

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**HEARING DATE:** January 6, 2014

**SUBJECT MATTER OF PROPOSED REGULATIONS:** Portfolio Examination Requirements

**SECTION(S) AFFECTED:** Amend California Code of Regulations, Title 16, Sections 1021, 1028, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035, and 1036; Adopt California Code of Regulations, Title 16, Sections 1032.7, 1032.8, 1032.9, 1032.10; and, Repeal California Code of Regulations, Title 16, Sections 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039

**INTRODUCTION:**

In 2008, the Dental Board of California (Board) began considering alternative pathways for initial licensure for dentists and contracted with Comira, a psychometric consulting company, to explore the feasibility of those pathways. The Board had concerns about existing clinical examinations, especially in terms of validity of the content tested and the reliability of judgments made on examinee performance. Comira identified four alternatives to initial licensure based on interviews, observations, and documentation; those alternatives were: (1) Curriculum Integrated Format (CIF), (2) Objective Standardized Clinical Examination (OSCE), (3) traditional portfolio, and (4) a hybrid portfolio examination. The hybrid portfolio examination was an alternative based upon the synthesis of the traditional portfolio and test cases (or competency cases) used in the dental schools for competency evaluations.

Comira studied the feasibility of these alternative pathways in consultation with the Board-approved pre-doctoral dental schools located in California. In February 2009, Comira prepared a report for the Board entitled *Alternative Pathways for Initial Licensure for General Dentists, Final Report, February 9, 2009* which provided findings and evidence to support the feasibility of an additional examination for the Board to add as a pathway to initial licensure. The report supported the conclusion that the hybrid portfolio examination model satisfied the criteria identified by the Board and the psychometric consultants. Minimum competence could be built into standardized rating scales and extensive calibration and re-calibration of the examiners would address psychometric issues such as reliability and validity. Psychometric issues of validity and reliability could be addressed through careful specification of standards, criteria and scoring guides, and thorough calibration and training of designated examiners. The Board would be responsible for final approval of portfolio information, conducting site visits, and performing periodic audits of detailed portfolio documentation.

Comira concluded that the most noticeable strength of the Board-approved pre-doctoral dental schools located in California was the thoroughness of their clinical training and the commitment of their faculty to the students. The faculty understood the distinction between their role as a mentor and as an examiner in that there was no intervention

during any competency examination unless the patient was in danger of being harmed. All of the dental school's programs had extensive training to calibrate their examiners, including detailed PowerPoint presentations, trial grading sessions, and training and mentorship of new examiners with experienced examiners. There were rating systems in place at each of the schools which evaluated the same competencies; however, the rating systems for key competencies would require standardization across schools in order to interpret the scores derived from the competency examinations on a common metric. Calibration to these rating systems would need to be implemented as well. The involvement of independent parties to make decisions about minimum competence could ensure fairness of ratings if faculty from other departments within the school and/or faculty from other schools are used in the rating process.

Comira also noted that there are important advantages of using actual patients of record within the dental schools instead of simulated (manikin) patients. First, procedures are performed as part of treatment thereby eliminating circumstances fostering commercial procurement of patients, particularly the cost of such patients. Second, the safety and protection of patients is ensured because procedures are performed in the course of treatment. Third, candidates would be treated similarly at all of the dental schools in a manner that allows communication of examination logistics and results.

Subsequently, Comira prepared an additional report for the Board entitled *Portfolio Examination to Qualify for California Dental Licensure, December 1, 2009* which defined the competencies to be tested in the portfolio examination and provided background research for the examination's implementation process. Comira had conducted focus groups of key faculty from the Board-approved pre-doctoral dental schools located in California to identify the competencies to be assessed in a systematic way beginning with an outline of major competency domains and ending with a detailed account of major and specific competencies organized in outline fashion. All participants provided input in a systematic, iterative fashion, until consensus was achieved. The competencies identified from this report served as the framework for the evaluation system, training and calibration procedures for examiners, and audit procedures for evaluating the efficacy of the final process.

