

MEETING OF THE VIRGINIA BOARD OF DENTISTRY
TELEPHONIC BOARD BUSINESS MEETING

MEETING PHONE LINE: **1-408-418-9388**
MEETING ACCESS CODE: **792 494 962**
MEETING PASSWORD: **33623202**

PLEASE CALL THE BOARD AT THIS
NUMBER, **804-367-4622**, TO REPORT AN
INTERRUPTION DURING THE BROADCAST

MEETING CONVENED AT: 9960 MAYLAND DRIVE, HENRICO VIRGINIA 23233
(LOCATION CURRENTLY CLOSED TO THE PUBLIC)

IMPORTANT UPDATED MEETING AGENDA INFORMATION

- ❖ **Please discard the first Telephonic Board Business Meeting Agenda sent to you by email on May 5, 2020 and refer only to this updated agenda. The changes made in this agenda are:**
 - **The Meeting Password for telephonic access has changed as shown above.**
 - **Additional written public comment received by May 4, 2020 has been added in the Public Comment section.**

PUBLIC PARTICIPATION IN THE MEETING

- ❖ **Participation in the Board of Dentistry telephonic meeting is limited and is on a first come basis due to the capacity of CISCO WebEx technology.**
- ❖ **Individuals who plan to comment are asked to register in advance of the meeting by 11:30 AM on Friday, May 8, 2020 by sending an email to Sandra.reen@dhp.virginia.gov.**
- ❖ **Public comment will be accepted at the beginning of the meeting.**
 - **Commenters will be limited to 2 minutes.**
 - **Commenters are asked to address only the two questions posed on the agenda which are the only matters the Board can discuss during the emergency meeting.**
- ❖ **At the close of the public comment period all public participants' connections to the meeting will be muted.**
- ❖ **Participants are asked to call from a location without background noise.**

REPLACEMENT AGENDA

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<u>TIME</u>		<u>PAGE</u>
2:00 PM	Call to Order – Dr. Augustus A. Petticolas, Jr., President	
	Roll Call of Participants – Sandra K. Reen, Executive Director	
	Public Comment – Dr. Augustus A. Petticolas, Jr., President	
	Written comments were received from the following:	
	<ul style="list-style-type: none"> • Dr. Jason Duluc • Dr. Richard Taliaferro • Ms. Tammy Swecker • Dr. John L. Harris, III 	<ul style="list-style-type: none"> • Ms. Emilie Bonovitch • Ms. Amanda Jeffrey • Dr. Robert Allen • Dr. Chad Gehani
		<p>1 / 1A 2 / 2A 3 / 3A 4 / 4A</p>

Board Discussion/ Action

Will the Board modify and/or waive clinical examination licensure requirements for 2020 dental and dental hygiene graduates due to of the impact of the Coronavirus pandemic?

6

- Requests from dental schools and dental students for the Board to accept as a clinical examination a simulated manikin exercise in restorative dentistry and waive the scaling exercise with live patients in an examination given by a testing agency accepted by the Board
- Requests from dental hygiene programs and students for the Board to accept as a clinical examination the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and equivalent clinical examinations given by a testing agency accepted by the Board, in addition to the written National Board Dental Hygiene Exam (NBDHE)

Is COVID-19 screening by a dentist prior to treating dental patients within the scope of the practice of dentistry?

59

If determined to be within the scope of practice for Virginia dentists, there are additional issues dentists would have to address, such as tests availability and reliability and the need for certification to administer tests, as required by the Clinical Laboratory Improvement Amendments (CLIA)).



The Freedom of Information Council invites you to give your feedback on how this telephonic meeting compares to traditional meetings by completing and sending them this form.

From: Jason Dulac <jasondulac@gmail.com>

Sent: Wednesday, April 29, 2020 1:36 PM

To: Sandra Reen <sandra.reen@dhp.virginia.gov>

Subject: Fwd: NOTICE: Virginia Board of Dentistry Telephonic Business Meeting

Thanks for collecting input my thoughts are as follows:

1. Covid should not change requirements for practice either a) the board continues to require live patient exam or b) the board indefinitely no longer requires a live patient exam. Schools will tell you there's not a correlation between the exam and clinical performance in school. If it's done away with completely, I'm ok with that, but we need to be consistent. Either it's not safe to treat patients and we all stop practicing dentistry (which I don't believe is the case) or it's safe for them to take the board. If it's safe to take the board then either the board is necessary and they take it or it's not necessary and it's done forever. I'm fine either way. I graduated top 10 percent in dental school and finished high 90s on the board. That being said one of our professors of perio failed the perio board, and I'm not about to argue I know more about perio than he did. So either get rid of the board permanently or make the graduates take it as normal. Don't make a one year exception.

2. Same as above. Make them take it or get rid of the requirement.

3. I have no preference. The email identifies hurdles of implementation. Testing should first and foremost go to hospitals and clinics. There's not a lot of fda approved tests available right now. I would advise revisiting the issue in a couple months. The board will already have to monitor the new opioid requirement and the amalgam separators this summer. An additional requirement is a lot to take on. If the board does opt to take this on maybe extend requirements for electronic opioid prescriptions or amalgam separators.

Thanks for reaching out to inquire about these topics.

Keep up the good work.



Virginia

Dental Hygienists' Association

April 21, 2020

To: Sandra Reen
Executive Director, Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

From: Emilie M. Bonovitch
President- Virginia Dental Hygienists' Association

Dear Ms. Reen,

In light of the Coronavirus spread that may result in serious illness or death and as the Voice of the Dental Hygiene Profession, we seek your support of our petition to waive the live-patient, single encounter, clinical exam mandated for obtaining a license to practice dental hygiene and utilize the American Board of Dental Examiners (ADEX) clinical based Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and the Commission of Dental Competency Assessment (CDCA).

Unfortunately, dental hygiene and dental students are the only graduates required to demonstrate their clinical skills on a live patient to obtain a license to practice in Virginia. Additionally, they are required to graduate from an accredited, college program, and pass the written National Board Dental Hygiene Exam. These graduates will become licensed practitioners and will contribute positively to the health and safety of our communities. As members of health care, dental hygienists can also be the asset in the work force needed in this time of pandemic crisis.

Using a manikin based exam complements the charge of the Virginia Board of Dentistry to protect the public's well-being while simultaneously reduces health risks of the licensure candidates and board examiners as minimal clinical competency is assessed.

On March 13, 2020, the Virginia Board of Dentistry adopted without opposition and by consensus the definition of "*clinical competency examination*" means the evaluation, diagnosis, and prevention through live patient or manikin based methods relating to the care and treatment of patients.

On behalf of the Virginia licensed and student dental hygienists we represent as the Virginia Dental Hygienists' Association (VDHA), we applaud your dedicated leadership and public service and respectfully ask for your support in providing an alternative option for licensure clinical examination that immediately ceases the live-patient encounter.

Respectfully,

A handwritten signature in black ink that reads "Emilie M. Bonovitch".

Emilie M. Bonovitch, BSDH, RDH
President- Virginia Dental Hygienists' Association

From: Richard Taliaferro <2ufdoc@gmail.com>

Sent: Wednesday, April 29, 2020 3:01 PM

To: Reen, Sandra (DHP) <Sandra.reen@dhp.virginia.gov>

Subject: Comments concerning Dental and Hygiene testing and testing for Corona Virus

Good Afternoon Sandy,

I am writing to recommend that the Virginia Board of Dentistry follow the request of the schools to use non live patient exams as listed that the Board will consider next week. I have felt for a longtime and recommended that dental exams to be licensed are archaic when done on live patients. I believe they degrade the profession, when the candidates are searching for a patient, at times I have heard on the streets. In the medical profession they are not tested on live patients. I feel that tests that are on simulators are acceptable for licensing purposes.

I wish that we as dentists could do Covid 19 Virus testing. However I feel it might be cost prohibitive to us. If there is an economical and time efficient way to do the test, I would be in favor of allowing dentists to administer the test.

Thank you and the Board in advance for considering my requests.

Sincerely,

Richard Taliaferro, DDS

From: Amanda Jeffrey <aleighsmile@gmail.com>
Sent: Monday, May 4, 2020 12:28 PM
To: denbd@dhp.virginia.gov
Subject: COVID-19

Hello-

I understand that the board is meeting on Friday. May I request that they make a statement that clearly establishes their expectations of dentists and hygienists during this time. I would assume that they expect us to follow the safety guidelines and PPE recommendations set forth by the CDC. The big question is if an office is able to comply with these new guidelines, does the board support routine treatment even though the CDC still recommends emergency treatment only? We are all ready to get back to work if it can be done safely, but none of us want to put our license in jeopardy. Thank you.

Many Blessings,

Amanda Jeffrey, BS, RDH

“There is no situation so chaotic that God cannot from that situation create something that is surpassingly good.” **Handley Moule**

Sandra Reen

From: Tammy Swecker <tkwecke@vcu.edu> on behalf of Tammy Swecker
Sent: Monday, May 4, 2020 10:43 AM
To: Reen, Sandra (DHP)
Subject: ADEX CSCE/OSCE administered by CITA as the DH Clinical exam

Dear Ms Reen,

I hope this email finds you well. I would like to write a letter of support for DH2020 candidates to take the ADEX CSCE/OSCE administered by CITA to replace the clinical exam. These are unprecedented times and the computerized clinical exam will prove competency to practice. I would also like to support dentists' and dental hygienists' ability to test patients for COVID 19. As dental professionals, we are extremely knowledgeable of the head and neck. Hygienists are at highest risk of contracting the virus by performing their daily work duties. The ability for hygienists to test a patient prior to treatment is paramount. We screen for oral cancer, HIV, high blood pressure, cardiovascular diseases and many more diseases as symptoms of these diseases are visible in the oral cavity. I encourage the Board of Dentistry to help us continue to assist our patients with improved oral and systemic health. Please let me know if you have any questions or concerns.

Kindest regards,

Tammy

--

Tammy Swecker M.Ed, BSDH
Dental Hygiene Clinical Coordinator
Associate Professor, Dental Hygiene
Department of General Practice
VCU School of Dentistry
Lyons Building 4th Floor room 419
520 North 12th Street
P. O. Box 980566
Richmond, VA 23298-0566
work 804-828-9096
fax 804-827-0969
tkwecke@vcu.edu

Sandra Reen

Subject: FW: something on my mind and I need some high level support?

From: ROBERT ALLEN <RBADDS@COX.NET>

Sent: Sunday, March 29, 2020 9:18 PM

To: sandra.reen@dhp.virginia.gov; SAM GALSTAN <Samgalstan@aol.com>; Shannon Jacobs <jacobs@vadental.org>; RYAN DUNN <dunn@vadental.org>; klostermyerdds@yahoo.com; ROBERT ALLEN <RBADDS@COX.NET>; mwdavisdds@comcast.net; Dr. Kim Henry <kimhenrydmd@mindspring.com>

Subject: something on my mind and I need some high level support?

I have discontinued conversation with the MCV school of dentistry some years ago, but what is on my mind involves the dental school, -- Dr. Ellen Byrne; Dr. Sarrette, Sandra Reen at BOD, and VDA—Dr. Reynolds, VDA Pres.

By putting my thoughts on paper and sending them to you whom I do have addresses for, I will hope you not consider my thought foolish and I hope that you will send these on thoughts on to Dr. Byrne, Dr. Sarrett and Dr Reynolds, pres VDA

MY THJOUGHTS:

The senior dental students at VCU have had their education interrupted by this natural disaster Covid 19; Most of those students are not yet graduated, although many have completed the necessary requirements for graduation. VCU is closed, as it should be; there is a possibly the dental school may not re-open again until fall—or later? Most of the seniors are lined up to do general practice residency programs after graduation. That is where they will REALLY learn to be dentists.

So why not go ahead and grant all seniors a DDS degree and consider they are ready. I would also plead with the Board to help these newly graduated dentists have a smooth transition into the profession by granting each a temporary Virginia license to practice dentistry—if after five years, there are no infractions or problems with their integrity—reward each with a permeant license to practice dentistry in Virginia.

Yes, eliminate the
Boards for thi9s class at VCU 2020!!

Along another line, I believe the medical school should consider some similar action—granting all senior medical students at VCU a Dr.s degree and then let them begin their internships in places where medical professionals are so dearly needed—

The President of VCU school of dentistry, the executive secretary of Board of dentistry and the Virginia Dental Association should schedule a telephone conference call tomorrow and make some decisions with simple, easy to understand, easy to enforce licensure regulations and speedy graduations in Virginia

Then everyone involved can move on!!

Respectfully submitted,

Dr. Robert B. Allen, life member VDA and ADA 1959 graduate of MCV school of dentistry.

PS Virginia needs some folks like you to make some bold decision s !!

Sandra Reen

From: JOHN L HARRIS III <jlharrisiii@cox.net> on behalf of JOHN L HARRIS III
Sent: Monday, May 4, 2020 2:47 PM
To: Reen, Sandra
Subject: Public Comments: c/o Sandra Reen, Executive Director, Board of Dentistry

Dear Ms. Reen:

In response to the following Virginia Board of Dentistry Notice, please ensure that my comments are presented to the Board, prior to their Telephonic Business Meeting.

The Virginia Board of Dentistry is planning to hold an emergency telephonic meeting to address the clinical examinations the Board will accept for licensure of 2020 graduates of CODA accredited dental and dental hygiene programs due to the COVID-19 pandemic and also to decide if testing for COVID-19 is within the scope of the practice of dentistry as defined in the Code of Virginia in response to urgent requests to address these matters:

- 1) A request from dental schools for the Board to accept as a clinical examination the simulated manikin exercise in restorative dentistry and waive the scaling exercise with live patients in an examination given by a testing agency accepted by the Board;
- 2) A request from dental hygiene programs for the Board to accept as a clinical examination the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and equivalent clinical examinations given by a testing agency accepted by the Board, in addition to the written National Board Dental Hygiene Exam (NBDHE).
- 3) The issue of whether COVID-19 testing can be performed in dental practices prior to treating patients. (If determined to be within the scope of practice for Virginia dentists, there are additional issues dentists would have to address, such as tests availability and reliability and the need for certification to administer tests, as required by the Clinical Laboratory Improvement Amendments (CLIA)).

Comments and requests already received on these topics will be included in the agenda package for the meeting. If you have other concerns or comments, you may submit public comments to Sandra Reen, Executive Director of the Board at Sandra.Reen@dhp.virginia.gov. Comments received by May 4th will be included in the agenda that will be posted on websites and sent to Board members.

Dear Members of the Virginia of Dentistry:

As a licensed practicing dentist (general dentistry 38 years) in the state of Virginia, a past member of the Virginia Board of Dentistry, past member of the VBD Exam (clinical) negotiation committee, current active associate member of three regional testing agencies: CDCA, CITA, & SRTA; I offer my comments for your consideration as you contemplate the above requests for changing the entry level clinical licensure examinations for dentistry and dental hygiene, from patient based exams to manikin based exams.

We are all aware of the negative ramifications due to the COVID-19 pandemic, especially limiting the practice of dentistry to emergent care of our patients, in the proper treatment environment, with precautions to help promote and protect the health safety and welfare, of all persons, including the healthcare providers and staff.

On May 1, 2020, The Governor, has allowed the resumption of all dental services to our patients, and the ADA, VDA, CDC and other organizations have provided necessary guidelines for the safe practice of dentistry in our state. Each practice, facility, institution, healthcare environment will determine how they will restart their practices while following sound healthcare procedures.

These changes listed in the notice above, presumably by the dental school and dental hygiene schools, may not be necessary, since the resumption of any dental service has been reinstated by our Governor.

