

# **COMMITTEE REPORT**

## **Denture Technology / Rules and Legislation**

**July 28, 2008**

### **MEMBERS PRESENT**

Tad Burzynski, Vice-Chairperson  
Joe Hammar, Denturist  
Joe Coss, Public Member [Teleconference]

### **STAFF PRESENT**

Patricia Allbritton, PSPD & Legislation Manager  
Dixie Bryant, Policy Analyst Lead

Patricia Allbritton, Policy and Strategic Planning Division (PSPD) Manager, convened the meeting of the Board of Denture Technology *Rules and Legislation Committee* at 1:40 p.m. on Monday, July 28, 2008, at the Rhoades Conference Room, in the Oregon Veterans' Affairs Building, 700 Summer Street NE, Salem, Oregon.

She stated the purpose of the meeting was to review continuing education requirements based on discussion during the May 5, 2008 board meeting. Specifically :

- Provider qualifications;
- Number of required hours, considering increasing continued competency;
- Designated hours for specific subject areas and limiting self-study or non-clinical study;
- Transition from the current 30 hour / three year cycle to the 20 hour / two year cycle, scheduled to become effective September 1, 2008, following rule adoption;
- Revising terminology from continuing education to "continued competency."

Members were provided with a copy of continuing education administrative rules for both Oregon and Washington. Tad Burzynski recommended aligning Oregon requirements with Washington since both states have set a high standard for the practice of denture technology with similar education, clinical training, examination and scope of practice. He proposed 30 hours during the two-year licensing cycle, or 15 hours each year.

Mr. Coss questioned the rationale for increasing the number of required CE hours – are Oregon's CE requirements inadequate or has Washington reviewed their numbers to determine if their requirements are excessive.

Ms. Allbritton cautioned members on increasing hours solely to align with another state's requirements instead of based on concrete factors that affect the quality of practice or consumer protection. She shared comments from Susan K. Wilson, OHLA Director, regarding the misconception that setting higher continuing education hours ensures quality of practice. She also cautioned that licensees should be surveyed to allow discussion before proposing rules to increase or alter continuing education requirements. Ms. Allbritton also cautioned that increasing hours or restricting specific providers may be perceived as creating a financial gain for associations or other organizations who would offer training, and place unnecessary additional expense on the licensee. She inquired about availability of diverse training providers.

Mr. Burzynski explained continued changes in technology is the basis for increasing hours, and that there are many varied resources to obtain the continuing education:

- National association conducts two meetings per year
- OSDA holds two meetings annually
- International Congress of Denturist (a study group) has an annual meeting
- Washington state association holds two meetings each year
- Other sources include dental hygiene associations and lab technician associations
- Oregon Health Science University (OHSU) has classes available
- American Red Cross conducts first aid and CPR training
- Specific manufacturers offer training
- Community colleges have related courses

Ms. Allbritton inquired about fees charged (fiscal impact) for attending conferences, meetings or classes. Mr. Burzynski answered that an association member fee for 10 hours of continuing education for a conference (which includes breakfast and lunch) is \$350 for 2 days and non-member fee is \$450. The national and international membership fee ranges from \$600 to \$1200 a year, but will be changing soon. The cost for classes offered at OHSU tends to run a little higher per credit hour. Study groups start at \$35 for one or two credit hours. Eastern and Southern Oregon licensees may be a little more limited in accessing training than those in the suburban areas. Mr. Coss concurred that secondary education was readily available to all licensees. Ms. Allbritton noted additional indirect costs may include travel, lodging and meals in the overall fiscal impact.

Mr. Coss inquired about OHLA's concerns for increasing continuing education requirements. Ms. Allbritton reiterated Ms. Wilson's position that aligning with another state is insufficient justification for increasing continuing education hours; there must be a demonstrated need based on what is broken and what needs to be fixed with the structure currently in place.

Ms. Allbritton recommended getting licensee feedback on increasing CE hour requirements to 30 credit hours for every two years before initiating rulemaking. Mr. Coss suggested presenting the issue at the OSDA conference in late October to get some preliminary feedback to this proposal. Ms. Allbritton noted that the OSDA membership was important but that not all licensees belong to the association or attend the conferences.

Mr. Coss stated the resources he contacted concurred with Ms. Wilson's position that having a higher CE requirement does not assure practitioners meet a higher quality of practice standards. Many licensees tend to resent the higher CE requirement and will only do the classes because they have to and therefore not retain anything of value from the education. Ms. Allbritton agreed, the number of hours is not a true measure of competency. Mr. Burzynski maintained that higher standards allow denturists more opportunity to receive training in more diverse settings.

Mr. Coss asked for clarification on the committee's objective. Ms. Allbritton recapped the items noted from the May 5, 2008 board meeting:

- Increase required CE hours
- Review providers; availability statewide and through internet
- Review and consider setting limits or requirements on certain CE subject areas, including approved hours for non-clinical courses and current time restrictions for preparing technical and non-technical articles

Mr. Burzynski noted that dental hygienists are required to obtain 12 CE's per year, and yet they work under the supervision of a licensed dentist. He questioned why a lesser number of CE hours were required for a denturist who works independently without oversight. Mr. Coss advised taking a more cautious approach to gain licensee support. Other examples of various trades, occupations and professions with a higher CE requirement were presented. Ms. Allbritton stated that many industries do not have formal training, such as denture technology, which is an associate's degree level education and cited other factors that may influence the number of CE hours, such as an industry's scope or technology is rapidly changing, the level of professional oversight or direct / indirect supervision required in a particular field, or the level of risk to the public in a particular field.

Members discussed continuing education requirements at length. The justification for proposing changes to continuing education requirements include:

- Denture technology implemented in 1979, has been regulated as an independent practice for 30 years and training should keep pace as the profession evolves
- Continued advancements in dental materials, techniques and professional standards
- Recent expansion of the scope of practice to include implants and partials
- Denturists work independently of dentists or other professionals without supervision
- Denturists, grandfathered into the profession, may not have completed all the currently required core competencies and acquire training on par with the associate's degree level education; denturists use to be required to obtain an Oral Health Certificate from a dentist to work in the mouth, as was the case previously under ORS 680.545.

Mr. Coss suggested drafting a proposal on continuing education requirements to mail licensees to gauge their support and get constructive feedback before moving forward with administrative rulemaking. He asked for clarification on the procedure. Ms. Allbritton concurred that gauging licensee support was important; however, the committee must first present a recommendation to the full Board at the next scheduled regular board meeting (September 29). The proposal would only move forward if the Board concurs with the committee's recommendation, or modifies certain aspects of the recommendation.

Discussion centered on timelines and implementation. She advised members to take a measured and careful approach in revising current requirements which adds expense for licensees and the agency, especially as the agency has streamlined procedures, improved services and is about to reduce licensing fees (09-01-08).

Mr. Coss and Mr. Burzynski agreed to not to specify mandatory CE hours in a particular subject area. Ms. Allbritton stated the rules currently require 6 hours of CE related to partials and that no more than half the required hours be in teaching. Members clarified questions pertaining to clinical and non-clinical training. Mr. Burzynski stated there should be a limit to self-study hours.

Following discussion, it was determined to propose 24 hours of clinical training, of which six hours must be relevant to partials and implants, placing a limitation on self-study hours (to be determined), with the remaining six hours to be attained in non-clinical subject areas. Mr. Burzynski does not want to parse out the hours any further.

Ms. Allbritton stated that OHLA staff would prepare a committee report and proposal for members to review before the next board meeting on September 29, 2008, at which time the full Board would review and vote on the committee's recommendations on revising continuing education requirements.

The meeting adjourned at 3:15 p.m.

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*I attest that the report of the Rules and Legislation Committee meeting of July 28, 2008, are a true and accurate reflection of the matters discussed.*

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Lisa Murphy, Board and Qualification Specialist