

Good morning. My name is Dr. Ankur Patel, and I am thankful to Dr. Bistan for the invitation to address the Board this morning. I would like to start my commentary with a quote.

“We’re looking at places where we can innovate and make common-sense changes that improve the licensing process in Wisconsin, while simultaneously meeting our public safety mission. DSPS will continue to diligently review our practices and credentialing requirements to find greater efficiencies for applicants, educators, the healthcare industry and all of our partners.”

- DSPS Secretary Designee, Dan Hereth

It is in the spirit of this quote that I present to you today. I am taking this opportunity to propose common sense changes that improve the licensing process in Wisconsin, without compromising our public safety mission. If DSPS is serious in its commitment to review practices and credentialing requirements, I implore the Wisconsin Dental Examining Board to strongly consider the objective and common-sense solutions that I am sharing today.

For the sake of brevity and to respect the time I have been allocated, my commentary will focus on four distinct pathways and proposals to improve the licensing process in Wisconsin, beyond which has been recently approved for new graduates from the Marquette University School of Dentistry. A fifth pathway is included in Appendix 3, and won't be formally presented by me today in the interest of time. The written document that I have submitted to the Board contains appendices on the final page that will serve as supporting documentation for the proposals.

Pathway 1: Modification of the current Licensure by Endorsement, Statute (2.04)

Rationale: It is unequivocal to appreciate that dentists who have completed undergraduate dental training at a CODA accredited dental school and have **additionally** completed CODA accredited one- or two-year postdoctoral general dentistry residency programs, either an Advanced Education in General Dentistry (AEGD) or a General Practice Residency (GPR), are objectively qualified and competent to safely provision dental care to the public. There is a precedent for this appreciation across the country.

The Commission on Dental Accreditation defines the word “competent” as follows:

“The level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program.”

*AEGD and GPR accreditation Standard 2-2 requires that programs **must** have written goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity **beyond that accomplished in pre-doctoral training:***

- a) operative dentistry;*
- b) restoration of the edentulous space;*
- c) periodontal therapy;*
- d) endodontic therapy;*
- e) oral surgery;*
- f) evaluation and treatment of dental emergencies; and*
- g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.*

Furthermore, Standard 2-15 (AEGD) and Standard 2-19 (GPR) speak to resident evaluation systems to assure that residents meet goals, objectives, and competencies, and that they are assessed on their performance.

Copies of the AEGD and GPR CODA accreditation standards are included in Appendix 2 of my shared document to the Board.

Appendix 2 –

*CODA Accreditation Standards for Postdoctoral Advanced Education in General Dentistry
CODA Accreditation Standards for Postdoctoral General Practice Residency*

Commentary: It is objectively clear that CODA accredited postdoctoral general dentistry programs have standards that illustrate goals, objectives, and competencies that are *at an advanced level of skill and/or case complexity*

beyond that accomplished in pre-doctoral training. It is also objectively clear that CODA accredited postdoctoral general dentistry residency programs have standards that ensure *closure of the loop of competence through assessment and evaluations, as well as outcomes assessment mechanisms.*

Several of the individuals on this Board, even those who may be specialists, can personally attest to the fact that their postdoctoral general dentistry residencies provided didactic and clinical knowledge applications in a live patient setting beyond that of the competencies set forth in their dental schools, and beyond application of a traditional live patient clinical exam.

Look no further than the President of the Wisconsin Dental Licensing Board, who happened to ironically complete his postdoctoral general dentistry residency at the same hospital where I completed my postdoctoral general dentistry residency program. Dr. Bistan vouches on his private practice website that while at his training program, he received extensive training in oral surgery, endodontics, and advanced complex dental reconstruction. I would echo his incredible experience to my own, sharing that my two-year postdoctoral CODA accredited AEGD residency at the Milwaukee VA provided me with rigorous clinical and didactic training, coupled with measured practical experience beyond any training I had in dental school. My postdoctoral residency made me a more skilled and safe practitioner than any third party examination could prove to verify or validate.

It is impossible for me to believe that individuals who have knowledge and a true appreciation of the accreditation standards and rigor of CODA accredited postdoctoral general dentistry programs would not consider these programs ***at least*** “**substantially equivalent**” to an examination administered by a board-approved testing service, which is currently required for dental licensure in the state, nearly across all statutes.

Of all the proposals I will speak to today, perhaps the most simple and common sensical mechanism of change to improve and expand the licensing process in Wisconsin while maintaining the priority on the public safety mission, would be to **modify DE 2.04 Endorsement and include the completion of a CODA accredited postdoctoral general dentistry residency program (AEGD or GPR) as an additional alternative in DE 2.04 (e).**

This would be a safe and simple way to create opportunity to recruit and retain dentists to the State of Wisconsin to serve all of our communities of interest. Additionally, US dental graduates from across the country who have completed these postdoctoral general dentistry residency programs as a primary mechanism to licensure and practice in their current states would now have the opportunity to be accepted into the community of dentists in Wisconsin.

