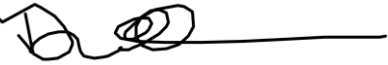





TO: The Professional Practice Committee

FROM: Douglas E. Lentivech 

SUBJECT: Proposed Amendment to Section 61.18 of the Regulations of the Commissioner of Education Relating to the Residency Program Requirement for Dental Licensure

DATE: January 7, 2020

AUTHORIZATION(S):  Sharon L. Tahoe

SUMMARY

Issue for Discussion

Should the Board of Regents amend subdivision (b) of section 61.18 of the Regulations of the Commissioner relating to the residency program for dental licensure?

Reason for Consideration

Review of Policy.

Proposed Handling

The proposed amendment will be presented to the Professional Practice Committee for discussion at the January 2020 meeting of the Board of Regents. A copy of the proposed amendment is included as Attachment A.

Procedural History

A Notice of Proposed Rule Making will be published in the State Register on January 29, 2020. Supporting materials are available upon request to the Secretary to the Board of Regents.

Background Information

Subdivision (3) of section 6604 of the Education Law provides the Department with the authority to establish the experience requirements for dental licensure, provided that such experience must consist of satisfactory completion of a clinically-based postdoctoral general practice or specialty dental residency program, of at least one

year's duration, in a hospital or dental facility accredited for teaching purposes by a national accrediting body approved by the Department, and provided, further that any such residency program must include a formal outcome assessment evaluation of the resident's competence to practice dentistry acceptable to the Department.

The American Dental Association's (ADA) Commission on Dental Accreditation (CODA) was established in 1975 and is nationally recognized as the sole organization to accredit dental and dental-related education programs conducted at the post-secondary level. Dental Anesthesiology residency training programs have been accredited by CODA for more than a decade.

Additionally, the ADA established the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) to evaluate the process and criteria by which specialties and specialty certifying boards are recognized. NCRDSCB is an independent branch of the ADA and has its own distinct mission. NCRDSCB is independent in its decision-making process to ensure that bias and conflicts of interest are avoided. NCRDSCM also provides an objective evaluation of dental specialties and their certifying boards based on transparent standards that protect and help the public ascertain the importance of educationally qualified and board-certified dental specialists.

On March 11, 2019, NCRDSCB voted to recognize the new specialty of Dental Anesthesiology, joining nine other ADA-recognized dental specialties, 25 years after the first application for this specialty was submitted to the ADA by the American Society of Dentists Anesthesiologists.

In order to obtain a dental general anesthesia certificate from a dental anesthesia residency program, dentist anesthesiologists must complete a minimum of 800 cases of deep sedation/general anesthesia with a minimum of 300 endotracheal intubations, including 50 nasal intubations and 25 other advanced airway techniques. Additionally, since dentist anesthesiologist specialists frequently manage small children and patients with special needs, who often require extensive dental procedures, dentist anesthesiologists are required to provide anesthesia for at least 125 children aged 7 years or younger and for at least 75 patients with special needs.

Currently, paragraph (2) of subdivision (b) of section 61.18 of the Regulations of the Commissioner of Education states that the accredited dental residency programs in a specialty of dentistry shall be in the specialty of endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral and maxillofacial pathology, oral and maxillofacial radiology or another specialty of dentistry, as determined by the Department, for which at least 50 percent of the CODA accredited residency program consists of clinical training in one or more of the aforementioned dental specialties.

As of January 1, 2019, Dental Anesthesiology is now a three-year, instead of a two-year, specialty training program. Presently, unless a dentist is already licensed prior to entering a dental anesthesiology training program, after completion of their three-year specialty program, residents must go back and complete a one-year general practice residency in order to be licensed to practice in this State or have two years of lawful and

reputable practice in dentistry in another state and apply for licensure in New York State via endorsement. As a result, most of these residents do not seek licensure in New York State, instead they move out of state to obtain licensure elsewhere. However, it should be noted that four of the seven Dental Anesthesiology programs in the United States are in New York State. Thus, this State is losing qualified dental licensure applicants, with dental anesthesiology specialty training, because dental anesthesiology is not currently on the list of accredited residency programs in a specialty of dentistry that can be used to meet the residency program requirement for dental licensure.

At the same time, the greater demand for the delivery of increasingly complex dental procedures by operating dentists has given rise to a similar demand for a separate dentist anesthesia specialist to concentrate solely on providing the anesthetic, during such procedures in order to enhance patient safety.

The proposed amendment of paragraph (2) of subdivision (b) of section 61.18 of the Regulations of the Commissioner of Education addresses these issues by adding dental anesthesiology to the list of accredited residency programs in a specialty of dentistry that can be used to meet the residency program requirement for dental licensure. The proposed amendment is further intended to improve access to dental anesthesiology services in this State.

Related Regents Items

None.

Timetable for Implementation

It is anticipated that the proposed amendment will be presented for adoption at the May 2020 Regents meeting, after the publication of the proposed amendment in the State Register and expiration of the 60-day public comment period required under the State Administrative Procedure Act. If adopted at the May meeting, the proposed amendment will become effective May 20, 2020.

Attachment A

AMENDMENT TO THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Pursuant to section 207, 6504, 6506, 6507, 6601, 6604, and 6605-a of the Education Law

1. Subdivision (b) of section 61.18 of the Regulations of the Commissioner of Education is amended, as follows:

(b) Residency program. To be acceptable to the department for purposes of licensure under section 6604 of the Education Law, a residency program shall meet the requirements of this section.

(1) The residency program shall be a postdoctoral clinical dental residency program in either general dentistry, or a specialty of dentistry as defined in paragraph (2) of this subdivision, of at least one year's duration in a hospital or dental facility accredited for teaching purposes by an acceptable national accrediting body, which is completed successfully by the applicant prior to the submission to the department of the application for licensure.

(2) The accredited residency program in a specialty of dentistry shall be in the specialty of endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, dental anesthesiology or another specialty of dentistry, as determined by the department, for which at least 50 percent of the accredited residency program consists of clinical training in one or more of the following areas: general dentistry, endodontics, oral and maxillofacial surgery, orthodontics and

dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, and/or dental anesthesiology.

(3) . . .