Using the findings of these two reports, the Board sponsored legislation, Assembly Bill 1524, during the 2009-2010 Legislative Session. Assembly Bill 1524 was authored by Assembly Member Mary Hayashi and eliminated the clinical and written examination administered by the Board and replaced it with a portfolio examination of an applicant's competence to enter the practice of dentistry, to be conducted while the applicant is enrolled in a Board-approved dental school located in California. The bill required the portfolio examination to utilize uniform standards of clinical experiences and competencies as approved by the Board. The bill provided that at the end of that dental school program, the passage of a final assessment of the applicant's portfolio was required, subject to certification by his or her dean and payment of a \$350 application fee. The bill specified that the portfolio examination could not be conducted until the Board adopted regulations to implement the portfolio examination. The bill required the Board to oversee the portfolio examination and final assessment process, and required

the Board to biennially review each dental school with regard to the standardization of the portfolio examination. The bill also set forth specified examination standards, including direction for the Board to consult with the Board-approved dental schools located in California to approve portfolio examination competencies and the minimum number of clinical experiences necessary for the successful completion of the portfolio examination. The bill specified that the Board would require and verify successful completion of competency examinations that were performed on a patient of record of the dental school, including, but not limited to, the following: (1) comprehensive oral diagnosis and treatment planning, (2) periodontics, (3) direct restorations, (4) indirect restorations, (5) removable prosthodontics, and (6) endodontics. On September 29, 2010, Governor Arnold Schwarzenegger signed Assembly Bill 1524 (Chapter 446, Statutes of 2010), enacting the portfolio examination pathway to dentistry licensure in California.

Once the Board received its statutory authority to implement the portfolio examination via Assembly Bill 1524, the Board once again contracted with the same psychometric consultants, who moved from Comira to PSI Services LLC, to work with the Board-approved dental schools located in California to develop the final framework and write the report entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013* for the Board to utilize in the development of proposed regulations to implement the portfolio examination. The Board-approved dental schools located in California include: (1) Loma Linda University, (2) University of California, Los Angeles, (3) University of California, San Francisco, (4) University of the Pacific, (5) University of Southern California, and (6) Western University of Health Sciences. Using the information contained in the report, proposed regulatory language was developed and the Board voted to initiate the rulemaking process on August 26, 2013.

**SPECIFIC PURPOSE FOR EACH ADOPTION, AMENDMENT, OR REPEAL:**

The Board proposes to amend, add and repeal various sections within Title 16 of the California Code of Regulations to implement the portfolio examination requirements. Specifically, the Board is proposing the following:

**Amend Section 1021 of Article 6 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations (Examination, Permit and License Fees for Dentists):**

This proposal would amend section 1021 relative to examination, permit, and licensing fees for dentists. This proposal would delete provisions in subsection (a) related to the initial application for the Board's clinical and written examination. This proposal would also delete subsection (d) relative to the \$450 clinical and written examination fee. The enactment of Assembly Bill 1524 replaced the provisions relating to the Board's clinical and written examination with the provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

Additionally, this proposal would add a notation that all examination, licensure, and permit fees for dentistry may not be included in section 1021, and may appear in the

Business and Professions Code. Business and Professions Code section 1632(c)(1) provides that the application fee for the portfolio examination is \$350. Since the application fee is specified in statute, it is not necessary to include the fee in regulation. Therefore, applicants and licensees researching the Dental Practice Act and related regulations need to clearly understand that section 1021 may not include all fee information.

It should be noted that the Board has promulgated a separate rulemaking proposal to amend section 1021 to raise the initial licensure fee and the biennial renewal fee for dentists from \$365 to \$450 to correct a structural imbalance between its revenue and expenditures. While both proposed rulemakings have been promulgated, the Board does not intend that the proposed amendments in section 1021 of the portfolio examination requirements proposed rulemaking would supersede the proposed amendments in section 1021 of the proposed fee increase rulemaking in the event this rulemaking is approved by the Office of Administrative Law subsequent to the approval of the fee increase. Rather, the Board intends for the proposed amendments of this rulemaking to work congruently with the proposal to raise the initial licensure and biennial renewal fees.

This proposal would renumber the subsection order to reflect the Board proposed amendments.