Finally, and still related to Licensure by Endorsement, if the Board feels as though inclusion criteria discussed above related to postdoctoral general dentistry residencies does not align with endorsement candidacy, the Board should allow an applicant to petition the board for a determination that the applicant’s credentials are substantially equivalent to the requirements for licensure by endorsement, in lieu of taking an examination.

Recommendations:

1. Recognize the goals, objectives, competencies, evaluation mechanisms, and practical components of application that CODA accredited post-doctoral general dentistry programs require in order to matriculate the residency programs.
2. **Modify DE 2.04 (e)** to read:
(e) The applicant has successfully completed a licensing examination that, in the board's judgment, is substantially equivalent to an examination administered by a board-approved testing service, **or, alternatively, has successfully completed a one or two year CODA accredited postdoctoral general dentistry residency program (AEGD or GPR),** or has successfully completed a board specialty certification examination in a dental specialty recognized by the American Dental Association.
3. Alternatively, regarding the endorsement statute, consistent with a pathway in the State of Michigan (for example), for applicants who have been licensed in another state for at least 5 years that did NOT require the successful completion of a regional or state exam, at the very least, allow an applicant to petition the board for a determination that the applicant’s credentials are substantially equivalent to the requirements for licensure by endorsement instead of taking an examination.

Pathway 2: Licensure by Residency

Rationale: There is precedent across multiple and neighboring states, coupled with common sensical reasoning, to create a new pathway in the State of Wisconsin which permits “licensure by residency.”

For precisely the same reasons listed above, CODA approved postdoctoral general dentistry residencies should stimulate discussion amongst the Board for its own unique pathway to “licensure by residency” in Wisconsin. If modification to DE 2.04 (e) is not a preferred mechanism, the recognition that these programs demonstrate that graduates are educationally and clinically competent to provide safe dental care to the public, should inspire the Board to consider a separate pathway of Licensure by Residency.

Appendix 2 –

CODA Accreditation Standards for Postdoctoral Advanced Education in General Dentistry

CODA Accreditation Standards for Postdoctoral General Practice Residency

Recommendation:

1. **Create a Waiver of Clinical Examination//Licensure by Residency Clause with the following requirements:**
 - a. I propose that the Board shall waive the clinical examination required for licensure for any dentist applicant who is a graduate of a dental school accredited by the Commission on Dental Accreditation, who has passed all components of the National Board Dental Examinations, and who has satisfactorily completed a postdoctoral general dentistry residency program (GPR) or an advanced education in general dentistry (AEGD) program after January 1, 2004.
 - b. The postdoctoral program must be accredited by the Commission on Dental Accreditation, be of at least one year's duration, and include an outcome assessment evaluation assessing the resident's competence to practice dentistry.

Pathway 3: Licensure by Credential

Rationale: If the intent of DSPS is to truly open up licensing pathways to bolster and support the need for clinical dentists in our State to provide access to safe dental clinical care, the Board should consider a true licensure by credential pathway. As States around the country have evolved to accept various pathways for licensure, which, in their judgement is sufficient to ensure safe provision of care and licensing, Wisconsin should look at those States and Dental Boards as not foreign entities with unreasonable ideas, but to consider the evidence that those licensed dentists should be considered for licensure by credential to practice in the State of Wisconsin.

Recommendation:

Consider a third pathway for licensure, alongside examination and endorsement candidates. Create a Licensure by Credential.

Bordering Wisconsin, Michigan, Minnesota and Iowa all have reasonable pathways related to active practice as the criteria for licensure by credential.

- (a) – (Mirroring Licensure by Credential, Minnesota)** Any dentist, upon application and payment of a fee established by the board, apply for licensure based on the applicant's performance record in lieu of passing an examination approved by the board and be interviewed by the board to determine if the applicant:
- (1)** has passed all components of the National Board Dental Examinations;
 - (2)** has been in active practice at least 2,000 hours within 36 months of the application date, or passed a board-approved reentry program within 36 months of the application date;
 - (3)** currently has a license in another state or Canadian province and is not subject to any pending or final disciplinary action, or if not currently licensed, previously had a license

in another state or Canadian province in good standing that was not subject to any final or pending disciplinary action at the time of surrender;

(4) is of good moral character and abides by professional ethical conduct requirements;

(5) at board discretion, has passed a board-approved English proficiency test if English is not the applicant's primary language; and

(6) meets other credentialing requirements specified in board rule.

(b) – (Mirroring Licensure by Credential, Iowa)

(1) Evidence that the applicant has met at least one of the following:

(1) Has less than three consecutive years of practice immediately prior to the filing of the application and evidence of successful passage of a board-approved clinical examination pursuant to subrule 11.2(2) within the previous five-year period; *or*

(2) Has for three consecutive years immediately prior to the filing of the application been in the lawful practice of dentistry in such other state, territory or district of the United States.

