time
Filing Fee		
Dentist	$ 25	With application
Dental Hygienist	25	With application
Examination Fee		
Dentist	200	Before exam
Dental Hygienist	75	Before exam
Credential Review Fee (Note 4)		
Dentist	200	Before interview
Dental Hygienist	75	Before interview
Initial License Fee		
Dentist	30	Before licensure
Dental Hygienist	20	Before licensure
Registration/Renewal Fee		
Dentist	200	Before licensure; quadrennially thereafter
Dental Specialist	30	" "
Dental Hygienist	100	" "
Reexamination Application		
Dentist	25	With application
Dental Hygienist	25	With application
Specialty License	30	Before licensure
Branch Office Registration	100	Quadrennially
Delinquent Registration		
Dentist	10	With registration
Dental Hygienist	10	With registration
Duplicate License	10	With application

Note 1

This revenue/expenditure comparison was prepared from available records and discussions with Occupational Licensing personnel. The records were not audited by us and, accordingly, we do not express an opinion on the Board's Statement of Revenues Compared with Expenditures.

Note 2

A significant portion of revenues is composed of license renewal fees. Licenses are renewed quadrennially and the last renewal date was December 31, 1984. Because of the renewals, revenues vary substantially every fourth year. Therefore, we averaged revenues collected in fiscal year 1982, 1983, 1984, and 1985 in order to obtain a representative amount of average annual revenues collected.

Note 3

Expenditures consist of direct costs resulting from Board activities, which includes travel, per diem, and miscellaneous contractual expenditures incurred by the Board members and the Board's licensing examiner. This amount does not include indirect administrative expenditures of the Division of Occupational Licensing or expenditures for efforts of other departments assisting the Board.

Note 4

The Board suspended by regulation, licensing by credentials effective October 17, 1984. No applications for licensure by credentials have been accepted subsequent to the date of suspension.

APPENDIX B

BOARD OF DENTAL EXAMINERS
PRACTICAL EXAMINATION AND STATISTICS

The dental examination consists of two sections, written and clinical. The written examination covers subjects dealing with the diagnosis of oral condition, prosthetics, and jurisprudence (Alaska Statutes).

The clinical section of the examination is a two day examination covering the following three subjects:

1. Preparation and Restoration of gold foils.
2. Preparation and Restoration of amalgams.
3. Preparation and Restoration of gold inlays.

Dental applicants must furnish their own patients and equipment. The examinations have been held in the Teamster's Clinic in Anchorage. An applicant must have a score of at least 75% for each subject to receive a passing grade for licensure.

The dental hygiene examination also consists of two sections. The clinical examination tests the applicant's knowledge of data gathering and charting, oral prophylaxis, and radiographic recognition. The written examination evaluates the applicant's knowledge of radiology, fluoridation, and dietary counseling. Applicants must also furnish their own patients and tools.

There are no examinations required for dental specialists before being licensed; however, the applicant must be a licensed dentist in the state.

Alaska Dental Examination Statistics

	Dentists		Dental Hygienists	
	FY 84	FY 85	FY 84	FY 85
Number of Applicants	36	28	23	20
Number Failed	22	18	3	3
Number Passed	16	10	20	17
Percentage Pass Rate	38.9%	35.7%	86.9%	85.0%
Number of Examinations	2	2	2	2

APPENDIX C

BOARD OF DENTAL EXAMINERS
ADMINISTRATIVE STATISTICS
September 15, 1985

Licensed Dental Practitioners	714
Dentists licensed in State	386
Out-of-State Dentists licensed in State	101
Dental Hygienists	303
Dental Specialists	25
Average number of meetings per year (excluding teleconferences)	4

BILL SHEFFIELD, GOVERNOR

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

December 23, 1985

Mr. Gerald L. Wilkerson
Legislative Auditor
Division of Legislative Audit
Pouch W
Juneau, AK 99811

Dear Mr. Wilkerson:

Thank you for the opportunity to comment on your preliminary audit report for the Board of Dental Examiners.

We concur with your findings and recommendations, and support continuation of the board.

Thank you once again for your cooperation and the opportunity to comment on your audit.

Sincerely,

Loren H. Lounsbury
Commissioner

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