Most Virginia statutes (54.1-2400 and chapter 27 of Title 54.1 of the Code of Virginia) and regulations pertaining to the practice of dentistry (18 VAC-60-21-10 et seq.) and dental hygiene (18 VAC 60-25-10 et seq.) use the term clinical examination as it pertains to providing services on a patient, as most of these descriptions do not pertain to manakins or bench top procedures. These statutes describe licensure, endorsement (credentials), restricted licensure, etc., as having a number of years, usually 5/6 years clinical experience working on patients to be able to obtain a Virginia license. The importance of the clinical experience is apparent in the law/statute or why else have it is in code/regulation.

While the Board of Dentistry may not need to be concerned with freedom of movement issues of VA licensees, a non patient based entry level exam will preclude certain states from allowing our graduates that opportunity to practice in many states. The evolution of these exams has never stopped, in my years of experience, and although the manakin exam is currently being developed, it is not an equal substitute for the current patient based exams.

I find in my own experience as a volunteer free clinic mentor for ~20 years, that dentists (students) admit that their clinical experience is not satisfactory; and also working with recent graduates in a FQHC that many do not have the necessary experience to develop their skills in many procedures (lack of numbers while in schools) and their critical thinking skills may need improvement. None of this is school (or state) specific as all educational institutions are producing fine graduates in dentistry and dental hygiene, only many with less than ideal experience. The term "requirement" has various meanings depending on the facility.

If the Board in intent or decides that it is necessary, because of the pandemic, to provide licensure for these new graduates, then hearing my concerns and comments, please consider only a temporary license until they can take and pass the patient based exam. They have been and will be working obviously on people and should be able to demonstrate the same. We are all resuming reasonable practices, they too will work on our citizens after licensure, regardless of the nature of the exam, bench top or people.

With regard to COVID-19 testing, with certification, dental healthcare providers should be able to do our part of these procedures.

The rest of the dental community will proceed with proper knowledge and procedures to ensure the safety of all.

Thank you for hearing and addressing the concerns of all in dentistry.

Sincerely yours,

John L Harris III MS DDS
540-556-2718
jlharrisiii@cox.net

March 30, 2020

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Dr., Ste. 300
Henrico, VA 23233

Dear Ms. Reen and Board Members:

The American Dental Association (ADA) is on record as supporting teledentistry laws, rules, and guidelines that provide patient protections by requiring high levels of care through the use of specialized teledentistry technology. However, due to the current national crisis, dentists and their patients face unprecedented and extraordinary circumstances. Our guiding principles are to mitigate transmission of COVID-19 while also supporting safe emergency care for patients so as to help prevent these patients from overwhelming hospital emergency departments. The ADA and the CDC have recommended patient evaluation prior to arrival at dental offices to determine the best treatment site. The ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care.

We urge you to consider these circumstances and provide guidance on using telecommunication and telehealth technology to perform limited problem focused evaluations, re-evaluations and care coordination to triage patients or to determine if the situation is urgent or emergent.

We note that the Office for Civil Rights (OCR) has issued guidance that OCR will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain everyday communications technologies. We also note that several dental insurance carriers have indicated their support for a benefit for such evaluations conducted virtually. The ADA has issued its guidance on Coding and Billing for Virtual Services.


A second very critical issue for your consideration is the dire situation recent dental school graduates are facing. They are unable to complete the licensure process due to the cancellation of all clinical licensure examinations, and this situation is likely to continue for months.

Alternatives to the examinations which require the completion of procedures on a patient are available. They include a year of clinical residency after dental school graduation (PGY1), a portfolio demonstrating clinical competency or the Dental Licensure Objective Structured Clinical Examination (DLOSCE). The Joint Commission on National Dental Examinations

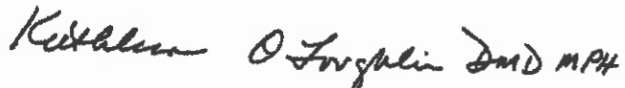
March 30, 2020
Page 2

(JCNDE) is planning a webinar in mid-April to discuss the nearly developed DLOSCE and address questions related to the examination. You will soon receive an email invitation with instructions on how to join the webinar. The ADA believes that the DLOSCE can protect the public health more effectively and efficiently than existing patient-based clinical licensure solutions. We hope you will agree and support the use of the DLOSCE in your state. We look forward to working with you to support dental patients and our communities.

Sincerely,



Chad P. Gehani, D.D.S.
President



Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

cc: Dr. Daniel Klemmedson, president-elect
Dr. Dave Preble, senior vice-president, Practice Institute
Dr. Tony Ziebert, senior vice-president, Education and Professional Affairs
Mr. Chad Olson, director, State Government Affairs



COMMONWEALTH of VIRGINIA

April 9, 2020

To: Postsecondary Education Providers in Virginia
From: Atif Qarni, Secretary of Education, Commonwealth of Virginia
Subject: Advisement About Health Care Related Instruction Under Executive Order 53, Executive Order 55, and Related Orders.

1. Postsecondary education institutions are responsible for adhering to EO 53, EO 55, and any other related guidance from the Governor as a result of EO 51 and the Declaration of a State of Emergency of March 20, 2020.
2. For the sake of student safety and liability, students should not be placed into external clinical settings. If clinicals must continue so that students can complete competencies required for graduation and licensure, alternative methods—e.g., simulations and/or distance modalities—should be utilized.
3. For students already enrolled in healthcare programs who need to complete competencies to graduate in spring 2020, on-campus in-person health care instruction may occur so long as it is done consistently with requirements and advisements otherwise in effect for the Commonwealth at the time. These include but are not necessarily limited to guidance found in EO 53 (i.e., gatherings no greater than 10, minimum six feet separation) as well as subsequent guidance to wear face masks and sanitize classrooms and labs between uses.
4. Until EO 55 is lifted, institutions may not deliver new face-to-face health care instruction, except to address specific COVID-19 needs as identified by the Governor's Office.
5. Students should be given the option to forego any in-person educational experience—testing or instruction-related—to a later point in time and not be subject to adverse consequences if they select such option.

Date: April 3, 2020
From: Richard D. Archer DDS, MS
Senior Associate Dean of Clinical Education
VCU School of Dentistry
To: Virginia Board of Dentistry
Re: Waiver of Live Patient Exam for 2020

Background: The VCU School of Dentistry hosts the ADEX Clinical Board Exam administered by CITA. This exam usually consists of restorative and tooth scaling sections, which involve procedures on live patients. The use of live patients is not possible in the current clinical environment due to the COVID-19 pandemic. A live patient exam will not be a feasible option in the next few months.

On April 2, 2020, the ADEX Exam Committee passed a resolution that their simulated manikin exercise is an established alternative for procedures required in the live patient restorative section. This accepted exercise has been shown in clinical trials to be a valid replacement for the live patient restorative section.

Additionally the ADEX Exam Committee agreed there is no acceptable manikin substitute for the scaling component of the exam. Therefore, ADEX leadership also recommended that the scaling section be waived due to evidence from occupational analyses and historical high pass rates. In 2019, VCU had a 100% first attempt pass rate in the scaling section. Please note the scaling section has been a requirement of the Board of Dentistry for only two years.

Proposal: Prior to the approval of this alternative exam by the ADEX Exam Committee, there was no good alternative for a non-patient based license exam. Due to the approval of this new alternative, we wish to withdraw our request for a total waiver of licensure without an exam for the dental candidates of 2020. It is now proposed that the VA Board of Dentistry accept the results of the manikin-based restorative ADEX Exam in lieu of a patient-based exam for 1 year only (calendar year 2020). It is also proposed the Board of Dentistry waive the requirement for a scaling section to be included in the exam. The dental candidates would receive a completed scorecard from CITA for an accepted ADEX examination in accordance with the requirements of the Board of Dentistry.

It has been determined by VCU School of Dentistry, that the proposed manikin-based exam for dental candidates could be administered in the School of Dentistry following current COVID-19 guidelines.

Without an acceptable manikin scaling exam, the 2020 class of dental hygiene students from VCU are left without an acceptable alternative exam, which does not include live patients. Therefore, we would like to request that the requirement for a clinical exam be waived for these dental hygiene candidates.

From: Richard Archer <rdarcher@vcu.edu>
Sent: Friday, April 3, 2020 11:08 AM
To: Reen, Sandra (DHP) <Sandra.Reen@dhp.virginia.gov>
Subject: New Information for the Board

Sandy:

We received some good news yesterday from ADEX. The Dental Exam Committee passed a resolution that accepts a manikin restorative exam that eliminates live patients. At the conclusion of this new accepted exam, CITA will be able to issue a scorecard certifying that the candidates have passed an accepted ADEX exam. I am a voting member of this committee as the Southeast Educator Representative. Drs. Bryant and Catchings were also part of the meeting and are well aware of the new development. I have attached a summary of what this new resolution means as far as the School of Dentistry's position.

One problem that remains is the status of the dental hygiene exam. ADEX did not approve a manikin substitute for live dental hygiene patients. I know that our dental hygiene faculty are working with the other program directors from around the state to try to develop an alternative method of licensure in 2020.

Call me (757 672-5656) if you need further information.

Rick

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Richard D. Archer DDS, MS
Associate Dean of Clinical Education
Associate Professor of Endodontics
VCU School of Dentistry
Diplomate of the American Board of Endodontics

520 North 12th Street
Room 453 Lyons Building
Richmond, VA 23298-0566

Phone: (804) 628-1552
Fax: (804) 827-1373
rdarcher@vcu.edu

From: Richard Archer <rdarcher@vcu.edu>
Sent: Thursday, March 26, 2020 2:49 PM
To: Reen, Sandra (DHP) <Sandra.Reen@dhp.virginia.gov>
Subject: Another Question

Sandy:

I thought about another question after we got off the phone. Could we make a request to the Board of Dentistry that any requirement for a clinical exam be waived for the DDS Class and DH Class of 2020 due to the COVID-19 pandemic? Does the possibility exist of getting a regular dental or dental hygiene license with no clinical exam? If this waiver would be possible, I know that the Dean would want to make such a request.

Thanks,

Rick

--

Richard D. Archer DDS, MS
Associate Dean of Clinical Education
Associate Professor of Endodontics
VCU School of Dentistry
Diplomate of the American Board of Endodontics

520 North 12th Street
Room 453 Lyons Building
Richmond, VA 23298-0566

Phone: (804) 628-1552
Fax: (804) 827-1373
rdarcher@vcu.edu

VCU School of Dentistry Exemption Request

EXCERPT FROM THE REGULATIONS GOVERNING THE PRACTICE OF DENTISTRY

18VAC60-21-210. Qualifications for an unrestricted license.

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

- a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and
- b. Passed a dental clinical competency examination that is accepted by the board.

2. If a candidate has failed any section of a clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

3. Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

EXCERPT FROM THE REGULATIONS GOVERNING THE PRACTICE OF DENTAL HYGIENE

18VAC60-25-140. Licensure by examination.

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;
2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and
3. Successfully completed a board-approved clinical competency examination in dental hygiene.

B. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to retake a board-approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they demonstrate that they have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure.

From: Michelle McGregor <mrmcgregor@vcu.edu>
Sent: Thursday, April 16, 2020 2:28 PM
To: Sandra Reen <Sandra.Reen@dhp.virginia.gov>
Subject: Re: COVID-19 and Dental Hygiene Licensure 2020

Ms. Reen,

Thank you for your email, I'm sure this is a very busy and difficult time for the board. I realize in our letter we listed several options, since we wanted to be flexible and unsure what options the board would consider favorably. Ideally we would request the clinical board be waived and for students to be granted a license after graduating from a CODA accredited program, taking the NBDHE and the CSCE.

Hope this finds you and all the board members well.
Regards,
Michelle

Michelle McGregor, RDH, BS, M.Ed.
Director, Dental Hygiene Program
Associate Professor
VCU School of Dentistry
Department of General Practice
520 North 12th Street,
Lyons Building, Suite 409
Richmond, VA 23298-0566
804-828-9096

From: Michelle McGregor <mrmcgregor@vcu.edu>
Sent: Wednesday, April 22, 2020 4:55 PM
To: Sandra Reen <Sandra.Reen@dhp.virginia.gov>
Subject: Re: COVID-19 and Dental Hygiene Licensure 2020

Ms. Reen,

Below is the answer to your questions to the best of my knowledge and information requested from the program directors. Dr. Archer can answer additional questions regarding the CDCA/CITA and CSCE exams. Question 4 and 5 have some duplicate information but I wanted to ensure you understood the three examinations.

- How many graduating students are in each program?

ODU-32, VWCC-13, LFCC-15, WCC-12, NVCC-26, VCU-13, TNCC-7=118 total

- How many graduating students in each program have taken and passed a part of a clinical competency exam, ie 15 of 17 have passed part of an exam?

All patient treatment clinical exams (PTCE) on live-patients for CDCA and CITA have been cancelled and rescheduled.

All the Prometric and Pearson Vue testing sites have been closed since the pandemic so unless students took the NBDHE or CSCE early, there has not been an opportunity to complete them. The exams have continued to be cancelled and rescheduled for later dates. Most students take these exams in April. A few students at two schools took some of the exams early and are underlined, all are listed below:

ODU-0/32 either exam, VWCC-0/13 either exam, LFCC-0/15 either exam, WCC- 6/12 NBDHE and 3/12 CSCE, NVCC- 16/26 CSCE and 6/26 NBDHE, VCU-0/13 either exam, TNCC-0/7

- What exam and testing agency does each program use?

ODU, VCU, TNCC-CITA; NVCC, WVCC-CDCA, VWCC and LFCC use both and let students choose

- What is the structure of the non-patient part of the exam, ie 100 multiple choice questions?

The American Board of Dental Examiners (ADEX) dental hygiene exam has two components: the Computer Simulated Clinical Exam (CSCE) and the Patient Treatment Clinical Exam (PTCE) administered on live patients. The ADEX CSCE is administered by both the Council of Interstate Testing Agency (CITA) and the Commission of Dental Competency Assessment (CDCA). The CSCE includes 100 clinically-based questions that utilize a multiple-choice format. The CSCE is an integral component of the ADEX Dental Hygiene Examination and does differ from the National Board Dental Hygiene Examination

(NBDHE). The CSCE is designed to assess complex levels of diagnosis and treatment planning knowledge, skills, and abilities; whereas, the National Board is a comprehensive achievement examination in the theory of dental hygiene. Scoring for the CSCE is based on the percentage of questions answered correctly. A final score of 75 or greater is passing.

- How is completion of part of the exam documented and can a record of passing part of the exam be provided with an application for licensure?

Not sure what you are asking here. Students receive a Pass or Fail for all **three** currently required exams and a Pass is 75% or higher.

1. Students take the National Board Dental Hygiene Exam (NBDHE) written exam which assesses basic biomedical and dental hygiene sciences. It's a computer test given at testing centers and is required/accepted by all states. The NBDHE is 350 multiple-choice questions that are discipline based or use a case-based format.
2. Students take the CDCA or CITA patient treatment clinic exam (PTCE) on a live patient.
3. Students take the CDCA or CITA computerized CSCE exam (100 multiple choice) which is clinically based and assesses complex levels of diagnosis and treatment planning knowledge, skills, and abilities. These clinically-based questions are utilized through computer-enhanced photographs, radiographs, optical images of study, working models, laboratory data, and other clinical digitization.

Please let me know if I can answer anything further.

Regards,
Michelle

Michelle McGregor, RDH, BS, M.Ed.
Director, Dental Hygiene Program
Associate Professor
VCU School of Dentistry
Department of General Practice
520 North 12th Street,
Lyons Building, Suite 409
Richmond, VA 23298-0566
804-828-9096

VCU School of Dentistry
Dental Hygiene Program Class of 2020
520 N. 12th Street
Richmond, VA 23298
April 3rd, 2020

Virginia Department of Health Professions
Attention: Ms. Sandra Reen
Executive Director, Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Sandra Reen:

As we face the current events related to COVID-19, we understand there is a great deal of uncertainty for our nation. The recovery of the public's health and wellness is of our utmost concern. As VCU's Dental Hygiene Class of 2020, we face numerous obstacles with the completion of our program and licensure. While our faculty is working tirelessly for solutions, we would like to bring our personal hardships to your attention in hopes of support, guidance, and action.