Amend Section 1028 of Article 2 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Application for Licensure):

This proposal would amend section 1028 relative to application for licensure via the Western Regional Examination Board (WREB) examination or the portfolio examination, as follows:

Subsection 1028(a): This proposal would amend subsection 1028(a) to clearly reference the existing *Application for Licensure to Practice Dentistry (WREB)* as Form 33A-22W (Revised 11/06) and to adopt a new form entitled *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)*, which have both been incorporated by reference. There have been no changes made to the existing form *Application for Licensure to Practice Dentistry (WREB)*, rather, this amendment is intended to identify the form number and revision date as previously adopted by the Board in the codified text.

The new form entitled *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)* has been proposed to replace the *Application for Examination for Licensure to Practice Dentistry* relative to the Board's clinical and written examination. Since the Board no longer has statutory authority to administer its clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

New Subsection 1028(b): This proposal would relocate language from subsection (a) to create a new subsection (b) to clearly specify that an application for licensure must be accompanied by specified information. This proposal would make the following changes:

- This proposal would amend existing regulations to specify that applications for licensure are required to be accompanied by satisfactory evidence that the applicant has met all applicable requirements in Business and Professions Code sections 1628 and 1632 relative to eligibility for examination and required examinations.
- This proposal would further specify that an applicant is required to furnish two classifiable sets of fingerprints or submit a Live Scan inquiry for the purpose of establishing the identity of the applicant and to authorize the Board to conduct a criminal history record check. This proposal specifies that the applicant is responsible for paying any costs for furnishing the fingerprints and conducting the criminal history record check. The proposed amended language provides consistency with other Board regulatory provisions. These requirements are reasonably necessary in order for the Board to verify that an applicant has “not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Business and Professions Code section 480.” Section 480 authorizes a board to deny licensure based on an applicant’s conviction of a substantially-related crime or the commission of an act substantially-related to the qualifications, functions or duties of a licensed dentist. A criminal background check cannot be effectuated if the Board does not have the appropriate personal identifying information. Further, the Board is authorized to require applicants to furnish fingerprints for criminal background checks under Business and Professions Code section 1629. Applicants will incur costs associated with furnishing fingerprints for the purpose of the Board conducting a criminal history check. The cost for an applicant to get fingerprinted via Live Scan is approximately \$63.00. Of this fee, \$49.00 goes to the Department of Justice for conducting the background check and providing criminal record reports to the Board; an average of \$14.00 goes to the vendor for fingerprinting the individual. The vendor’s fee ranges from \$5.00 to \$45.00 with the average fee being \$14.00. For those who are not able to submit fingerprints electronically via Live Scan, the fee for the Board to process “ink on cards” fingerprints is \$49. The fingerprinting fee of \$49 (\$17 FBI + \$32 DOJ) is a direct cost to be paid to the Department of Justice for the purpose of conducting a criminal history check. The Board does not determine this fee.
- This proposal would require a certification of license status, rather than a verification of license status, from each state or jurisdiction in which licensure as a dentist has been obtained. License verification only

provides basic information (e.g. license issue date, expiration date, status). The information can be submitted by means of a letter or printout from the state board website. A letter of certification is an official document from the state board with a signature and seal. It includes basic information and information on whether any disciplinary action has been taken against the licensee. Requiring a license certification would provide the Board with the means to license qualified applicants to provide qualified patient services in the interest of consumer protection.

- This proposal would delete provisions requiring applicants to provide satisfactory evidence of liability insurance or of financial responsibility in accordance with Business and Professions Code section 1628(c) relative to eligibility for examination requirements. The eligibility requirement in Business and Professions Code section 1628(c) was applicable only to the Board's clinical and written examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.
- This proposal would require an applicant to provide information regarding gender, in addition to the existing required information (i.e. name, social security number, address of residency, mailing address if different from address of residency, date of birth, and telephone number). The Board utilizes information contained in applicant files; in the event the Board needs to conduct an inspection or an investigation, information regarding the licensee's gender would aid in identification of the correct person.
- This proposal would delete the requirement for an applicant to provide preferred examination site(s) in California unless the applicant has passed the Western Regional Examining Board (WREB). The Board needed to be aware of preferred examination sites when it administered its clinical and written examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.
- This proposal would require applicants to provide information as to whether the applicant has ever taken the California law and ethics written examination. Business and Professions Code section 1632(b) requires applicants for licensure to take an examination in California law and ethics developed and administered by the Board. The Board has developed a computer-based examination and administers the exam via PSI Exams. The California law and ethics written examination may be taken a year prior to graduation and the scores are valid for two years from the date the candidate is notified of the results. An applicant must successfully pass the California law and ethics written examination prior to being issued a

license. The Board does not have a preference as to when an applicant would submit the application to take the California law and ethics written examination; it may be submitted prior to the submission of the application for licensure, submitted with the application for licensure, or submitted after the Board has received the application for licensure.

- This proposal would specify that a 2-inch by 2-inch passport style photograph of the applicant must be submitted with the *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)*. Applicants seeking licensure via WREB must already provide a 2-inch by 2-inch passport style photograph. The Board utilizes information contained in applicant files; in the event the Board needs to conduct an inspection or an investigation, the licensee's photography would aid in identification of the correct person.
- This proposal specifies that information regarding the applicant's postgraduate study education should be submitted with the application only if applicable. While applicants for the examinations would have completed dental education, not all may have completed postgraduate study.
- This proposal would move the provision requiring certification from the dean of the dental school that the applicant has graduated with no pending ethical issues to a later subsection for clarity purposes.
- This proposal would update the provisions requiring an applicant to provide information regarding convictions of the law to be consistent with the Board's regulations (California Code of Regulations, Title 16, section 1018.05). Section 480 authorizes a board to deny licensure based on an applicant's conviction of a substantially-related crime or the commission of an act substantially-related to the qualifications, functions or duties of a licensed dentist.

Delete Existing Subsection 1028(b): This proposal would delete the provisions of the existing subsection (b) that specify application requirements for the Board's clinical and written examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

Subsection 1028 (c): This proposal would specify that an applicant applying on the *Application for Licensure to Practice Dentistry (WREB) Form 33A-22W (Revised 11/06)* would have to furnish evidence of successfully passing the WREB examination, as specified. This proposal would provide a clear indication of which form an applicant should use.

Subsection 1028 (d): This proposal would specify that an applicant submitting an *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)* would also need to furnish certification from the dean of the qualifying dental school attended by the applicant to certify graduation with no pending ethical issues. According to the *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 10, 2013*, students who participate in the portfolio examination pathway must: (1) be in good academic standing in their institution at the time of portfolio examination and be signed off by the dean of their respective schools, and (2) have no pending ethical issues at the time of the portfolio examination and must be signed off by the dean of their respective schools.

Subsection 1028 (e): This proposal would specify that the *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)* may be submitted prior to graduation as long as the application is accompanied by a certification from the school that the applicant is expected to graduate. This proposal provides that the Board will not issue a license until it is in receipt of a certification from the dean of the school attended by the applicant, certifying the date the applicant graduated with no pending ethical issues on school letterhead.

This proposal provides that the earliest date that an applicant may submit their portfolio for Board review is within ninety (90) days of graduation. The latest date that an applicant may submit their portfolio for Board review is no more than ninety (90) days after graduation. The applicant is responsible for arranging with the dean of the applicant's dental school for the school to submit the completed portfolio materials to the Board. The Board is required to review the submitted portfolio materials to determine if it is complete and that the applicant has met the requirements for licensure by portfolio examination.

Adopt the *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)*, that is incorporated by reference:

Applicants would be required to submit the *Application for Determination of Licensure Eligibility (Portfolio) Form 33A-22P (New 08/2013)* to the Board when applying for dentistry licensure via the portfolio examination pathway. The proposed amendments to section 1028 specify the requirements necessary to apply for licensure; and this proposal provides a form that applicants can use to meet the requirements for licensure via the portfolio examination pathway. The form includes space for all of the required information to be submitted.

Specifically, Form 33A-22P would include the following:

- Information regarding the \$350 application fee. The application fee for the portfolio pathway is established in Business and Professions Code section 1632(c)(1). The Board does not have authority to establish the application fee in regulations.



- Information that all applicants are required to submit fingerprints via Live Scan. The form will also provide information that applicants are responsible for paying the fee of \$49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.
- Requires the applicant to disclose his or her United States social security number. Business and Professions Code section 30 requires the licensee provide his or her social security number at the time of issuance of a license.
- Requires the applicant to provide his or her birthdate, legal name, any other used names, mailing address, alternate address if applicable, telephone numbers, and gender.
- Requires the applicant to answer whether or not he or she has previously taken the California Dentistry law and ethics examination.
- Requires the applicant to answer if he or she has a disability or condition that requires special accommodation. If the applicant answers yes, the applicant is directed to fax the Board for a “Request for Accommodation” packet.
- Requires the applicant to answer if he or she has been issued a dental license in any State or Country. If the applicant answers yes, the applicant is directed to submit a certification of license for each State or Country.
- Requires the applicant to attach a 2-inch by 2-inch passport style photograph.
- Requires the applicant to disclose information regarding dental education. Such information includes the name and location of the institution attended, the period of attendance, graduation date, and degree or diploma granted.
- Requires the dean of the dental college granting the applicant’s degree to certify attendance, successful completion of curriculum requirements in good academic standing with no pending ethical issues, and graduation status with a specified degree.
- Requires the applicant to answer if he or she has any pending or has ever had any disciplinary action taken or charges filed against a dental license or other healing arts license, including actions taken by the U.S. Military, the U.S. Public Health Service or other U.S. federal government entity. If answered yes, the applicant is required to provide a detailed explanation and specified documentation.

- Requires the applicant to answer if there are any pending investigations by and State or Federal agency against him or her. If answered yes, the applicant is required to provide a detailed explanation and specified documentation.
- Requires the applicant to answer if he or she has ever been denied a dental license or permission to take a dental examination. If answered yes, the applicant is required to provide a detailed explanation and specified documentation.
- Requires the applicant to answer if he or she has ever surrendered a license. If answered yes, the applicant is required to provide a detailed explanation and specified documentation.
- Requires the applicant to answer if he or she is in default on a U.S. Department of Health Services education loan. If answered yes, the applicant is required to provide a detailed explanation.
- Requires the applicant to answer if he or she has ever been convicted of any crime. If answered yes, the applicant is required to provide a detailed explanation and specified documentation.
- Requires the applicant to certify their statements under penalty of perjury and attest that the individual is the applicant.

The foregoing form is necessary to create a process for the Board for review of portfolio examination applicants. The certification and disclosure requirements also assist in ensuring accurate, timely and complete information is being provided to the Board prior to making a decision to grant or deny licensure.

This proposal would renumber the subsection order to reflect the Board's proposed amendments.

Amend Section 1030 of Article 2 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Theory Examination):

This proposal would provide clarification that the applicant is required to successfully complete the National Board of Dental Examiners' examination and submit confirmation to the Board prior to submission of the *Application for Issuance of License Number and Registration of Practice (Rev. 11-07)*. An applicant seeking dental licensure via an examination pathway must meet specified criteria prior to being able to submit the *Application for Issuance of License Number and Registration of Practice (Rev. 11-07)*; the criteria includes: (1) successful completion of the written examinations of the National Board Dental Examination, (2) successful completion of an examination in California law and ethics, and (3) successful completion of either the portfolio examination or clinical and written examination administered by WREB. This amendment would provide clarification of the requirements that must be met prior to

being issued a license. There are no proposed changes to the form itself, as it was previously adopted and filed with the Secretary of State. This proposal is merely a clarifying amendment to clearly explain the requirements for applicants.

This proposal also deletes provisions related to the Board's clinical and written examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

Amend Section 1031 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Supplemental Examinations in California Law and Ethics):

This proposal would update the reference sections to delete Business and Professions Code section 1633.5 and add Business and Professions Code section 1634.1. Section 1633.5 was repealed in 2004 and is no longer relevant to this regulatory section. Section 1634.1 provides for dental licensure via credentialing and requires successful completion of the California law and ethics examination.

Amend Section 1032 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Eligibility):

This proposal would delete provisions relating to the requirements of demonstration of skill for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

This proposal would add provisions relating to an applicant's eligibility to take the portfolio examination. This proposal would specify that the portfolio examination is conducted while the student is enrolled in a Board-approved dental school located in California. The student may elect to begin the portfolio examination process during the clinical training phase of dental education and the student must obtain the approval of his or her clinical faculty prior to beginning the portfolio examination. