

GEORGIA BOARD OF DENTISTRY
Conference Call
2 Peachtree St., N.W., 6th Floor
Atlanta, GA 30303
September 27, 2022
4:00 p.m.

The following Board members were present:

Dr. Glenn Maron, President
Ms. Misty Mattingly, Vice-President
Dr. Lacey Green
Dr. Michael Knight
Mr. Mark Scheinfeld
Dr. Jeffrey Schultz
Ms. Lisa Selfe
Dr. Lisa Shilman
Dr. JC Shirley
Dr. Don Spillers
Dr. Brent Stiehl
Dr. Debra Wilson

Staff present:

Eric Lacefield, Executive Director
Max Changus, Assistant Attorney General
Clint Joiner, Attorney
Brandi Howell, Business Support Analyst I

Visitors:

Richael Cobler, CRDTS
Dr. Sam Jacoby, CRDTS
Kimber Cobb, CDCA-WREB-CITA

Open Session

Dr. Maron established that a quorum was present and called the meeting to order at 4:05 p.m.

Introduction of Visitors

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

Rule 150-3-.01 Examination for Dental Licensure

Dr. Maron explained that the purpose of the meeting was for the Board to establish the final amendments to Rule 150-3-.01. He stated that at the Board’s September meeting, there was concern regarding the wording and aspects of periodontal probing versus periodontal therapy. He added that there were also questions as to whether ADEX, CRDTS and SRTA have similar testing abilities. Dr. Maron stated that a notification from Mr. Joiner was sent this morning to the Board regarding the updated version of the proposed amendments.

Dr. Maron discussed the following suggested changes to section (6) of Rule 150-3-.01:

- (6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. ~~The final section/sections failed with~~ Failure of Part II of the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.

Dr. Maron discussed the following suggested changes to section (7) of Rule 150-3-.01:

- (e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board ~~beginning January 1, 2021~~ taken on or after January 1, 2015.

- (f) Results from the Central Regional Dental Testing Service (CRDTS) Manikin-based (no human subject) dental examination take on or after January 1, 2021.
- (g) Results from the American Board of Dental Examiners, Inc. (ADEX) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
- (e)(h) Results from the Southern Regional Testing Agency dental examination taken on or after January 1, 2021.
- (f)(i) Regional examinations must include patient-based or simulated patient-based (manikin) procedures performed ~~on human subjects~~ as part of the assessment of clinical competencies, and shall have included evaluations in the following areas:
 1. periodontics, ~~human subject~~ clinical abilities testing;
 2. endodontics, clinical abilities testing;
 3. posterior class II amalgam or posterior class II composite preparation and restoration, ~~human subject~~ clinical abilities testing;
 4. anterior class III composite preparation and restoration, ~~human subject~~ clinical abilities testing;

After discussing the above changes, Dr. Maron stated that he would like to add back the term “psychomotor” to section (i). He explained that he felt that requiring the exam to include language stating, “psychomotor, patient-based or simulated patient-based manikin procedures” was appropriate.

Dr. Maron read the definition of “psychomotor”:

“Psychomotor learning is the relationship between cognitive functions and physical movement. Psychomotor learning is demonstrated by physical skills such as movement, coordination, manipulation, dexterity, grace, strength, speed—actions which demonstrate the fine or gross motor skills, such as use of precision instruments or tools...”

Dr. Maron explained that he felt the term “psychomotor” was appropriate for testing even if human subjects are not used. He stated that he felt the term was appropriate because at some point in time if the Board is not requiring psychomotor procedures, the candidate would just say that he/she would look at the patient and only describe how they would do the procedure. He further stated that was not the intent of the rule change. Dr. Stiehl, Mr. Scheinfeld, and Dr. Schultz agreed. Dr. Schultz commented by stating that, in his opinion, “psychomotor” means ability and time. He stated that this is a timed clinical exam that evaluates fine motor skills and clinical abilities and agreed that the term “psychomotor” should remain in the proposed language. Dr. Wilson agreed.

Dr. Stiehl commented by stating that fine motor skills also includes the diagnosis of periodontal disease. He stated that the candidate needs to be able to feel calculus underneath the tissue in order to be able to diagnose and remove that calculus. He stated that he felt psychomotor should remain in the proposed language.

Dr. Maron inquired if any members had any objections with adding back the term “psychomotor”. There were none. Mr. Joiner stated that he was making the appropriate adjustments to the rule live and in real time and would place it on Sharepoint for the Board to review once completed.

Dr. Maron discussed periodontics, clinical abilities testing. He stated that there had been confusion regarding what the ADEX dental exam does and does not provide. Dr. Maron commented that there was a concern brought up regarding the dental exam that is currently administered not including periodontal probing, but does provide the need for the candidate to scale and remove calculus. He asked how could the candidate do that if he/she does not know how to probe? He stated that the detection of calculus would be the important factor there. He continued by stating that the equality amongst the exams may not be exact, but believes the intent and testing of each exam appropriately determines the level of periodontal diagnosis and therapeutic care.

Ms. Kimber Cobb was on the call and spoke to the Board. Dr. Stiehl stated that it was his understanding the periodontal portion of ADEX was optional, but in states such as Georgia that require it, there is no periodontal diagnosis portion saying these are the surfaces the candidate must clean. He asked Ms. Cobb if this information was correct. Ms. Cobb responded by stating that there is calculus detection and then there is probing. She explained that with calculus detection, the candidate must explore. She stated that there are areas for the candidate to determine where the deposit is and then verify it has been removed. Ms. Cobb stated that calculus detection is included on the psychomotor section of the ADEX exam. She further stated that probing is determined via occupational analysis by subject matter experts that look at the process of periodontal diagnosis. Ms. Cobb continued by stating that one requirement of the ADEX exam is the DSE OSCE, which cover a variety of procedures that goes into periodontal diagnosis. She stated that calculus detection is covered philosophically, along with periodontal diagnosis, and her understanding of the wording of the proposed amendment is that it needs to be a part of the exam in some shape or form. Ms. Cobb further stated that all aspects, including probing and interpreting the depth, along with the other procedures involved with periodontal diagnosis are included on OSCE. She added that, based on the language included in the proposed rule amendment, she thinks the ADEX exam covers those areas.

Dr. Maron thanked Ms. Cobb for the information. He asked Ms. Cobb to explain what OSCE stands for. Ms. Cobb responded by stating that OSCE stands for “Objective Structured Clinical Exam”. She described what the OSCE was and stated that it has been used in a variety of health professions. Ms. Cobb stated that in her earlier years of being in clinical exam and testing development there were multiple choice questions that had been computerized. She further stated that with the advancement of technology the ADEX OSCE has evolved into different question types. Ms. Cobb explained that the OSCE does challenge the clinical judgement of candidates and candidates have to determine appropriate sequences of treatment via computerized technology. She stated that the OSCE has evolved over the decade into what is administered today.

Discussion was held by Dr. Stiehl in regard to the periodontal diagnosis portion of the ADEX exam. Ms. Cobb responded by stating that the candidate has to go explore and determine where calculus is located, treat the area, and follow up to ensure it has been removed. She stated that this is included in the scoring of that process. She added that, based on how scoring is constructed for that particular exercise, it is all inclusive rather than separated out. She continued by stating that those processes have to occur for the candidate to successfully complete that portion of the exam. Ms. Mattingly inquired if there are clinical questions about case studies in the OSCE exam that would require the candidate to look at x-rays, gingiva, probing depths, and make a diagnosis. Ms. Cobb responded by stating that everything mentioned by Ms. Mattingly is tested extensively on the DSE OSCE.

Dr. Shilman inquired if there is an actual psychomotor test for a dentist on probing. Ms. Cobb responded by stating that there is no exercise created specifically for that. She stated that periodontal diagnosis referenced in the wording of rule is covered.

Dr. Stiehl asked if the OSCE was a written exam and not psychomotor. Ms. Cobb responded affirmatively.

Dr. Maron discussed the research he completed since the Board's last meeting concerning probing and accuracy of periodontal probing. He stated that, in his opinion, he does not think there is much variability in terms of actual probing depths. He continued by stating that the Board's goal is whether someone can predict or find calculus, determine pocketing, and determine appropriate therapeutic measures, Dr. Maron stated that he does not think probing is that critical in terms of testing based on what he has read. Dr. Maron explained that he reviewed national studies regarding three different brands and types of probes. He stated that one probe had higher sensitivity than the other two probes. In moving forward with the proposed language, he stated he does not believe it will be a detriment in the Board's ability to determine if someone qualifies for a dental license.

Dr. Stiehl commented that he understood what Dr. Maron was stating, but wants consistency across the board and equal standardized testing. He discussed pass rates between the exam agencies. Additionally, Dr. Stiehl discussed protection of Georgia's citizens and stated that he does not want to keep lowering the bar for Georgia. Dr. Maron responded by stating that he appreciated Dr. Stiehl's experience on this subject as well as his input, but does not believe the Board is lowering the bar. He stated that, until the pandemic occurred, the Board was only accepting a live-patient examination. He further stated that there are a high number of more than qualified dentists that have taken that exam. Dr. Maron stated that he would argue that more negative exams are captured on a manikin and the failure rate is higher on a manikin-based examination versus a live-patient examination.

Dr. Shirley commented by stating that at the Board's last meeting there was discussion concerning a group of students that had already begun the examination process and certain changes to Rule 150-3-.01 would derail the process. He asked if the concern would be addressed by the Board making the discussed changes to the proposed language. Dr. Maron responded affirmatively and stated that those students would be allowed to move forward with the exam they have been preparing for with the understanding that they would have to take the optional periodontal portion of the ADEX exam.

Ms. Mattingly inquired as to the status of Rule 150-5-.02 Qualifications for Dental Hygienists and if the Board would be accepting the ADEX manikin-based exam for dental hygienists. Mr. Lacefield responded by stating that the Board voted to post amendments to Rule 150-5-.02 at its August meeting and was on track to be scheduled for consideration of adoption at a public hearing once the notice was posted for 30 days.

Mr. Joiner requested clarification as to the changes to section (7)(i)(1) of Rule 150-3-.01. Dr. Maron confirmed the changes would be as follows:

(f)(i) Regional examinations must include psychomotor, patient-based or simulated patient-based (manikin) procedures performed on human subjects as part of the assessment of clinical competencies, and ~~and~~ shall ~~have~~ included evaluations in the following areas:

1. periodontics, ~~human subject~~ clinical abilities testing;

Ms. Richael Cobler, CRDTS, was on the call and spoke to the Board. She asked if the Board was keeping the term "psychomotor" but not requiring a psychomotor periodontal component. Dr. Maron responded by stating that was not correct. He explained that "periodontics, clinical abilities testing" will be a psychomotor procedure that would include the actual removal of calculus, which is a psychomotor skill.

Dr. Sam Jacoby, CRDTS, was on the call and spoke to the Board. He discussed the differences of calculus detection between the ADEX and CRDTS examinations. Dr. Jacoby stated that CRDTS has an OSCE written examination that has the diagnosis in the written portion. Dr. Maron thanked Dr. Jacoby for his

input on the differences between the two exams and stated that he believes the wording “clinical abilities testing” covers both CRDTS and ADEX exams on those levels.

Dr. Schultz made a motion to post Rule 150-3-.01 Examination for Dental Licensure as amended. Dr. Wilson seconded, and the Board voted in favor of the motion, with the exception of Dr. Stiehl and Dr. Spillers, who opposed.

Rule 150-3-.01 Examination for Dental Licensure

- (1) Each candidate submitting an application for a dental license must have passed all sections of the National Board Theory Examinations - Part I and Part II with a score of 75 or higher or have a passing score on the Integrated National Board Dental Exam. The President of the Georgia Board of Dentistry may appoint one or more members of the Board to proctor the National Dental Board Examinations held in Georgia.
- (2) Each candidate for a license to practice dentistry must pass with a score of 75 or higher a jurisprudence examination on the laws and rules governing the practice of dentistry in the State of Georgia. Such examination shall be in the English language. The score will be valid for one year.
- (3) Each candidate for a license to practice dentistry must pass all sections with a score of 75 or higher on any clinical examination administered by the Georgia Board of Dentistry, or a testing agency designated and approved by the Board. Such examination shall be in the English language.
- (4) Any candidate who fails one or two sections of any clinical examination or any combination of one, two, or three sections of the clinical examination, three times must take a remedial course of study designated and pre-approved by the board.
 - (a) Once the candidate shows written proof of successful completion of the approved course of study, the Board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the board.
 - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (5) Any candidate who fails three or more sections of any clinical examination three times must successfully complete a one-year American Dental Association-accredited course of study pre-approved by the board.
 - (a) Once the candidate provides written proof of successful completion of this one-year course of study, the board will grant the candidate one additional attempt at successful passage of a clinical licensing examination approved by the Georgia Board.
 - (b) After a fourth failure of one or more sections of any clinical examination, no further attempts will be authorized or scores recognized by the board for licensure in Georgia.
- (6) For purposes of this rule, failure of the completed curriculum integrated format type examination shall only be counted as one (1) examination failure. ~~The final section/sections failed with~~ Failure of Part II of the curriculum integrated format type examination will be applicable to sections (4) and (5) of this rule.

- (7) In determining whether an applicant has met the requirements for licensure, the board will only consider:
- (a) The examination given by the Georgia Board of Dentistry prior to February 22, 1993.
 - (b) Results from the Southern Regional Testing Agency (SRTA) that were attained between February 22, 1993 and December 31, 2005; to include SRTA retake examination results until December 31, 2006.
 - (c) Results from the American Board of Dental Examiners (ADEX) examination as uniformly administered by the Central Regional Dental Testing Service (CRDTS) and the Northeast Regional Board of Dental Examiners (NERB) that were attained between January 1, 2006 and June 30, 2009.
 - (d) Results from the Central Regional Dental Testing Service (CRDTS) examination or any other testing agency designated and approved by the Board attained subsequent to June 30, 2009. Results from the retake examinations administered by the Northeast Regional Board of Dental Examiners (NERB) or the Central Regional Dental Testing Service (CRDTS) are accepted through June 30, 2010. Such retakes must be from initial examinations taken prior to June 30, 2009 and must include at least one successful score from Parts II, III, IV or V.
 - (e) Results from the American Board of Dental Examiners, Inc. (ADEX) dental examination as uniformly administered by a testing agency approved by the Board ~~beginning January 1, 2021~~ taken on or after January 1, 2015.
 - (f) Results from the Central Regional Dental Testing Service (CRDTS) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
 - (g) Results from the American Board of Dental Examiners, Inc. (ADEX) Manikin-based (no human subject) dental examination taken on or after January 1, 2021.
 - ~~(e)~~(h) Results from the Southern Regional Testing Agency dental examination taken on or after January 1, 2021.
 - ~~(f)~~(i) Regional examinations must include psychomotor, patient-based or simulated patient based (manikin) procedures performed on human subjects as part of the assessment of clinical competencies, and shall have included evaluations in the following areas:
 - 1. periodontics, ~~human subject~~ clinical abilities testing;
 - 2. endodontics, clinical abilities testing;
 - 3. posterior class II amalgam or posterior class II composite preparation and restoration, ~~human subject~~ clinical abilities testing;
 - 4. anterior class III composite preparation and restoration, ~~human subject~~

clinical abilities testing;

5. crown preparation, clinical abilities testing;
6. prosthetics, written or clinical abilities testing;
7. oral diagnosis, written or clinical abilities testing; and
8. oral surgery, written or clinical abilities testing.

~~(g)~~(j) Examination scores from slot preparations of restorative dentistry shall neither be accepted nor recognized by the Board.

- (8) Each candidate for Georgia licensure must furnish a background check. The applicant shall be responsible for all fees associated with the performance of a background check.
- (9) The Board may hold other examinations as may be required and necessary.

Ms. Mattingly made a motion and Dr. Wilson seconded that the formulation and adoption of the proposed rule amendment does not impose excessive regulatory cost on any licensee and any cost to comply with the proposed rule amendment cannot be reduced by a less expensive alternative that fully accomplishes the objectives of the relevant code sections.

In the same motion, Board voted that it is not legal or feasible to meet the objectives of the relevant code sections to adopt or implement differing actions for businesses as listed at O.C.G.A § 50-13-4(a)(3)(A), (B), (C) and (D). The formulation and adoption of the proposed rule amendment will impact every licensee in the same manner, and each licensee is independently licensed, owned and operated and dominant in the field of dentistry.

Dr. Maron inquired as to when a public hearing would be scheduled. Mr. Lacefield responded by stating that he is looking to have it scheduled in November. Dr. Maron reminded the members of the Board and public that the October meeting would be held at the Dental College of Georgia and the November meeting would be held in Atlanta at the Department of Community Health. Discussion was held regarding the Board needing nine members to establish a quorum by law.

With no further business, the Board meeting adjourned at 4:40 p.m.

The next scheduled meeting of the Georgia Board of Dentistry will be held on Friday, October 7, 2022, at 10:00 a.m. at the Dental College of Georgia at Augusta University, 1430 John Wesley Gilbert Drive, Augusta , GA 30912.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Eric R. Lacefield, Executive Director