For all of us, our educational journey goes far beyond the past two years we have spent working tirelessly in the competency based dental hygiene program. Now, it feels like we have had all of our hard work ripped out from under us and face a multitude of challenges. The majority of our class are currently renting apartments in the Richmond area and have leases set to end during the summer. Since we thought we would be graduated and completed licensure examinations by the beginning of May, leases were not renewed and apartments have now been re-let, and we are faced with a housing crisis. For many of us, student loans have served as a financial safety net to ensure we could meet daily living needs such as child care, rent, car expenses and other essential needs throughout the duration of the program. However, these funds will soon be expended leaving us with more challenges.

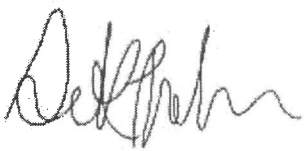
Our faculty and administration have done a phenomenal job of keeping us calm and finding solutions to get our clinical assessments completed. As a class, we would like to extend suggestions to the Board of Dentistry to consider as we face unprecedented emergent times.

Revisions to the live patient CITA board examination should be enacted due to the contagious nature of COVID-19 in favor of manikin boards. There would be great difficulty in securing reliable patients who meet CITA qualifications due to the public's fear of contracting the virus. Manikin exams can be made compliant with current stipulations of no more than ten persons in

a room with six feet in between each person. Additionally, if live patient exams were still required, we would need to postpone our graduation to maintain our student status in order to have liability coverage from the State of Virginia. The other alternative is to waive the exam for licensure purposes and have candidates take the CSCE administered by CITA as it is clinically based. We would continue to take the NBDHE exam. Dentistry is not like any other allied health program; we are required to take a live patient board in order to graduate and proceed with licensure. Other allied health programs, such as the VCU School of Medicine and School of Nursing, do not require a live patient board for licensure and are able to proceed without this barrier. The VCU School of Nursing and School of Medicine have made it a priority to graduate and license their health care professionals in order for them to help during this pandemic. During this public health emergency there is a shortage of nurses and physicians. Registered dental hygienists are being called upon in hard-hit states to assist hospitals to provide vital assessments, blood sugar readings, and education on proper donning and doffing of PPE. We have knowledge and experience treating high risk patients which include the geriatric population and patients with an immunocompromised status. As licensed hygienists we could be of service to our communities during this pandemic.

As a class we are asking that you please take all of our concerns into account when determining the best resolution during this unprecedented time. It is our hope that you will share our letter with the board members so they too can understand the hardships we are facing and the asset we can be to our community once licensed.

Sincerely,



Denise Thieleman, VCU Dental Hygiene 2020 Class President

VCU Dental Hygiene Class of 2020

Clement Augustus *Clement Augustus*

Juhstin Brown *Juhstin Brown*

Kendall Connerley *Kendall A. Connerley*

Cassandra Cooper *Cassandra N Cooper*

Regina Dixon **REGINA DIXON**

Lauren Jenkins *Lauren Jenkins*

Rachel Lett *Rachel D. Lett*

Emily Liebe *Emily Liebe*

Helena Nefferdorf *Helena Nefferdorf*

Taylor Rue *Taylor Rue*

Gabrielle Salvatore *Gabrielle Salvatore*

Christina Tulloch *Christina Tulloch*

From: Hannah Ehreth <ehrethh@mymail.vcu.edu>
Sent: Wednesday, March 18, 2020 4:41 PM
To: denbd@dhp.virginia.gov
Subject: VCU D4 graduation requirements and licensing

To Whom This May Concern,

My name is Hannah Ehreth and I am the class president of the D4 class at VCU School of Dentistry. In the midst of the hysteria with the virus, we are working with our deans and dental schools across the country to figure out how we are to graduate and get licensed in a timely manner once clinics reopen.

I am writing to you to garner your guidance and help in this matter. We have many ideas that are up in the air; students have reached out to coda to attempt to alter the board exams to manikin, amongst many others. I understand that it is each individual state that determines the licensure requirements. Some also suggested trying to obtain a provisional license. I just don't think this is pragmatic as people are going out into the work force-- trying to run a business, and others are going into residencies like Pediatric Dentistry where they won't even have a patient base (older than 18) to draw from for clinical boards patients.

There is really no precedent for this kind of situation. However, I can assure you that myself and my classmates are all hard working, strong willed, compassionate individuals that are ready to bring a lot to the table in terms of the future of dentistry. We are excited to become part of the licensed and practicing dental world, and continue to grow our skills and harness our strengths.

I would like to work together with board members to come up with a plan for licensure at this time. We have our board date rescheduled for May 1st and 2nd, but we still do not have any definitive idea on when the dental school is going to open back up. Dr. Archer and Dean Sarrett have been working diligently with you all, and I want to be here to participate from the student level in some way.

I look forward to hearing back from you. I can also be reached by cell at (703) 217- 8263.

Thank you so much.

Sincerely,

Hannah Ehreth

--

President, Class of 2020
VCU School of Dentistry
Virginia Polytechnic Institute and State University
College of Science, B.S. Biology

April 6, 2020

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Reen,

This is an unprecedented and uncertain time for our country as we respond to the COVID-19 pandemic. As schools have closed and moved didactic instruction to an online format, dental hygiene programs face unique challenges to graduation and licensure. On behalf of all Dental Hygiene Programs in the state of Virginia we are asking the board of dentistry for consideration and guidance for our students.

The Commission on Dental Accreditation (CODA) has recently recognized that each educational program has an obligation and responsibility to ensure that its graduates of the Class of 2020 are competent and will be issuing temporary flexibility guidelines to ensure that the Class of 2020 are eligible for graduation from a CODA accredited program. Oklahoma, Louisiana, Arizona and Michigan have recently waived clinical boards or offered provisional licenses for 2020 dental and dental hygiene graduates in response to the pandemic. The 2020 classes of senior dental hygiene students in the state of Virginia have completed an excess of required procedures and hours to demonstrate competency evaluated by faculty members. We respectfully ask the board to consider alternative options and flexibility beyond the live-patient clinical exam administered by the Council of Interstate Testing Agency (CITA) for licensure due to closings, shelter in place and restrictions caused by COVID-19. As you are aware, dental and dental hygiene students are the only graduates required to work on a live patient to obtain a license to practice. An alternative option could be provisional licenses or a manikin based Objective Structured Clinical Exam (OSCE) assessing calculus detection, periodontal probing, instrument techniques and other clinically based skills. The exam could be safely administered to allow limited numbers of students at any given time and social distancing parameters at some of our institutions. Students can still be required to take the National Board Dental Hygiene Exam (NBDHE) and the clinical based Computer Simulated Clinical Exam (CSCE) that CITA administers.

Additional challenges for our students include being out of the clinics for an extended and unknown period of time, having to reschedule the exam, and even further delays of licensure, which will negatively impact the patients we serve. Further complications to live patient exams will be patient apprehension about having dental care and timely implementation of increased infection control measures if and when we can return to school. In addition, many students' CPR certifications will be expiring in the coming months and the requirement of hands-on CPR training could be difficult to obtain in light of COVID-19 and limiting face to face training and instruction. We ask the board to also consider online CPR training for renewal. As members of

health care, dental hygienists can be an asset in the work force in a time of crisis. Dental hygiene students are trained in patient assessment and general screenings, blood glucose screenings and taking vital signs including pulse, respiration and blood pressure readings. Our students can provide assistance during this crisis on proper donning and doffing of personal protective equipment (PPE). Our country is facing an unparalleled challenge and we have the opportunity to contribute positively to the health and safety of our communities.

We thank the Board of Dentistry for their continued efforts to improve oral health care in the Commonwealth. We respectfully request your guidance as we move forward. If you have further questions, we can be reached at the contact information listed below.

Regards,

Virginia Dental Hygiene Program Directors

Michelle McGregor, RDH, BS, M.Ed.
Director and Associate Professor, Dental Hygiene Program
VCU School of Dentistry
mrmcgregor@vcu.edu
804-380-0614

Ann Bruhn, RDH, BSDH, MS
Chair and Associate Professor
School of Dental Hygiene
Old Dominion University
abruhn@odu.edu
757-270-6690

Rita Phillips, PhD, RDH
Professor of Dental Hygiene/Dental Assisting
Wytheville Community College
1000 East Main Street
Wytheville, VA 24382
rphillips@wcc.vccs.edu
276-223-4831

Christina Quirós, MS, RDH, CDA, MAADH
Clinical Coordinator and Assistant Professor, Dental Hygiene
Thomas Nelson Community College
Williamsburg, VA 23188
757-258-6610

Colleen K. McGowan, RDH, M.Ed
Interim Co-Director and Clinical Coordinator, Dental Hygiene Program
Virginia Western Community College

cmcgowan@viriniawestern.edu

540-857-6284

Paula W. Derbyshire, RDH, BSDH, M.Ed
Interim Co-Director and Associate Professor, Dental Hygiene Program
Virginia Western Community College

pderbyshire@viriniawestern.edu

540-857-6287

Virginia Department of Health Professions
Attention: Ms. Sandra Reen
Executive Director, Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Sandra Reen:

As we face the current events related to COVID-19, we understand there is a great deal of uncertainty for our nation. The recovery of the public's health and wellness is of our utmost concern. We, the Old Dominion University Dental Hygiene Class of 2020, are writing in regards to the restrictions that have placed our lives on hold. Restrictions include graduating on time, postponement of written and clinical board exams, and the inability to receive licensure during the COVID-19 outbreak. While our faculty is working tirelessly for solutions, we would like to bring our personal hardships to your attention in hopes of support, guidance, and action.

As you are aware, we have worked unremittingly and passionately over the last few years to obtain our Dental Hygiene License. COVID-19 has placed a huge roadblock in this process. Most of us are currently renting apartments in the Norfolk area and have leases set to end during the summer, as we were sure of completing all the licensure requirements by then. For many of us, student loans have served as a financial safety net to ensure we could meet daily living needs such as food, child care, rent, car expenses and other essential needs throughout the duration of the program. However, these funds will soon be expended leaving us with more challenges.

Due to the COVID-19 crisis, dental hygienists and their patients face unprecedented circumstances. For us, as dental hygiene students, this includes inability to complete the initial licensure process. This is in part due to the requirements for candidates for dental hygiene licensure to be examined by performing specific procedures on a patient. Other health professions outside of oral health, like nurses, do not have an exam where they have to demonstrate their clinical skills on a patient to be licensed to practice. Please know that the ODU School of Nursing also has made it a priority to graduate and license their health care professionals in order for them to help during this pandemic. We would like to request that you advocate for us that our clinical board exam be waived or be open to alternative means of testing proficiency of 2020 dental hygiene graduates. Now more than ever, with PPE shortages and possible protocol changes to dental office policies and procedures, health care professional licensure should proceed without delay so we, as qualified oral health care providers, can join the workforce in this time of dire need.

As a class, we are asking that you please take all of our concerns into account when determining the best resolution during this unprecedented time. It is our hope that you will share our letter with the board members, so they, too, can understand the hardships we are facing and the asset we can be to our community once licensed.

Sincerely and with much appreciation,
Old Dominion University Dental Hygiene Class of 2020

*Kimberly Truong
Anna Culpepper
Catherine Sivits
Megan Brown
Kristin M. Le
Mary Edwards
Macayla Kinney
Marilyn Scalzo
Samone Davis*

*Cassidy Jackson
Reagan Belote
Erin Fewell
Madie Moses
Amanda Case
Jaime Lopez
Morgan Larkin
Abigail Tollert
Meghan Webber*

*Alexa Matos
Jenna Billups
Joyce Barrana
Jamie Lentini
Amanda Manry
Kayla Glover
Deja M. Tinch
Kelsey L. Searcy
Macayla Kinney*

*Ta'niya Sessoms
Tatyana Gavriljuk
Alexis M. Flaherty
Breanna L. Tayloe
Melissa S. Sanchez
Crissinea Trinidad*

April 6, 2020

Virginia Department of Health Professions
Attention: Ms. Sandra Reen
Executive Director, Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Sandra Reen,

Now, more than ever, we ask you to consider the safety of the examinations for stakeholders, communities of interest, and the public. We are requesting our clinical examination to align with other dental professionals and grant dental hygiene students the opportunity to participate in a content-valid examination built specifically for clinical licensure purposes that assesses candidates' clinical judgment and skills using sophisticated 3-D models, without the need to involve live patients.

Outline of what we are advocating for:

- Alternative to live-patient exams to pass for the 2020 academic calendar year
- Waive the remaining in class clinical requirements due to COVID-19
- Objective Structured Clinical Examination (OSCE) for Class of 2020 Virginia dental hygiene graduates to include the following on a manikin: Calculus detection, calculus removal, probing, instrumentation, and ultrasonic demonstration

Reasons to support our cause:

- Safety of our patients, staff, and students during this time
- Shelter in place and COVID-19 restrictions
- Proficiency in field will still be assessed

We do not want the license we have worked so hard for over the past two years to potentially be tarnished due to the current pandemic. We as students understand the responsibility and assume the role as health professionals ready to take on our role in the dental field. We ask you to consider this clinical board change to assess our skills as hygienists to serve the community while not only keeping us safe during this pandemic, but our patients and staff as well.

As a class, we ask that you please take all of our concerns into account when determining the best decision moving forward during this unprecedented time. We ask that you share our concerns with the board members so they too can understand the obstacles we face to graduate

and receive our licensure.

We appreciate your consideration in this matter and look forward to hearing from you.

Sincerely,

Kaile Sansbury

Vice President of Thomas Nelson Community College Dental Hygiene Program Class of 2020

Thomas Nelson Community College, Dental Hygiene Program Class of 2020 Students

Desiree Turner, Class President

Kaile Sansbury, Vice President

Kristin Brenkus, Class Representative

Madelyne Smith, Secretary

Cynthia Lee, Treasurer

Jennifer Anderson, Historian

Jessica Thacker

Virginia Department of Health Professions
Attention: Ms. Sandra Reen
Executive Director, Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Ms. Sandra Reen:

The Lord Fairfax Community College Dental Hygiene Class of 2020 would like to express our appreciation for the manner in which the Virginia Board of Dentistry has quickly and effectively managed the current public health crisis. We recognize the immense amount of uncertainty currently facing the nation and oral healthcare providers. As April 7th, 2020, we would like to present to the Board of Dentistry our concerns regarding patient care, licensure, and the student hardships that we are facing during these unprecedented times.

As members of the dental community, it is our personal responsibility to aid in the fight against COVID-19 as much as possible. This includes mitigating risks of exposure to the virus for clinicians and patients alike. Currently, there is no way to know if an individual is asymptomatic and contagious. There is also no readily available test or screening that we can perform prior to treatment that will mitigate that risk. Because we practice in an environment where the possibility of transmission is high due to the production of aerosols and the lack of proper personal protective equipment, it is our responsibility to use sound judgement by limiting non-essential procedures to protect ourselves, our families, our patients, and ultimately, our community. Many of the patients and clinicians at our clinic have pre-existing conditions or are immunocompromised, thus increasing their risk for fatal consequences should they contract COVID-19. Exposing these individuals to such an environment, for the sake of licensure, goes against our core value of non-maleficence as dental hygienists.