Pathway 4: Licensure by Reciprocity/Modification to DE 2.035

Rationale: The State of Wisconsin has already honored special provisions for service members, former service members, and their spouses with a legal pathway to care for citizens of the State via Licensure by Reciprocity. These provisions have positively impacted *only a subset* of the Federal Dental Services. Dentists practicing within the United States Public Health Service and the United States Department of Veterans' Affairs have been excluded from DE 2.035. Nationally and as recognized by the American Dental Association, dentists in the Department of Veterans Affairs dentists and dentists under the umbrella of the U.S. Public Health Service are equally a part of the Federal Dental Services as those dentists in the Armed Forces. As it relates to safety, VA dentists for example, and similar to those in the Armed Forces, are subject to continual credentialing reviews and ongoing professional practice evaluations to ensure competence, beyond the measures seen for dentists in the private sector. All Federal Dentists contributing to a clinical care mission have met US state licensure requirements and are recognized as safe and competent practitioners in their communities of care.

Recommendation:

- Modify "Service Member" nomenclature to include members of the Federal Dental Services of the US Public Health Service and the United States Department of Veterans' Affairs in Statute 440.09(b) - Reciprocal credentials for service members, former service members, and their spouses.
- Modify DE 2.035 to rightfully include the other Federal Dental Services for this pathway to licensure in the State of Wisconsin

Appendices

Appendix 1 – Ankur D. Patel, Resume/CV



Ankur Patel - CV -
Updated October 20

Appendix 2 – CODA Accreditation Standards for Postdoctoral Advanced Education in General Dentistry CODA Accreditation Standards for Postdoctoral General Practice Residency



Advanced_Educatio
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General_Practice_Re
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Appendix 3

Appendix 3 includes a pathway to recognize CODA accredited AEGD and GPR programs as “testing agencies” -

Pathway 1: Recognize CODA Accredited Postdoctoral General Dentistry Residency Programs (Advanced Education in General Dentistry – AEGD & General Practice Residency - GPR) as “dental testing services.”

Rationale: According to DE 2.005, related to dental testing service requirements, a dental testing service may be approved if all the testing service’s exams meet the requirements to 1) test clinical knowledge and 2) include a practical component on application of the basic principles utilizing live human patients or simulated patients.

The Commission on Dental Accreditation defines the word “competent” as follows:

Competent: *The level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program.*

In both GPR and AEGD standards, Standard 2-2 states the following.

2-2 (AEGD) // 2-2 (GPR) The program must have written goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:

- a) operative dentistry;*
- b) restoration of the edentulous space;*
- c) periodontal therapy;*
- d) endodontic therapy;*
- e) oral surgery;*
- f) evaluation and treatment of dental emergencies; and*
- g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.*

Furthermore, in both GPR and AEGD accreditation standards, Standard 2-15 (AEGD) and Standard 2-19 (GPR) state the following.

2-15(AEGD) // 2-19 (GPR) - The program’s resident evaluation system must assure that, through the director and faculty, each program:

- a) periodically, but at least three times annually, evaluates and documents the resident’s progress towards achieving the program’s written goals and objectives or competencies for resident training using appropriate written criteria and procedures;*
- b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and*

c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

Appendix 1 –
CODA Accreditation Standards for Postdoctoral Advanced Education in General Dentistry
CODA Accreditation Standards for Postdoctoral General Practice Residency

Commentary:

- I would urge the Board to consider the common sensical nature of this pathway.
- It is objectively clear that CODA accredited postdoctoral general dentistry programs have standards that illustrate goals, objectives, and competencies that are *at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training.*
- It is also objectively clear that CODA accredited postdoctoral general dentistry residency programs have standards that ensure *closure of the loop of competence through assessment and evaluations, as well as outcomes assessment mechanisms.*
- CODA accredited postdoctoral general dentistry residency programs not only test clinical knowledge and include practice components on application of basic principles, but clearly and objectively have standards that exceed basic principles by the nature of the program requirements.

Recommendations:

1. Recognize the goals, objectives, competencies, evaluation mechanisms, and practical components of application that CODA accredited post-doctoral general dentistry programs require in order to matriculate the residency programs.
2. Recommend review to the Board's legal counsel to confirm that the academic milestones are enough to qualify CODA accredited post-doctoral general dentistry programs as "testing-centers."
3. In the pathway for licensure by endorsement, DE 2.04, recognize CODA accredited post-doctoral general dentistry residency programs substantially equivalent to an examination administered by a board-approved testing service.
4. ***Approve CODA Accredited Postdoctoral General Dentistry Residency Programs (AEGD, GPR) as a dental testing services under Wis. Stat. s. 447.04(1)(a)4 as they satisfy the requirements set forth in Wis. Admin. Code s. DE 2.005(1) and (2)" and permit applicants with evidence of satisfactory completion of such a program with the same exemption being granted to graduates of Marquette University School of Dentistry.***