We believe that the written regional and national exam is sufficient to demonstrate our suitability for licensure. Therefore, postponing the ADEX clinical exam to an undetermined date in the future as a requirement for licensure provides no benefit. Previous ADEX clinical exam pass rates have approached 97%, attesting to the efficacy of our clinical education over the past two years. The program's faculty can fully attest to our clinical abilities and competency. Throughout the program we have successfully completed over 500 clinical hours, treating dozens of patients in various states of dental health. We are confident that our extensive education over the past two years has sufficiently prepared us to be licensed dental hygienists. Additionally, American Dental Hygienists Association and the American Dental Association's current stance is that the patient procedure-based, single encounter clinical exam should be eliminated altogether.

As licensed hygienists, we would be able to offer relief and support to our fellow healthcare providers during this pandemic. During this public health emergency there is a shortage of qualified medical professionals. Other allied health programs have made it a priority to graduate and license their health care professionals allowing them to assist in the treatment of COVID-19 patients. Registered dental hygienists are being called upon in hard-hit states such as California and New Jersey to assist hospitals in providing vital assessments, blood sugar readings, education on proper donning and doffing of PPE, as well as post-treatment instructions. We also have the knowledge and experience to aid in CPR with basic life support.

As the pandemic spreads and multiplies, healthcare providers will work long and tiresome hours filled with physical and psychological stress. They will need a reserve of qualified professionals ready to join the battle.

Furthermore, an indefinite delay in our licensure would cause further financial stress and instability leaving us with no way to contribute to our household income. As you know, the educational journey goes far beyond the classroom. We have spent the past two years tirelessly and passionately working to attain our dental hygiene license. Due to the current crisis many students are now struggling to meet basic needs. For many, student loans have served as a financial safety net to ensure that they can meet daily living expenses such as child care, rent, food, gas, and other necessities until they could obtain gainful employment. These funds will soon be expended leaving us without a means of security. For others, family income could be affected by layoffs and reduction of hours.

It is for these reasons that the Lord Fairfax Dental Hygiene Class of 2020 respectfully requests that you waive the in-person clinical board examination as a requirement for licensure. We believe our successful completion of the National Dental Hygiene Board Examination and graduation from an accredited dental hygiene program is sufficient evidence to obtain licensure. Your diligence and understanding during this unprecedented time is greatly appreciated and we are confident that you will make the right decision regarding our future and the safeguarding of our patients.

Sincerely,

Kasey Shetenhelm

MaryGrace Doyle

Megan Cobb

Michelle Grass

Courtney Monger

Kayla Babick

Anna N. Kelliher

Pen: Black, 0.5 mm

Madeline Frazier

Ryan Maphis

Pamela Boyer

Kirsten J Estep

Heidi Gutberlet

Louis Petropulos

Morgan Propst

Kendall Butterworth

From: Pearson, Morgan D <morgan.pearson@louisville.edu>
Sent: Friday, April 10, 2020 11:16 AM
To: denbd@dhp.virginia.gov
Subject: DLOSCE approval for Virginia

To Whom It May Concern:

Hello! As a D4 at the University of Louisville School of Dentistry, I am contacting you to urge your timely approval of the Dental Licensure Objective Structured Clinical Examination (DLOSCE) for the Commonwealth of Virginia.

I stand by the American Student Dental Association (ASDA), American Dental Association (ADA), the American Dental Education Association (ADEA), the Student Professionalism and Ethics Association in Dentistry (SPEA) and many dental school deans across the country, among others, who believe that to protect the public, maintain the integrity of the profession of dentistry and ensure that only competent dental school graduates can gain a dental license, *performing exams on human subjects in a high-stakes, one-shot scenario must end.*

As it stands, the current licensure exam is not valid nor reliable, it does not put the best interests of the patient first, and needlessly places candidates in positions of moral distress. To find out more about ASDA's Licensure Reform stance, [please click here](#). The DLOSCE upholds many of ASDA's desires regarding changes that need to be made to the status quo. This exam will standardize dentistry's licensure process, remove ethical issues involved in a live-patient exam, and be a reliable and psychometrically valid assessment. In light of COVID-19, it is even more imperative that we consider this path to licensure so that the current class of 2020 can be licensed and begin working as soon as possible.

COVID-19 has rapidly changed the way we approach dentistry. I believe that administering even the typodont exams will not be able to be done in a timely enough manner. We need a way to allow us to permanently and quickly enter the work force and take care of patients during this trying time so that we can help the hospitals not be burdened with dental emergencies. The DLOSCE exam is the only exam that will allow this.

Thank you for your consideration! I look forward to hearing from you soon so that we may better the licensure process for dentistry nationwide.

Morgan Pearson
UofL School of Dentistry, DMD Candidate 2020
UofL Dental Health and Social Justice Scholar



WEST LIBERTY UNIVERSITY

SARAH WHITAKER GLASS SCHOOL OF DENTAL HYGIENE

208 University Drive
College Union Bldg 121
West Liberty, WV 26074

Stephanie Meredith, Program Director
Phone: 304.336.8633, Fax: 304.336.8905
smeredith@westliberty.edu

April 9, 2020

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

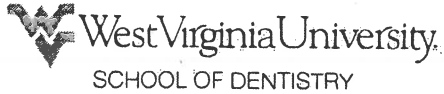
Dear Board Members,

Please accept this statement on behalf of the Class of 2020 Dental Hygiene graduates from West Liberty University. I, Stephanie Meredith, in consultation with WLU dental hygiene faculty members, certify the below students have met the competencies established by the ADA Commission on Dental Accreditation and have the abilities of competent professional entry level clinicians upon their graduation from West Liberty University. Please consider waiving the clinical board examination requirements and recognize the passing of the NBDHE, ADEX CSCE, and graduation from our ADA CODA accredited program as minimum licensure requirement for the Class of 2020.

Kayla	Addink	Kelly	Mullins
Kaitlyn	Askins	Quinetta	Murphy
Kelsey	Blazier	Kara	Pfeifer
Katelyn	Brooks-Bartolovich	Hannah	Phillips
Stephanie	Cain	Nicolette	Pleskach
Madelyn	Craig	Kaitlyn	Powell
Leah	Craw	Kaitlyn	Prater
Kiana	Crider	Sara	Raybuck
Megan	Cronin	Cierra	Renaud
Emily	Fagan	Alexandra	Russo
Morgan	Farley	Alison	Schumacher
Ayana	Feliciana	Grace	Siegfried
Addie	Finley	Lavender	Stockton
Rebekah	Fryman	Alaina	Taylor
Abigail	Harper	Marissa	Uram
Nataleigh	Janusik	Sarah	Wayt
Kami	Koper	Emilie	Wesney
Priscilla	Larson	Catena	Wilson
Dekota	McCombs		

Thank you for your consideration,

Stephanie Meredith RDH, MSDH
Program Director West Liberty University



April 9, 2020

Virginia Board of Dentistry
9960 Mayland Drive
Henrico, VA 23233

Dear Board Members,

Please accept this statement on behalf of the Class of 2020 Dental Hygiene graduates from West Virginia University. I, Amy D. Funk, in consultation with the dental hygiene faculty, certify the students listed below have met the competencies established by the ADA Commission on Dental Accreditation have the abilities of competent professional entry-level clinicians upon graduation from the WVU Dental Hygiene Program. Please consider waiving the clinical board examination requirements and recognize the passing of the NBDHE, ADEX CSCE, and graduation from our ADA CODA accredited program as minimum licensure requirement for the Class of 2020.

Alli Bauer
Nicholas Campbell
Matthew Duggan
Makenzy Fox
Taylor French
Elizabeth Green
Shelby Hawk
Malia Howard
Jordyne Jones
Kirsten Lancia
Emily Longersbeam

Gianna Mollica
Madison Mullenex
Hailey Neubert
Katie Ross
Victoria Rutherford
Kylie Sharp
Morgan Stemple
Brittani Stephenson
Ashley Taylor
Peyton Wimmer

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy D. Funk', written over a horizontal line.

Amy D. Funk
Chair and Program Director
Department of Dental Hygiene
School of Dentistry
West Virginia University

DEPARTMENT OF DENTAL HYGIENE
PO Box 9425 | 1188 Health Sciences Center North
Morgantown, WV 26506-9425
☎ 304.293.3417 ☎ 304.293.4882

<http://dentistry.hsc.wvu.edu/education/programs/dental-hygiene-program>
Equal Opportunity/Affirmative Action Institution

April 9, 2020

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Members,

We hope this letter finds each of you well amid this crisis our country is currently facing. We, collectively write as the Program Directors of West Virginia's Dental Hygiene Programs, from West Liberty University, BridgeValley Community and Technical College, and West Virginia University all American Dental Association Commission on Dental Accreditation (ADA CODA) accredited programs. While our schools reside in West Virginia, due to our very close proximity to Virginia, some of the students from the Dental Hygiene Class of 2020 are Virginia residents and/or plan to seek initial licensure in Virginia. We are writing on behalf of the soon to be graduates asking for the Board to consider waiving the clinical exam requirement of the ADEX exam as part of the initial licensure requirements for dental hygiene licensure due to the COVID-19 Pandemic. It is our hope the Board would recognize passing of the National Board of Dental Hygiene Education (NBDHE), the ADEX Computer Simulated Clinical Exam (CSCE), and graduating from an ADA CODA accredited program as minimum requirements needed for initial dental hygiene licensure. As the Program Directors, in consultation with our faculty, we are fully confident in the ability and skills of our current graduating students that they have met the competencies established by ADA CODA to have the necessary skills and abilities to be professional entry-level clinicians in the field of dental hygiene upon their graduation from their respective dental hygiene programs. Each program has included a statement supporting their program.

In addition, current board patients are reluctant to agree to sit for the clinical exams due to concerns of potentially being exposed to the COVID-19 virus, thus creating additional stress and burden to the students in locating a patient without the resources to properly screen patients. The closure of campuses, dental hygiene program clinics, dental offices, and the social distancing guidelines have not provided the students additional opportunity to solidify patients needed for this clinical exam. This also creates a moral and ethical dilemma for us faculty members as to if this exam is "essential" at this present time given the potential risk of exposure for students, patients, and examiners.

Should the clinical exam still remain a requirement for this cohort of students, they may not have the opportunity to sit for the exams for quite some time, thus adding additional financial burdens as they will be delayed applying for licensure and entering the workforce. We respectfully ask you to consider successful passing of the NBDHE, CSCE, and graduating from an ADA CODA accredited program as minimum requirements needed for initial dental hygiene licensure. Please feel free to contact us should you wish to discuss further.

Sincerely,



Stephanie Meredith RDH MSDH
Program Director West Liberty University Sarah Whitaker Glass School of Dental Hygiene

Michelle Klenk RDH EdD

Program Director BridgeValley Community and Technical College School of Dental Hygiene

Amy Funk RDH MSDH

Program Director West Virginia University School of Dental Hygiene



April 8, 2020

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Board Members;

Please accept this statement on behalf of the Class of 2020 Dental Hygiene students from BridgeValley Community and Technical College. I, Michelle Klenk, in consultation with dental hygiene faculty members, certify the following students have met the competencies established by the ADA Commission on Dental Accreditation and will have the abilities of competent professional entry-level clinicians upon graduation from the BridgeValley Dental Hygiene program. Please consider waiving the clinical board examination requirements and recognize the passing of the NBDHE, ADEX CSCE, and graduation from our ADA CODA accredited program as minimum licensure requirement for the Class of 2020.

Class of 2020

Rebecca Burnfield	Sarah Deleon	Leah Elkins
Jensen Ford	Alexis Fraley	Alexis Jones
Katelyn Lester	MacKenzie Kile	Jessica Leadingham
Anthony Nguyen	Erica Pugh	Aida Rahin
Samantha Smith	Baileigh Tucker	Zoey Whitmore

Respectfully submitted,

Michelle G. Klenk RDH, EdD

Michelle G. Klenk RDH, EdD
Chairperson
Department of Dental Hygiene

Date: April 16, 2020

Dear Virginia Board of Dentistry:

On behalf of the Oregon Health & Science University Class of 2020, we are writing in regard to the recent Covid-19 crisis and our pathway to licensure. As things have rapidly evolved with cancellations and postponing of licensing exams, students have concerns about how this may impact our ability to enter the workforce. We ask you to consider the suspension or modification of existing state-level examination restrictions that will delay graduating dentists from serving their communities due to this pandemic.

At Oregon Health & Science University, our original Western Regional Examining Board exam was scheduled for May 2nd-4th; however, it was recently postponed until July 23rd-26th, with the possibility of being delayed even further. Delaying these live patient exams by nearly 3 months will prevent graduating students from earning their license in a timely manner, which will delay our ability to enter the workforce and provide dental care to our communities. If students are forced to wait on the possibility of live patient exams, many obstacles will arise, including 1) lack of available patients, 2) difficulty recruiting patients since students will already be graduated from dental school, 3) delaying of licensing, 4) possible loss of career opportunities, 5) delayed ability to beginning paying off loans, and 6) interruptions to residency programs.

As you know, there have been discussions nationwide for states to consider alternative options to allow for a timely pathway to licensure. Recently, the JCNDE released notification of its approval of making the Dental License Objective Structured Clinical Examination (DLOSCE) available to boards for licensing in 2020 with a target date of June 15th for release. Our school is already planning to offer the DLOSCE in the middle of June. Some states already accept alternative licensing pathways, such as post-graduate education, Canadian OSCE, or portfolio assessments that are not dependent on live patients.

As graduating dentists, we ask for the Board of Dentistry to consider the following alternative pathways to licensure: 1) licensure upon graduation from accredited U.S. dental schools, 2) acceptance of the DL-OSCE examination, 3) portfolio assessments, or 4) acceptance of a mannequin-based license. Oregon Health & Science University has a strong reputation for graduating strong clinicians and, after our experience with 8+ weeks of external rotations during our 4th year, students feel prepared to transition into the workforce. Our class also completed a mock WREB examination with endodontic and operative

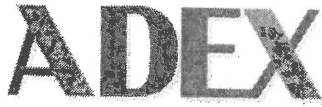
components. The options of licensure upon graduation, portfolio assessment, and acceptance of the DL-OSCE would allow graduating dental students to maintain their expected timeframe from graduation to licensure and allow us to enter the workforce as planned.

Given the changes to our licensing examinations and pathway, we ask for your consideration of holding a meeting soon to discuss this topic. Several OHSU students have jobs lined up in Virginia anticipating the original timeframe to licensing. With the new DL-OSCE date planned and the postponed WREB date, students are hoping to know sooner than later what pathway to licensure they should prepare for.

As we all struggle to adapt to the obstacles that the Covid-19 crisis has presented, we hope that you will understand the stress and uncertainty that this has presented our graduating class. We are all prepared to join the workforce and hope that you will take consideration for the hurdles we currently face. States such as Washington and Oregon are already moving forward with accepting alternative pathways to licensure, and we hope that Virginia will strongly consider these options. We greatly appreciate your consideration and look forward to joining you as healthcare providers.

Sincerely,

**Oregon Health & Science University
Doctor of Medicine in Dentistry Class of 2020**



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

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Jeffery Hartsog, D.M.D., Vice-President
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April 29, 2020

Virginia Board of Dentistry
Augustus A Petticolas, DDS, President
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear President Petticolas:

On April 2, 2020, the ADEX Dental Examination Committee evaluated the results of a mode effects study evaluating the CompeDont™ tooth as a potential restorative simulated examination platform. The research design of the mode effects study was developed in collaboration with independent psychometricians, and six dental schools throughout the United States. A mode effects study is the appropriate required methodology when proposing an alternate examination process. The tooth has been in development for over three years, and the attached report contains the results of that study. This project was not undertaken in response to the COVID-19 pandemic and was scheduled to be reported to the ADEX member dental boards this August, but since the results have been finalized, they are being provided to you. As a result of the study outcomes, representatives from 30 ADEX member dental boards voted 29-1 to allow the restorative procedures in the ADEX Dental Examination process to be completed on either a live patient or the CompeDont™ tooth.

As part of this process all of the other available typodont teeth, both with and without caries, were evaluated and found to be an inadequate examination simulation. Unlike the CompeDont™ tooth, which has enamel of the same hardness and character of a natural tooth, caries which are variable, transitioning from infected dentin to affected to dentin to sclerotic dentin, and propagates along the DEJ as in a natural tooth, the other available typodont teeth were the same or similar to teeth used in D1 and D2 preclinical training and do not simulate a natural tooth. The CompeDont™ tooth allows administration of the ADEX examination, and all restorative criteria evaluated, just as with the patient.

We know many of our member dental boards are being petitioned to alter examination standards and content. In addition, graduation requirements may be reinterpreted and adjusted which might allow reduced clinical training. ADEX understands that the psychomotor performance examinations become even more important in this environment. ADEX would not consider an off-the-shelf solution which would not offer an examination that would identify the competency issues that are currently tested, or merely reproduce an exercise used in pre-clinical training in dental school. We are pleased to be able to offer for consideration a valid non-patient alternative for those dental boards that would want such an alternative. There would be no PPE requirements, no infectious aerosol, but all of the grading criteria, including preparation modification evaluation, remain in place. The CompeDont™ will provide a challenge in both preparation and restoration for the Class II and the Class III, and are available only to the ADEX testing agencies, the Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies (CITA).

For the Dental Periodontal Scaling Exercise and the Dental Hygiene Clinical Examination (including periodontal probing, calculus detection and calculus removal), the psychometric analysis for a feasibility study will be presented to the ADEX Board of Directors for evaluation and possible adoption of manikin examinations to serve those needs at a properly noticed meeting on May 15, 2020. ADEX will provide you with the analysis and the results of that meeting as soon as possible after that meeting.

1930 Village Center Circle, 3-356 • Las Vegas, NV 89134
Telephone (503) 724-1104
OFFICE@adexexams.org
www.adexexams.org

If you choose to utilize the CompeDont™ for these challenging times or you would like to move to a patient free examination, the ADEX examination offers the most widely accepted, independent examination for the dental profession. Please contact the ADEX office or our testing agencies, CDCA and CITA, for more information on how to bring the CompeDont™ to your state.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "William G. Pappas". The signature is fluid and cursive, with a long horizontal stroke at the end.

William G. Pappas, D.D.S.
President, ADEX

Attachment

WGP/kk

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CITA

DENTAL CANDIDATES : INFO

[DOWNLOAD EXAM MANUALS](#)

Registration: Please see the Exam Schedule for a complete list of all currently scheduled exams. CITA may add exams as the year progresses, so keep checking back for more opportunities!

TYPODONTS

Based on the hosting facility, candidates will be tested using either the Acidental ModuPro typodont or a typodont manufactured especially for CITA by Kilgore International.

Please confirm which typodont will be used at the chosen location from the Facility Information Sheet available under the Documents tab of BrightTrac prior to ordering a practice model.

To order practice typodonts or additional teeth, please select from the following:

CITA-EP KIT-COMplete TESTING KIT - KILGORE

CITA PROSTHODONTIC TEETH - KILGORE

ACADENTAL MODUPRO EXAM PRACTICE KIT or ENDODONTIC TEETH

****Note: Endodontic teeth (#8 and #14) are the same for both typodonts. These are manufactured and must be purchased directly from Acidental.****

SELECT YOUR STATUS

TO BEGIN:

D3

D4 (FINAL)

RESIDENT

GRADUATED

INTERNATIONAL

CIF FORMAT

CITA allows D3 students to participate in the manikin parts of the ADEX dental exam. Educators and students have favored the administration of the manikin examination during the junior year of study due to the fact that the manikin examination is closer to the students' pre-clinical laboratory experience in working with typodont simulation. The Curriculum Integrated Format (CIF) is the pre-graduation format of the ADEX Dental Examination Series for D3 (junior) and D4 (final year) dental students of record. Both the Curriculum Integrated Format and the Traditional Format examinations are identical in content, criteria, and scoring. The major difference between the two formats is in the sequencing of examination sections. In the Curriculum Integrated Format, examination parts are administered over the course of an eligible dental student's D3 and D4 (or final) years. Beginning July 1 of a candidate's D4 (or final) year, candidates have 18 months within which they must successfully complete all parts of the dental licensure exam. Therefore, D3 candidates can take the manikin portions of the exam before their 18-month time line begins.

TRADITIONAL FORMAT

In the Traditional Format, the manikin-based and patient-based examination sections are administered in their entirety at each site over the course of two consecutive days. D4 (final year), Resident/Graduate dental students, Internationally trained dental students, and those candidates who have already graduated dental school may sit for all parts of the dental examination. Candidates participating in the Traditional Format have 18 months from the time they first attempt any of the 6 parts of the ADEX Dental Licensure Exam within which they must successfully complete all parts of the ADEX Dental Licensure Exam in order to be eligible for licensure.

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CITA

DH CANDIDATES : INFO

The 2020 exam schedule is now posted. Registration is open for all 2020 exams. Please see the Exam Schedule for a complete list of all currently scheduled exams. CITA may add exams as the year progresses, so keep checking back for more opportunities!

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Dental Hygiene Exam

ADEX Hygiene Exam

The ADEX Dental Hygiene Licensure Examination consists of two components - the Patient Treatment Clinical Exam (PTCE) and the Computer Simulated Clinical Examination (CSCE). The ADEX Dental Hygiene Examination is the examination approved by The American Board of Dental Examiners, Inc. (ADEX). ADEX is a private not-for-profit consortium of state and regional dental boards throughout the United States and some international jurisdictions. The ADEX provides for the ongoing development of a series of common national dental and dental hygiene licensing examinations. These exams are uniformly administered by individual states or regional testing agencies on behalf of participating and licensing jurisdictions.

NOTE: ALL FEES LISTED BELOW ARE FOR NON-STUDENTS OF RECORD. STUDENTS OF RECORD MAY HAVE DIFFERENT FEES ASSESSED. PLEASE SEE THE FACILITY AND STAFFING FEES FOR FURTHER DETAILS.

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DENTAL HYGIENE EXAM COSTS

Hygiene Exam	School	Facility Fee	Staffing Fee	Total	
\$975	GTCC	\$275		\$1,250	Site Information
\$975	LSU	\$150		\$1,125	Site Information
\$975	UAB	\$250	\$150	\$1,375	Site Information
\$975	UNC	\$275		\$1,250	Site Information
\$975	A-B Tech	\$275		\$1,250	Site Information
\$975	CPCC	\$275		\$1,250	Site Information
\$975	CFCC	\$275		\$1,250	Site Information
\$975	WCC	\$275		\$1,250	Site Information
\$975	VCU	\$175		\$1,150	Site Information
\$975	ODU	\$175		\$1,150	Site Information
\$975	Lamar	\$100		\$1,075	Site Information
\$975	UT	\$150		\$1,125	Site Information
\$975	ETSU	\$50		\$1,025	Site Information
\$975	Concorde	\$150		\$1,125	Site Information
\$975	Remington	\$150		\$1,125	Site Information
\$975	TSU	\$150		\$1,125	Site Information
\$975	UAMS	\$135		\$1,110	Site Information
\$975	WKU	\$160		\$1,135	Site Information

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1 (866) 678-9795

Site Design: Mary Long (marykayelong.com)

Sandra Reen

Subject: FW: ADEX Manikin Teeth

From: Cindy Washburn <cwashburn@citaexam.com>

Sent: Wednesday, April 8, 2020 9:03 AM

To: 'Sandra Reen' <Sandra.Reen@dhp.virginia.gov>

Subject: RE: ADEX Manikin Teeth

Good Morning Sandy,

The CSCE has 100 clinically-based questions that uses a multiple choice format. The questions are utilized through computer-enhanced photographs, radiographs, optical images of study, working models, laboratory data and other clinical digitization. A final score of 75 or greater is passing. The CSCE is designed to assess complex levels of diagnosis and treatment planning knowledge, skills and abilities. Here is how it is scored:

12% - Medical/Dental Assessment

27% - Intra and Extra Oral Assessment, Perio charting and assessment, soft tissue, bone and tooth abnormalities

15% - Radiography/Imaging

13% - Dental Hygiene Care Planning

19% - Perio Procedures, Infection Control, Medical Emerg. Management

14% - Dental Specialties, Applied Pharmacology

I cannot speak for the schools and how it is used but I think how well the candidate does on this exam shows the schools where they may need to focus more on a particular curriculum. I would think this would be most beneficial for the school in that aspect.

I hope this helps out a little, I know you guys are having some tough decisions to make. Anything else I can answer for you please do not hesitate.



THE COMMISSION ON **DENTAL COMPETENCY** ASSESSMENTS

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090

TEL: 301-563-3300 | FAX: 301-563-3307

cdcaexams.org

For Immediate Release

Non-Patient-Based Dental Restorative Exam Option Using New Manikin Tooth Technology Approved by ADEX

(*Linthicum Heights, MD | April 3, 2020*) The American Board of Dental Examiners (ADEX) will allow candidates for dental licensure to choose a non-patient-based restorative examination option to demonstrate readiness for practice. This format utilizes the CompeDont™ DTX, a new manikin tooth technology developed by the CDCA and Acadental, Inc.

The CompeDont™ DTX is a first of its kind manufactured tooth that presents a high-fidelity opportunity for licensure candidates to diagnose and treat Class II and Class III caries. The CompeDont™ is patent pending with product development initiated by the CDCA in 2017 and was first made public last fall as part of pilot testing at 6 dental schools; University of Mississippi Medical Center School of Dentistry, University of Buffalo (SUNY), Indiana University School of Dentistry, University of Detroit Mercy School of Dentistry, Midwestern University College of Dental Medicine – Illinois, and Midwestern University College of Dental Medicine – Arizona. These schools hosted high stakes pilot examinations using the Class III lesions between September and December 2019.

When compared to that of ADEX patient-based exams, independent psychometrician analyzed pilot data showed the simulated tooth identified the same critical deficiencies in skill typically revealed by the treatment of natural teeth. “Candidates encountered realistic and variable caries unlike other simulated teeth currently available,” says Dr. Guy Champagne, CompeDont™ Development Team Leader.

CDCA Director of Examinations Dr. Ellis Hall says it is the CompeDont™’s ability to accurately represent infected, affected and sclerotic dentin that is unique. “Both examiners and students reported that the tooth mimics decay, stickiness and tug-back and can be restored as if it were a natural tooth in this way.”

The dental board representatives to ADEX voted 29-1 to approve the use of the CompeDont™ for both Class II and Class III restorative procedures at a special, virtual meeting on April 2, 2020. The CompeDont™ will be permitted in place of the patient portion of the restorative examinations in the same framework and processes of the existing psychometrically valid examination as soon as possible.

The acceptance of a non-patient-based examination for licensure falls to each jurisdiction. “The CompeDont™’s new technology provides an option to many state dental boards seeking to address public health concerns in the face of the COVID-19 outbreak without reducing important existing licensure standards,” says Dr. Harvey Weingarten, CDCA Chair. Based on this immediate ADEX approval, the new non-patient-based administration option will be incorporated into CDCA licensure exams for the Class of 2020 candidates. “We recognize each state will determine independently whether

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OHIO | OREGON | PENNSYLVANIA | RHODE ISLAND | UTAH | VERMONT | WASHINGTON | WEST VIRGINIA | WISCONSIN | WYOMING
COMMONWEALTH OF JAMAICA

they will accept this new non-patient option for restorative procedures. To help address these differences, the ADEX licensure examination reporting system will clearly identify if a Class II or Class III restoration are manikin or patient-based,” reports Dr. Bill Pappas, ADEX President.

ADEX dental licensure is a five-part examination. It includes a computerized written Objective Structured Clinical Examination (OSCE) measuring clinical judgments and treatment planning decision making, and four clinical portions including an anterior restorative, a posterior restorative, endodontic and prosthodontic sections. An optional periodontal scaling examination is also available. Since 2015, two administrative pathways have existed using the identical ADEX content and criteria, traditional patient-based and Patient-Centered Curriculum Integrated Format (PC-CIF, available at participating schools).

The CDCA partnered with Acadental, Inc. for the development and production of the CompeDont™ DTX. The tooth will be made available for all ADEX examinations but will remain the intellectual, protected property of the CDCA. Based in the Kansas City metropolitan area, Acadental, Inc. currently holds at least 5 patents and distributes dental educational products worldwide. The Commission on Dental Competency Assessments, founded in 1969, is the largest nonprofit, third-party administrator of dental and dental hygiene assessments in the US. For more information about the CDCA CompeDont™, contact Stephanie Beeler, Multimedia, Communications, and Strategic Projects Leader at sbeeler@cdcaexams.org.



CDCA High Fidelity Restorative Simulation Mode Effects Study

April 20, 2020

Prepared by:
Susan Davis-Becker, Ph.D. &
Chad W. Buckendahl, Ph.D.

Introduction

In 2019, the CDCA began data collection for a study to evaluate a new type of simulated tooth – the CompeDont™ DTX High Fidelity tooth – as a possible alternative for the demonstration of skills in the ADEX dental licensure examination. Although development of the tooth had been occurring for a few years prior, this was the first larger scale effort to review the performance in a testing setting. The CDCA identified ACS Ventures, LLC (ACS) to evaluate the fidelity of this tooth through a mode effects study where use of this CompeDont™ tooth in a examination setting was compared to traditional examination results. A mode effects study is designed to evaluate examinees' performance on knowledge, skills, or abilities that are administered in more than one format or mode. Common types of mode effects studies are ones that compare a testing program that is administering a test using paper-pencil and computer-based formats. For a clinical skills demonstration, the administration modes being compared in this study are a simulated tooth in a typodont versus a natural tooth in a patient. Specifically, this evaluation compared candidate performance, types of errors, and rater agreement. This report summarizes the results of this study.

Data and Analyses

In Fall 2019, the CDCA partnered with six dental schools to conduct pilot administrations of the Anterior Restoration procedure (inclusive of preparation and restoration) of the ADEX examination using the CompeDont™ tooth. In total, 548 examinees completed the Anterior Restoration. Examinees represented a diverse group of students from schools selected from multiple geographic regions. In addition, 238 of these examinees (43%) also completed the Posterior Restoration part of the ADEX examination on a patient (i.e., standard administration conditions) as a point of comparison. Across the six administration sites, 66 trained and calibrated examiners participated in the study by evaluating the performance on CompeDont™ and/or natural teeth.

Posterior Restoration

Because this was a pilot exam set up for the mode effects study, the first focus of the analysis was on the Posterior Restoration tasks that 43% of the examinees completed using a patient as they would in the current operational examination. The purpose of including this element in the study was to determine how performance in the pilot exam compared to an operational exam environment. Specifically, the results from this administration allow for a direct comparison to the results from the 2019 and 2018 operational examination results (e.g., pass rate, types of errors). The results (see Table 1) indicate the pass rate for the pilot exam was slightly lower than the 2019 examinations (5% lower) and the 2018 examinations (3% lower). This observation may be due to variation in the sample of examinees relative to the population. In addition, this may also be somewhat influenced by the timing of the study occurring a few months earlier in the training program than when candidates generally take the examination.

Looking closer at the performance of examinees, the most frequent errors were identified from each administration mode. For the preparation part of the task, the same three errors (Caries, Gingival Contact, Adjacent Tooth Damage) were the most frequent for both the pilot exam and the operational examinations. For the restoration part of the task, there were two consistently frequent errors – interproximal contact and margin excess. Finally, the rater agreement (i.e., how often ratings were confirmed) was consistently high between the operational administrations and the mock exam. This collection of evidence suggests that examinees performed similarly in this pilot exam as they would on an operational examination with a slightly lower pass rate. Therefore, even though the new CompeDont™ tooth was tested in a pilot exam (not an operational one), the results are likely to be comparable to those from an operational exam.

Table 1. Comparison of Posterior Restoration Results – Pilot Exam vs. 2018/2019 Operational Exams

	Mock Exam	2019 Operational Exam	2018 Operational Exam
Pass Rate	90%	95%	93%
Most Frequent Errors – Preparation	Caries Gingival contact Adjacent tooth damage	Caries Gingival contact Adjacent tooth damage	Caries Gingival contact Adjacent tooth damage
Most Frequent Errors – Restoration	Interproximal Contact- open/irregular Margin Excess Centric/Excursive Contacts	Interproximal Contact – open irregular Margin Excess Margin Deficiency	Interproximal Contact – open/irregular & closed Margin Excess Margin Deficiency
Rater Agreement	98%	98%	98%

Anterior Restoration

All Anterior Restorations were performed on the CompeDont™ tooth and, given the comparability of the pilot exam results for the Posterior Restoration, the results of this administration were compared to those from the 2018 and 2019 operational administration (see Table 2). The pass rate for the CompeDont™ tooth was meaningfully lower than the 2019 and 2018 examinations (15% and 14% lower, respectively). When examining performance on the preparation task, two types of errors (Caries Remaining and Outline Extension) were the most common for both the CompeDont™ tooth and operational administrations. For the restoration task, the same three errors were common between modes: Margin Excess, Interproximal Contact, and Margin Deficiency. Finally, the rater agreement was consistently high between the operational administrations with the patient and the pilot exam with the CompeDont™ tooth. This collection of evidence suggests that the CompeDont™ tooth was a similar, but more challenging, task for the examinees. Additional analysis to understand the differences in pass rates is described in the next sections of this report.

Table 2. Comparison of Anterior Restoration Results – CompeDont™ Tooth Pilot Exam vs. 2018/2019 Operational Exams

	CompeDont™ Tooth – Pilot Exam	2019 Operational Exam	2018 Operational Exam
Pass Rate	80%	95%	94%
Most common Errors – Preparation	Caries Remaining Outline Extension Axial Walls	Caries Remaining Unrecognized Exposure Outline Extension	Caries Remaining Gingival contact Adjacent tooth damage Outline extension
Most common errors – Restoration	Margin Excess Interproximal contact – open/irregular Margin Deficiency	Interproximal Contact – open/irregular Margin Excess Margin Deficiency	Interproximal contact – open/irregular Margin Excess Margin Deficiency
Rater Agreement	97%	98%	98%

To better understand the differences observed in the pass rates, the results from the CompeDont™ tooth were further explored to determine why 20% of the examinees in the sample failed the Anterior Restoration task. Table 3 shows the specific frequency by which the most common errors were observed for the preparation and restoration tasks between the CompeDont™ tooth-mock exams and the 2018 operational exam. The most notable difference is in the frequency by which a Caries Remaining error was

observed in the preparation task – 15% with the CompeDont™ tooth compared to less than 1% in the 2018 operational exam. To ensure this was not an artifact of the pilot exam situation, the frequency of Caries Remaining was evaluated for the Posterior Restoration. The 2018 operational administration resulted in 1% of examinees having a Caries Remaining error while the pilot exam showed 2.5% having a Caries Remaining error. Therefore, the difference observed in Table 3 is not an artifact of the study but rather likely due to intended design characteristics of the tooth that are further discussed next.

Table 3. Comparison of Error Frequency – CompeDont™ Tooth Pilot Exam vs. 2018 Operational Exam

	CompeDont™ Tooth – Pilot Exam	2018 Operational Exam
Preparation		
Caries	15%	<1%
3 Sub Rule: Outline Extension, Gingival Clearance, Axial Walls	7%	<1%
Restoration		
Margin Excess	2%	<1%
Interproximal Contact	1%	<1%

An important design feature of the CompeDont™ tooth is that carious lesions are presented in a way that is more representative of how caries are observed and treated in practice within a typical patient population. Specifically, the CompeDont™ tooth was designed to have varying degrees of average or moderate levels of caries present. This design characteristic requires candidates to exercise their clinical judgment in addition to their psychomotor skills. As a result, it was expected that virtually all CompeDont™ teeth would require modification from an ideal preparation to perform the procedure because of where the caries would be observed. This is different from the current examination where candidates bring their own patients and that a much smaller percentage of these require modifications.

During the examination, candidate requests for modification from an ideal preparation are handled procedurally through a review and approval process. As part of this study, candidate performance was further evaluated based on whether they requested a modification in the pilot exam and these results were compared to the 2018 operational exam. As shown in Table 4, there were many more modifications with the CompeDont™ tooth as compared to the operational exam (74% compared to 31%). As noted above, because the goal with the simulated tooth was to be more representative of job-related practice, this was expected. In fact, an even higher percentage of modifications for the CompeDont™ tooth were expected as compared with the current examination data. In the 2018 results, the pass rates between those who had a modification and those who did not are very similar (94% and 96%). However, the pass rates for the CompeDont™ tooth were much higher for those who had a modification compared to those who did not (83% compared to 73%).

Table 4. Comparison of Exam Results by Modification (Yes/No) – CompeDont™ Tooth Pilot Exam vs. 2018 Operational Exam

	CompeDont™ Tooth – Pilot Exam	2018 Operational Exam
Modifications (any approved)		
Count (%)	408 (74%)	1018 (31%)
Pass Rate	83%	94%
No Modifications		
Count (%)	140 (26%)	2264 (69%)
Pass Rate	73%	96%

A follow up question to this finding was whether the pass rate differentiation for the CompeDont™ tooth was due to examinees not knowing when to request a modification (when one was needed) or requesting the wrong modification. The results in Table 5 include the pass rate by whether examinees had any modifications approved and/or denied. The results show that most examinees either had all their modification requests approved (group 1) or did not request any modifications (group 4). The other two smaller groups were those that had at least one modification request denied (and at least one accepted – group 2, or none accepted – group 3). These results indicate that the highest pass rate was observed for those examinees who had one or more modification requests accepted (i.e., they understood what to request and when to request). In addition, 26% of examinees did not request a modification with their pass rate being notably lower (73%).

Table 5. Comparison of Exam Results by Modification Request Status

Modification Status	Count	Pass Rate
1. One or more approved (no denials)	325 (59%)	85%
2. One or more accepted & one or more denial	52 (9%)	77%
3. One or more requested – all denied	31 (6%)	71%
4. No modifications requested	140 (26%)	73%
Total	548	80%

Results and Conclusions

The purpose of this mode effects study was to evaluate the feasibility of the CompeDont™ tooth as a possible alternative to a patient for the ADEX Dental restoration examinations. Data were collected from pilot examinations administered to over 500 dental students from six different schools evaluated by over 60 examiners. The results of this analysis suggest the feasibility of the simulated tooth administered in a typodont as comparable to the operational examination based on the comparison of the Posterior Restoration results from previous administration results. Focusing on the Anterior Restoration, the results indicate that use of the CompeDont™ tooth was sensitive to identify the same critical deficiencies identified in the patient-based examinations. An additional feature of the use of the CompeDont™ tooth is that the normal variation observed in practice by dentists can be modeled to further evaluate candidates' clinical judgment in addition to their psychomotor skills.

Although limitations of the simulation include a lack of some of the patient-based characteristics (e.g., saliva, tongue, patient anxiety), the benefit of additional standardization of the environment for candidates and better representation of job-related characteristics of the tooth may outweigh these limitations. The lower pass rate observed during the pilot examination for the simulated tooth suggests that its use does not offer an easier pathway to licensure and may currently be more challenging. The question is whether it is a fair approach to measuring the clinical judgment and psychomotor skills needed for restoration procedures. The difference in pass rates may be explained in part by the timing of the pilot exam (e.g., examinees taking the exam at an earlier date than normal). However, most of the difference can be attributable to the lack of recognition of caries and a need to modify a preparation from the ideal when it is warranted. Evidence of high examiner reliability provides a source of support. When compared with the current examination where candidates select a patient on which to perform the procedure with rates of modification being relatively low, the CompeDont™ tooth may be a better representation of the job-related environment to measure the important clinical judgments and skills that candidates will need to demonstrate in practice.

Sandra Reen

From: Melvin, WALTER <wmelvin@odu.edu> on behalf of Melvin, WALTER
Sent: Saturday, May 2, 2020 12:52 PM
To: Sandra.reen@dhp.virginia.gov
Subject: Support for a request from dental hygiene programs for the Board to accept as a clinical examination the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and equivalent clinical examinations

I strongly support the request from dental hygiene programs for the Virginia Board of Dentistry to accept as a clinical examination the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and equivalent clinical examinations given by a testing agency accepted by the Board, in addition to the written National Board Dental Hygiene Exam (NBDHE).

I have long supported the position that if a dental or dental hygiene student graduates from an a CODA accredited school and the faculty of that institution feels the student is qualified to practice dentistry or dental hygiene then they should not be made to prove this by treating a patient but instead should perhaps pass a written exam or use models or case studies to prove their ability. Having a dental school graduate or dental hygiene graduate prove in a pressure packed 1 or 2 day event with live patients who may or may not qualify or even show up is not truly proof of a clinician's ability. Dentistry and Dental Hygiene are highly trained professionals and as such the only health care professionals required to prove their clinical ability on patients for state licensure instead of using a the Computer Simulated Clinical Exam or at the most working on a model or manakin.

During these current extraordinary times when new dental or dental hygiene graduates can't readily find patients it is imperative that they be allowed to use the Computer Simulated Clinical Exam (CSCE) as administered by the Council of Interstate Testing Agency (CITA) and equivalent clinical examinations instead of treating patients. The CSCE can readily be administered by CITA sometime this summer and our recent graduates who have finished CODA approved programs can complete their licensure and join the dental/dental hygiene workforce in the Commonwealth of Virginia.

Walter Lee Melvin DMD
VA license # 0401006731
American Board of Periodontology Certified
Chesapeake, VA 23322

From: Jessica Bui <jbui@srta.org>
Sent: Thursday, April 16, 2020 12:27 PM
To: Sandra Reen <Sandra.Reen@dhp.virginia.gov>
Subject: SRTA Follow up

Hi Sandy,

I wanted to follow up with you on a recent letter that you should have received from us. The letter announced the addition of a manikin-based restorative skills portion of our examination that enables it to be a great assessment for use during the current COVID pandemic, and even beyond for those schools and state boards seeking a non-patient-based exam option.

As you know, SRTA's endodontics and prosthodontics portion of our exam have been manikin-based for several years now, and at the call of the industry, we began working a couple of years ago on development of a manikin-based restorative module.

We'd love to talk to you about how our exam can be used in its entirety, or as a supplement to the Joint Commission's recently announced OSCE exam. I wanted to see if you had any questions about the letter or this opportunity that I might be able to answer.

If you would like more information or have questions, please don't hesitate to reach out!

Thanks,
Jessica L. Bui
Executive Director

Southern Regional Testing Agency, Inc.
4698 Honeygrove Road, Suite 2
Virginia Beach, VA 23455
Telephone: 757-318-9082



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615-242-8856 ext.118
jillian@hallstrategies.com

FOR IMMEDIATE RELEASE

SRTA OFFERS NON-PATIENT-BASED LICENSURE EXAMINATION AS ALTERNATIVE TO PATIENT-BASED

The Southern Regional Testing Agency advances its manikin-based licensure exam amid COVID-19 testing complications

VIRGINIA BEACH, VIRGINIA (April 13, 2020) – The Southern Regional Testing Agency, Inc. (SRTA) has announced the offering of a manikin-based restorative licensing examination for dental students in response to the testing delays and complications faced by COVID-19. The virus has brought numerous challenges to the dental profession, including the closure of dental practices and clinics across the nation, thus being extremely difficult for dental school graduates who would normally seek patients to be a part of their skills assessment for required state licensure.

“SRTA and other dental testing agencies have offered manikin-based portions of its exam for several years in its endodontics and prosthodontics modules,” SRTA President George Martin, D.D.S. “In response to the coronavirus pandemic, SRTA has approved the release of its manikin-based restorative dentistry module, using cutting-edge dental products that are highly effective in simulating a live patient’s dental procedures such as fillings, crowns and bridges.” SRTA’s exam may be used in its entirety, or the manikin-based restorative skills module can be used in conjunction with the Dental Licensure Objective Structured Clinical Examination (DLOSCE) a digital exam recently announced by the Joint Commission on National Dental Examinations.

“SRTA has beta-tested this new non-patient restorative portion, and it is fully capable of being used as an assessing option to confront and ease current obstacles we face not having live patients,” said Martin.

The non-patient based SRTA exam is a thorough assessment that includes endodontics, prosthodontics, as well as hands-on restorative skills.

“While it remains at the discretion of each state’s licensing boards on whether to accept this alternative assessment module,” said SRTA Executive Director Jessica Bui. “SRTA continues its commitment to being responsive and actionable during these challenging times for our industry.”

About the Southern Regional Testing Agency (SRTA)

SRTA has been a trusted testing agency in the U.S. since 1975. Its innovative approach to examinations, along with the wide network of examiners from across the country, afford it the opportunity to be the most responsive testing agency to meet the present challenges facing the dental industry.

If interested in learning more about SRTA’s manikin-based exam opportunity, please contact Jessica Bui (jbui@srta.org) or (757-318-9082).



Central Regional Dental Testing Services, Inc.

All Manikin Dental Examination Outline

The Central Regional Dental Testing Service (CRDTS) is an organization of State Boards of Dentistry who have joined forces to develop and conduct examinations to measure the level of applied knowledge and skills for clinical competency in dentistry and dental hygiene. Each State Board has equal authority and responsibility to participate in the development and administration of the examination program. CRDTS' exams have been developed and administered on a national basis within the framework of its regional governing structure.

CRDTS has spent the last few years developing all-manikin examination procedures as an option for the Periodontal and Restorative procedures traditionally administered on a patient. These are in addition to the current manikin procedures utilized for the Endodontic and Prosthodontic sections of our Dental Examination.

This all-manikin Dental Examination is now an option and can be administered for licensure, if needed in your state. CRDTS has administered excellent, psychometrically sound examinations for the profession of dentistry for over 45 years. We have the most comprehensive and long-standing post exam analysis processes in the country.

1. The content, criteria and scoring rubric for these procedures are identical to those administered in the current CRDTS Dental Examination. The exam procedures have been administered and psychometrically documented since 2006. Please see CRDTS Technical Reports at www.crdts.org > Home Page > Announcements
 - a. Please note the Periodontal procedures ranked very high in importance and frequency in the 2018 Practice Analysis (see Slides 45-46 attached).
2. Unlike the limitations of computer simulation, the exam procedures will be administered in a clinical environment using simulated patients and requiring appropriate infection control procedures, proper PPE and certain aspects of dental patient management. Candidates will be required to demonstrate their clinical judgment and hand skills utilizing appropriate dental instruments and handpieces.
3. Scores for the Manikin Examinations: Scores will be reported within 1-2 days after the candidate's respective examination is completed. Manikin exams evaluated off-site will be reported 1-2 days after grading.

DENTAL EXAMINATION CONTENT

Examination Overview: The examination consists of individual, skill-specific parts. Each examination Part is listed below:

□ CONTENT
Manikin-Based Examination
Part II: Endodontics Access opening & Obturation
Part III: Prosthodontics Ceramic, Cast Gold, PFM
Part IV: Periodontics Calculus detection/removal, probing depths, supragingival deposit removal, tissue & treatment management
Part V: Restorative Class II and III Preparation/Restoration 3 preparations on teeth with simulated caries 3 restorations on pre-prepped teeth

WREB Dental and Dental Hygiene Licensing Examination COVID-19 Options for 2020

WREB is an independent testing agency that develops, administers, and reports the outcome of practical clinical examinations administered to candidates for licensing in dentistry and dental hygiene. While aware of the needs of students and dental education programs, WREB's sole purpose is to provide state boards with examinations that have high reliability and are supported by a strong validity argument—examinations state boards can rely on to inform licensing decisions. For this reason, WREB is highly responsive to the needs and wishes of state boards that recognize its examinations.

- WREB Dental Examination options are described below (pp. 1-4).
- WREB Dental Hygiene Examination options are described on pp. 5-6.

WREB Dental Licensing Examination COVID-19 Options for 2020

Following are options state boards could consider in response to COVID-19:

Dental Examination without Change

WREB's standard dental examination which includes two simulations (Endodontics and Prosthodontics) and two patient-based sections (Operative Dentistry and Periodontics) in addition to the Comprehensive Treatment Planning (CTP) section will continue to be offered as soon as test sites again are able to schedule this type of examination. This option may not address the needs of state boards attempting to respond to the concerns of dental candidates and schools who wish to complete the licensure process within the next several months. Even when re-established, examination administration may be subject to interim restrictions. States that specifically require two patient-based restorative procedures and wish to reduce the burden on licensure candidates imposed by COVID-19 could safely accept WREB's Operative Section as it is scored and validated, which has demonstrated that candidate competency can be reliably assessed with more than 40% fewer patient-based procedures.¹

CTP Only

WREB's CTP (Comprehensive Treatment Planning) Sectionⁱⁱ is an ASCE (Authentic Simulated Clinical Examination) which requires the candidate to construct responses (as opposed to an OSCE in which the candidate selects responses from options, locations, or choices provided). The CTP ASCE is open-ended and graded by independent, anonymous examiners. It reveals candidate thinking and requires candidates to perform tasks that dentists perform and to make decisions that dentists make, all without choices they can select or cues of any kind. If acceptance of only an OSCE examination is being considered, then acceptance of WREB's CTP ASCE which is an even more authentic demonstration of relevant candidate knowledge, skill, and ability, should be considered.

COVID-19 Alternative Performance-based Simulation

Patient-based assessment has high fidelity. WREB is not abandoning patient-based assessment but continues to evaluate the validity and viability of assessment alternatives, including simulation. WREB has been developing simulations that soon may be able to replace patient-based assessment for Operative Dentistry and Periodontics, the last two patient-based sections of its current dental examination. These simulations are in development and undergoing review.

In the meantime, the advent of COVID-19 has placed students and their education programs in a difficult and frustrating position. Students need to graduate, move on, obtain employment, or begin their advanced dental education residencies; their education programs need them to graduate and move on in order to accept a new entering class and appropriately advance the classes below them. COVID-19 associated risk and social distancing currently completely obstruct student ability to challenge the traditional, patient-based examination. While WREB understands that COVID-19 is creating a crisis for students, for dental education programs, and even for the profession, its singular purpose is to support the needs of state boards in their regulatory role and charge to protect the public.

Students and program directors recently have appealed to state boards and, not knowing exactly how long COVID-19 risk and need for social distancing might continue, state boards in a few states now have appealed to WREB for potential solutions they might consider along with suggestions they've received that include waiving clinical examination requirements altogether, waiving the patient-based sections of the clinical examination, granting a provisional license until the applicant is able to complete the full examination, acceptance of the DLOSCE in lieu of a practical demonstration of clinical skills, and variations of these.

In response and in addition, WREB has field-tested an alternative, performance-based simulation that could be required in lieu of its traditional patient-based Operative Section. This alternative included the field-testing of social distancing for both candidates and examiners.

In the simulation, each candidate is required to successfully perform both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed, like they are for the Endodontics and Prosthodontics sections, in full simulation and with rubber-dam isolation. Results are assessed using established Operative Section criteria. Certain critical errors are preserved, and the passing cut-point remains unchanged. The simulation involves social distancing for both candidates and examiners and uses materials (simulation teeth and arches) which are readily available and with which candidates and their programs already are familiar.

This alternative for the Operative Section is intended to be a provisional solution for 2020 (COVID-19) only and is intended neither to replace WREB's patient-based Operative Section in 2020 for states that continue to require it nor to be the simulation WREB intends to offer in the future

when social distancing is not a concern and the validity of a more realistic and involved simulation can be demonstrated.

The second patient-based section of the current WREB dental examination is the Periodontics Section. This section assesses a candidate's understanding of periodontal diagnosis and ability to physically perform initial periodontal therapy (periodontal scaling and root-planing). However, this section already is elective, is not required for licensing in some states, and tests a physical skill that, increasingly, dentists do not themselves perform.ⁱⁱⁱ The Periodontics Section, while valued by many states, is, by far, the least discriminating section of the entire examination.^{iv} Also, important aspects of periodontal diagnosis and treatment decision-making (things dentists do and are expected to know how to do) already are well covered in the unique CTP Section of WREB's dental examination. State boards may decide to waive or postpone the patient-based Periodontics section until such time as it again may become available to applicants.

These are dental examination options that WREB currently is making available for state board consideration in this highly unusual year. It is assumed that any waiver or exception a state grants due to COVID-19 might be restricted to matriculated students of CODA accredited dental education programs graduating in the spring of 2020 and would not necessarily set a precedent for future years or apply to any other group of applicants. WREB recognizes that all these and related decisions reside with the state and depend on the Board or on the Board's advice to the state authority empowered to grant a variance due to current, emergent COVID-19 circumstances.

Logistic detail regarding the implementation of WREB's dental examination or any of the described alternatives depends on the capacity, limitations, and COVID-19 restrictions imposed by or on any host site where an examination is conducted.

WREB's standard dental examination which includes the fidelity associated with two simulations (Endodontics and Prosthodontics) and two patient-based sections (Operative Dentistry and Periodontics) in addition to CTP will continue to be offered as soon as test sites again are able to host this type of examination.

ⁱ Fewer patient-based procedures were required to determine 4,457 candidate pass/fail outcomes for the Operative Section in 2018 (42.0% fewer) and 2019 (41.1% fewer). No significant difference was found between first and second procedure performance for candidates who scored at or above the cut-score on the first procedure. The second procedure added no significant contribution to the assessment of these candidates. Only four of these candidates failed the section despite demonstrating competence on the first procedure; all four scored close to the cut-score and three have already passed upon retake.

ⁱⁱ The CTP Section is the most comprehensive section of the WREB Dental Examination. It tests candidate knowledge, skills and abilities that cannot be readily sampled in other ways and includes assessment of meaningful aspects of every other section of the Examination. The CTP Section is designed to integrate the disciplines of dentistry in a practical, clinical way. The construction of appropriately sequenced treatment plans and item responses requires broad understanding of diagnostic, preventive and restorative dentistry, of endodontics, periodontics, and prosthodontics, as well as oral surgical, radiological, pediatric dentistry, and patient-management procedures, and understanding of the relationships between these procedures and their clinical application under various patient conditions.

The CTP Section is open-ended; it's an authentic simulated clinical examination (ASCE)—a practical, performance-based examination. It requires candidates to construct their responses unaided by cues, choices, or locations they can select. In many instances it requires candidates to perform the very tasks dentists perform and, for this reason, has extraordinary fidelity for a computer-based examination. Rigorous examiner training and calibration contributes to high outcome reliability for the CTP examination. And the large reservoir of examination cases, frequent case modification, and the permutation of cases in the forms used every year significantly enhance test security for the CTP examination. All combine to create a strong validity argument for using results of WREB's CTP examination to inform licensing decisions.

ⁱⁱⁱ In 2013 74.6% of general practitioners in solo practice employed one or more dental hygienists. For general practitioners in nonsolo practice (including various forms of group practice, "corporate" practice, etc.) 92.2% work in situations where dental hygienists perform scaling and root-planing services. -ADA, Science and Research – Health Policy Institute, Data Center, Dental Practice.

Authors Thomas Wall, M.A., M.B.A.; Albert H. Guay, D.M.D. in their article *Very Large Dental Practices Seeing Significant Growth in Market Share*. Health Policy Institute – Research Brief. August 2015. Point out that:

- From 2002 to 2012, market share increased for dental firms with 20 employees or more, while dental firms with fewer than five employees experienced a decline in market share.
- During the same period, very large dental firms – those with 500 employees or more – also saw increases in number of establishments, number of employees and annual receipts.

The national 2018 Dental Practice Analysis conducted jointly by WREB and CRDTS suggests that dentists, themselves, now are performing very few scaling and root-planing procedures compared to dental hygienists. The 2017 Dental Hygiene Practice Analysis survey specifically asked how often certain procedures were performed by the dentist and 84.6% of respondents said the dentist performed these tasks Rarely or Never.

The average of all general dentists employing dental hygienists in 2013 was 77.2%. From 1990 to 2013 the average number of dental hygienists per dentist in the primary practice (among dentists employing dental hygienists) steadily increased. This trend has been continuing. More and more dentists are having dental hygienists perform basic periodontal services and are using more dental hygienists per capita to do this. Dentists, themselves, are doing fewer and fewer of these tasks. Assessing these skills for dentists, now, may not be supported by the practice (task) analyses that underpin the design of a valid dental licensing examination.

^{iv} Evidence in favor of non-requirement includes exceptionally high proportions of candidates performing extremely well on the Periodontics section. Most of the candidates who do fail the Periodontics section multiple times have also failed at least one other section multiple times. Only four (4) out of almost 13,000 (i.e., 0.03%) candidates from 2011 to 2016 remained unsuccessful due to Periodontics Section failure.

WREB Dental Hygiene Licensing Examination COVID-19 Options for 2020

The following are options state boards could consider in response to COVID-19:

Dental Hygiene Clinical Examination (patient-based)

WREB's standard dental hygiene examination includes the following components:

- Patient Qualification
- Extraoral/Intraoral Examination
- Calculus detection and removal
- Tissue Management
- Periodontal Assessment
- Professional judgment

Many Candidates are still faced with completing educational requirements and CODA has approved alternative methods to have students complete their didactic and clinical requirements. The COVID-19 pandemic has touched everyone; however, some dental hygiene programs are seeing more restrictive state policies being implemented than similar programs in other states. Because of these inconsistencies, the time period for completion of dental hygiene requirements will vary by state; some programs are being postponed for several weeks and others for several months.

In the interim, and at the request of educators, WREB has rescheduled all Dental Hygiene, Local Anesthesia, and Restorative examinations. Taking a clinical examination is still a viable option, as WREB anticipates Candidates will still want an examination that allows them greater portability than licensure in a single state.

WREB is acutely aware of the risks associated with COVID-19 but is well prepared and capable of adjusting our exam protocol to adhere to national and state regulations without risking the integrity of the exam or the safety of the candidates, patient, and examiners.

Comprehensive Written Dental Hygiene OSCE Component

WREB understands that for many states, the current patient-based clinical examination may not fit the current needs of state boards seeking alternative pathways for dental hygiene licensure. COVID-19 associated risks along with social distancing, impede a student's ability to challenge the traditional, patient-based examination. WREB understands that COVID-19 is creating a crisis for students, for dental hygiene education programs, and even for the profession, and is prepared to serve as a resource for our member state boards and committees during this crisis and provide alternative testing methods while still maintaining the fidelity of our examinations.

WREB is developing a dental hygiene written OSCE that includes dental hygiene components that are essential for safe practice while testing a candidate's knowledge about dental hygiene care. This examination is an accumulation of beta-tested dental hygiene items that have been used in

other WREB examinations and are psychometrically sound. The examination may serve as an alternative to a patient-based examination for licensure. WREB is prepared to administer this examination on site at each school with our own equipment utilizing social distancing protocols Utilizing testing centers will not be necessary.

The process of treating a patient's oral health not only requires good instrumentation skills, but also possessing an aptitude for making correct treatment decisions. Critical thinking skills are important in the assessment of the patient's needs and to accurately develop a care plan that reflects a patient's individualized care. These steps form the foundation for dental hygiene treatment which ultimately leads to healthy outcomes and improvement in health.

The WREB Dental Hygiene OSCE is a multiple-choice written component that assesses these multi-faceted components of dental hygiene care. This is a comprehensive overview of dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra and intra oral assessment and risk assessment, care plan development, and assessment and treatment of the periodontium. The exam is an avenue to test the skills of an entry-level student, either replacing the current clinical examination or in conjunction with a clinical licensure exam should a state board want an additional assessment examination.

WREB Dental Examination Options Under COVID-19

Option	Exam Type	Description	Availability
WREB Comprehensive Treatment Planning Exam	Written Authentic Simulated Clinical Examination(ASCE)	Constructed response exam requiring students to perform tasks and make decisions with high fidelity to dental practice. For states considering an OSCE examination only as a pathway to licensure WREB's CTP ASCE is a more authentic demonstration of relevant candidate knowledge.	Most candidates completed this exam in the Fall of 2019. For those that have not, they can complete it as soon as Prometric Testing Centers open again. Projected to be May 1, 2020.
Traditional WREB Patient Based Examination	Traditional exam requiring demonstration of skills on a mannikin for Endodontic and Prosthodontics and on a patient for Periodontics and Operative and the written CTP (ASCE) exam.	Although many states require completing two procedures for the Operative section WREB has demonstrated that candidate competency can reliably be assessed with 1 patient. For states that require 2 procedures currently they could relax the requirement to require only one procedure.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
COVID-19 Alternative Performance Based Simulation	Written Authentic Simulated Clinical Examination(ASCE) exam and mannikin based Operative, Endodontics and Prosthodontics sections	Candidate is required to successfully perform both preparation and finish of a conventional Class II restoration on a molar and a Class III restoration on a central incisor. All procedures are performed, like they are for the Endodontics and Prosthodontics sections, in full simulation and with rubber-dam isolation. Results are assessed using established Operative Section criteria. Certain critical errors are preserved, and the passing cut-point remains unchanged.	Can begin as soon as June depending on CDC recommendations, local conditions, etc. Will be administered utilizing appropriate social distancing protocols

WREB Dental Hygiene Examination Options Under COVID-19

Option	Exam Type	Description	Availability
Dental Hygiene Clinical Examination	Patient Based Examination	WREB's standard dental hygiene examination includes the following components: Patient Qualification; Extraoral/Intraoral examination, Calculus detection and removal, Tissue Management, Periodontal Assessment and Professional Judgment.	Depends on the event line of COVID-19; circumstances will vary widely across sites and require willing patients and available volunteers, freedom of air travel, available lodging, etc.
Comprehensive Dental Hygiene OSCE	Written Exam	The WREB Dental Hygiene OSCE is a multiple-choice written component that assesses these multi-faceted components of dental hygiene care. This is a comprehensive overview of dental hygiene knowledge, radiographic interpretation, AAP staging and grading, extra and intra oral assessment and risk assessment, care plan development, and assessment and treatment of the periodontium. The exam is an avenue to test the skills of an entry-level student, either replacing either replacing the current clinical examination or to be administered in conjunction with a clinical licensure exam should a state board want an additional assessment examination.	Can be administered beginning in June of 2020.



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April 15, 2020

Dear Governors and State Dental and Health Boards,

The Academy of General Dentistry (AGD) is engaged in developing guidance for its members in preparation of reopening dental practices to non-urgent care once executive order restrictions are lifted. We are committed to working with all stakeholders to plan a strategic, science-based approach to patient delivery in the days to come. Dentistry has a strong record of leading in infection control, as it did during the HIV/AIDS crisis.

Until there is a vaccine for COVID-19, dental practices will need to continue to focus on identifying non-contagious patients and non-urgent procedures for the safety of patients and staff. State legislators, federal agencies, and regulators will be important partners in assuring that any interim or final state regulations do not create unnecessary barriers and that regulatory agencies work in partnership with dental practices.

Authorizing licensed dentists to obtain and administer FDA-approved and emergency use authorization point-of-care COVID-19 tests is critical to allowing resumption of dental care for noninfectious patients. The AGD has asked the U.S. Department of Health and Human Services (DHHS) to issue guidance under the Public Readiness and Emergency Preparedness Act granting this, as it has for pharmacists. Challenges with CLIA requirements and scope of practice issues must be rectified to allow testing for pharmacists as well as dentists without undue administrative burdens.

The AGD is requesting that state dental boards proactively review their dental practice acts to determine whether administering diagnostic (molecular) and/or a serological COVID-19 tests are currently permissible within the scope of practice and, if necessary, to make changes to ensure that it is permissible. Working with CDC, NIOSH, NIH, FDA, and OSHA, AGD leadership will add valuable insight into best practices to ensure a safe environment for providers, staff, and patients. Once the DHHS issues guidance, the dental board will then be in a position to provide clear direction to licensees.

The AGD requests states consider broadening the scope of their prescription drug monitoring programs (PDMPs) database to include results of COVID-19 tests performed at pharmacies. If patients consented for results to be included in the database and accessed only by treating providers, it would be a mechanism for dentists to obtain the patient's status and would support point-of-care testing. Whatever the method or location of testing, health care providers must be able to obtain access to the database containing patient results in order to determine the infected and/or immune status at time of treatment. AGD awaits CDC guidance in the testing arena to best utilize scientific evidence in the safe treatment of patients.

Thank you very much for your consideration. As states work to effectively combat the COVID-19 pandemic, the AGD is ready to assist in any way we can. If you have questions or would like to discuss further, please contact AGD Government Relations Manager, Michael Toner at michael.toner@agd.org.

Sincerely,

A handwritten signature in black ink that reads 'Connie L. White, DDS, FAGD'.

Connie L. White, DDS, FAGD

AGD President

YOUR VOICE FOR EXCELLENCE THROUGH EDUCATION AND ADVOCACY

Sandra Reen

Subject: FW: COVID 19 Testing by Dentists?

From: Keatts, Michael <michael.keatts@vdh.virginia.gov>
Sent: Tuesday, April 28, 2020 11:14 AM
To: Sandra Reen <Sandra.Reen@dhp.virginia.gov>
Subject: Re: COVID 19 Testing by Dentists?

to add....this CDC might be helpful: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

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On Tue, Apr 28, 2020 at 9:49 AM Keatts, Michael <michael.keatts@vdh.virginia.gov> wrote:

Hi Sandra,
Here is some info and the FDA link regarding antibody tests:

During an ASTHO call with state health departments on April 9...U.S. Health and Human Services Assistant Secretary for Health advised of accuracy issues with many of the current antibody tests on or coming to market .There is a FDA, CDC, NIH validation process underway to evaluate all of the tests on the market.

Per statements on the FDA website <https://www.fda.gov/medical-devices/letters-health-care-providers/important-information-use-serological-antibody-tests-covid-19-letter-health-care-providers>

Health care providers should also be aware of the limitations of these tests and the risks to patients and the community if the test results are used as the sole basis to diagnose COVID-19.

The FDA is not aware of an antibody test that has been validated for diagnosis of SARS-CoV-2 infection.

While the FDA remains open to receiving submissions for these tests for such uses, based on the underlying scientific principles of antibody tests, the FDA does not expect that an antibody test can be shown to definitively diagnose or exclude SARS-CoV-2 infection.

To help ensure that health care providers have access to accurate tests, the FDA is working with the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) on a validation project to help identify the most promising serological tests. This validation project is ongoing, and we hope to have additional information to share in the future."

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Coronavirus Disease 2019 (COVID-19)

Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Summary of Recent Changes

Revisions were made on May 3, 2020 to reflect the following:

- Updated recommendations for testing, specimen collection, and reporting patients and reporting positive test results
- Specification of testing priorities

Revisions were made on April 27, 2020 to reflect the following:

- Updated priorities for testing patients with suspected COVID-19 infection

Revisions were made on March 24, 2020 to reflect the following:

- Updated priorities for testing patients with suspected COVID-19 infection

Revisions were made on March 9, 2020, to reflect the following:

- Reorganized the Criteria to Guide Evaluation and Laboratory Testing for COVID-19 section

Revisions were made on March 4, 2020, to reflect the following:

- Criteria for evaluation of persons for testing for COVID-19 were expanded to include a wider group of symptomatic patients.

CDC Health Advisory



Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

CDC continues to closely monitor an outbreak of respiratory illness caused by COVID-19 that was initially detected in Wuhan City, Hubei Province, China. This HAN Update provides a situational update and guidance to state and local health departments and health care providers.

No vaccine for COVID-19 is currently available however vaccine trials are in progress ; The National Institutes of Health recently published guidelines on prophylaxis use, testing, and management of COVID-19 patients. For more information, please visit: National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines .

The CDC clinical criteria for considering testing for COVID-19 have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

Contact your local or state health department

Healthcare providers should **immediately** notify their local or state health department in the event of the identification of a PUI for COVID-19. When working with your local or state health department check their available hours.

PRIORITIES FOR COVID-19 TESTING

(Nucleic Acid or Antigen)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, **with** symptoms

Persons identified by public health officials or clinicians as high priority

- Persons **with** symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Persons **without** symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes—currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation).
- Persons **without** symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.

Clinicians considering diagnostic testing of people with possible COVID-19 should continue to work with their local and state health departments to coordinate testing through public health laboratories, or work with commercial or clinical laboratories using diagnostic tests authorized for emergency use by the U.S. Food and Drug Administration.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness.

Other considerations that may guide testing are epidemiologic factors such as known exposure to an individual who has tested positive for SARS-CoV-2, and the occurrence of local community transmission or transmission within a specific setting/facility (e.g., nursing homes) of COVID-19. Clinicians are strongly encouraged to test for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2. Another population in which to prioritize testing of minimally symptomatic and even asymptomatic persons are long-term care facility residents, especially in facilities where one or more other residents have been diagnosed with symptomatic or asymptomatic COVID-19.

SARS-CoV-2 can cause asymptomatic, pre-symptomatic, and minimally symptomatic infections, leading to viral shedding that may result in transmission to others who are particularly vulnerable to severe disease and death. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel, due to their extensive and

close contact² with vulnerable patients in healthcare settings. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

Recommendations for Viral Testing, Specimen Collection, and Reporting

Updated May 3, 2020

Clinicians should immediately implement recommended infection prevention and control practices, including use of recommended personal protective equipment (PPE), if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility if a patient is classified as a Patient Under Investigation (PUI) for COVID-19.

For diagnostic testing for COVID-19 see the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from PUIs for COVID-19 and Biosafety FAQs for handling and processing specimens from possible cases and PUIs.

Clinicians should report positive test results to their local or state health department only.

Recommendations for Antibody Testing

Updated May 3, 2020

CDC does not currently recommend using antibody testing alone for diagnostic purposes.

Additional Resources:

- Nasal (Anterior Nasal) Specimen Collection for SARS-CoV-2 Diagnostic Testing [1 page]
- Guidance – Proposed Use of Point-of-Care (POC) Testing Platforms for SARS-CoV-2 (COVID-19) [2 pages]
- State health department after-hours contact list
- Directory of Local Health Departments
- World Health Organization (WHO) Coronavirus
- WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected
- NIH Coronavirus Disease 2019 (COVID-19) and Treatment Guidelines
- CMS Guidelines
- FAQs on Diagnostic Testing from the FDA

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Additional information is available in CDC's Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Page last reviewed: April 27, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

**SARS-CoV-2 (COVID-19) Fact Sheet****Guidance – Proposed Use of Point-of-Care (POC) Testing Platforms for SARS-CoV-2 (COVID-19)**Overview

Certain diagnostic tests may be performed at the point-of-care, or POC, meaning that the process of medical diagnostic testing occurs at the time and place of patient care, e.g. bedside, physician's office, etc. POC testing offers additional benefits including speed of diagnosis, and simplicity of use (push button, single cassette, etc.). They can include both nucleic acid amplification (molecular) tests that detect the presence of a pathogen, and serological tests that can determine whether or not an individual has immunological evidence of exposure to a pathogen. This type of diagnostic test is a useful component of the diagnostic strategy in response to the SARS-CoV-2 (COVID-19) outbreak.

Nucleic Acid Amplification POC Tests*Mobile platforms*

Mobile platforms are small and portable, and are optimal for deployment to remote, outbreak and crisis situations. These POC instruments are lower throughput (i.e., process less samples in a specified timeframe) than other platforms (instruments), and typically run one sample at a time in 5-30 minutes. For this reason, it may not be feasible to test, for example, an entire manufacturing facility of thousands of employees for COVID-19 with a POC platform. In such a situation, the POC instrument could be used to test prioritized (symptomatic) individuals, while results for asymptomatic individuals could be sent out for processing at an offsite laboratory using high throughput platforms. The Abbott ID NOW is an example of a mobile molecular POC device for COVID-19.

Facility-based platforms

Larger POC platforms, such as the Cepheid GeneXpert® Xpress, another example of a POC device that can be used for COVID-19, are often based in hospitals and medical centers. They have higher throughput than the mobile platforms, but still return results in less than an hour. The components are often self-contained, requiring fewer laboratory resources (i.e., hands-on personnel) than other laboratory-based instruments. Using a rapid, facility-based POC platform to test healthcare providers and symptomatic patients enables maintenance of workforce (rapid return to work), lessens PPE usage, and rapid diagnosis for critically ill patients.

Serological POC Tests

POC serologic testing technologies include single-use, low through-put lateral flow tests where the presence of antibody is demonstrated by a color change on a paper strip. Samples for this type of test are commonly collected through the use of a finger stick.

There are different types of antibodies. IgM is one of the first types of antibody to be produced after a pathogen has entered the body, and is most useful for determining recent infection. In most infections, IgG generally develops after IgM, and may remain detectable for months or years. These are the types of antibodies that are often targeted by serological tests.

CDC, NIH and FDA and other parts of the federal government are evaluating the performance of commercially manufactured antibody tests for SARS-CoV-2 (COVID-19). FDA has authorized emergency use of several of these antibody tests.

Presently, a positive test result from a POC serological test for SARS-CoV-2 (COVID-19) shows that an individual has antibodies that likely resulted from an infection with SARS-CoV-2, or possibly a related coronavirus. It is unclear if those antibodies can provide protection (immunity) against re-infection.

Appropriately validated serology tests, when used broadly as part of seroprevalence studies, can be useful in understanding how many people have been infected and how far the pandemic has progressed. These tests can also be useful to examine demographics and geographic patterns, to determine which

SARS-CoV-2 (COVID-19) Fact Sheet

communities may have had more cases, suggesting more ‘herd immunity’ which reflects the degree of resistance to infection in a population.

Proposed Uses of Point-of-Care Diagnostic Tests for SARS-CoV-2 (COVID-19)

POC rapid tests are envisioned to supplement laboratory testing, enabling testing to be available for communities and populations that cannot readily access laboratory testing or need to quickly address emerging outbreaks. Laboratory testing remains the primary testing mechanism for the nation because of the ability to perform a high volume of tests at one time.

Examples of potential uses for POC instruments for COVID-19 diagnostic purposes include:

- Deployment to rural hospitals or other critical care sites that lack widely available testing.
- Use at public health department testing sites performing CLIA-waived testing for other purposes.
- Deployment to long-term care facilities or correctional institutions. Regulatory requirements and necessary CLIA documentation need to be considered when deploying instruments to these settings if they are not currently performing other POC testing.
- Rapid deployment to aid in the investigation of a newly identified case cluster. This potential use would require careful consideration to ensure the feasibility of rapidly standing up testing.
- Placement in public health laboratories to test high-priority specimens requiring a rapid result.

Regulatory Considerations

There are regulatory considerations that must guide the use of POC instruments for SARS-CoV-2 diagnostic purposes. Testing sites operating a POC diagnostic instrument must have a current certificate via the Clinical Laboratory Improvement Amendments of 1988 (CLIA). During the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services (CMS) will permit a Certificate of Waiver laboratory to extend its existing certificate to operate a temporary COVID-19 testing site in an off-site location, such as a long-term care facility. The temporary COVID-19 testing site is only permitted to perform waived tests, consistent with the laboratory's existing certificate and must be under the direction of the existing lab director. Frequently Asked Questions (FAQs) concerning CLIA Guidance during the COVID-19 Emergency is available [here](#).

For Additional Information

CDC Coronavirus Disease 2019 (COVID-19) – Test for Past Infection -
<https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html>

CDC Coronavirus Disease 2019 (COVID-19) – COVID-19 Serology Surveillance Strategy
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/serology-surveillance/index.html>

CMS Frequently Asked Questions (FAQs), CLIA Guidance During the COVID-19 Emergency -
<https://www.cms.gov/files/document/clia-laboratory-covid-19-emergency-frequently-asked-questions.pdf>

FDA FAQs on Diagnostic Testing for SARS-CoV-2 - <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>



Nasal (Anterior Nasal) Specimen Collection for SARS-CoV-2 Diagnostic Testing

Nasal (Anterior Nasal) Specimen

- Nasal sampling is less invasive and results in less patient discomfort than sampling from other upper respiratory anatomical sites.
- A self-administered nasal swab is similar to a nasopharyngeal swab in detecting coronavirus.
- Collection of nasal swab specimens is less technically complex, so can reduce the risk of the spread of infection to healthcare providers, by (1) reducing the duration of the procedure, and (2) allowing the patient to perform self-collection while under supervision.
- It also lessens PPE utilization, given that the patient can perform self-collection under supervision (versus the health care provider performing the collection).
- The procedure for nasal (anterior nasal) sampling is as follows:
 - Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds.
 - Sample both nostrils with same swab.

Protective Practices for Healthcare Providers Performing Nasal (Anterior Nares) Specimen Collection

- For healthcare providers collecting nasal (anterior nares) specimens, or within 6 feet of patients suspected to be infected with SARS-CoV-2:
 - Maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens.
- For healthcare providers who are observing patient self-collection of nasal (anterior nares) samples, so are therefore handling specimens, but are not directly involved in collection and not working within 6 feet of the patient:
 - Follow Standard Precautions
 - Gloves are recommended. Note that healthcare personnel are recommended to wear a form of source control (facemask or cloth face covering) at all times while in the healthcare facility.
 - PPE use can be minimized through patient self-collection *while the healthcare provider maintains at least 6 feet of separation.*

For Additional Information

FDA FAQs on Diagnostic Testing for SARS-CoV-2 - <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>

CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19), updated as of April 29, 2020 - <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

CDC Laboratory Biosafety and COVID-19: Questions and Answers - <https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>

§ 54.1-2700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Dentistry" means the evaluation, diagnosis, prevention, and treatment, through surgical, nonsurgical or related procedures, of diseases, disorders, and conditions of the oral cavity and the maxillofacial, adjacent and associated structures and their impact on the human body.

§ 54.1-2711. Practice of dentistry.

Any person shall be deemed to be practicing dentistry who (i) uses the words dentist, or dental surgeon, the letters D.D.S., D.M.D., or any letters or title in connection with his name, which in any way represents him as engaged in the practice of dentistry; (ii) holds himself out, advertises or permits to be advertised that he can or will perform dental operations of any kind; (iii) diagnoses, treats, or professes to diagnose or treat any of the diseases or lesions of the oral cavity, its contents or contiguous structures, or (iv) extracts teeth, corrects malpositions of the teeth or jaws, takes impressions for the fabrication of appliances or dental prosthesis, supplies or repairs artificial teeth as substitutes for natural teeth, or places in the mouth and adjusts such substitutes.

No dentist shall be supervised within the scope of the practice of dentistry by any person who is not a licensed dentist.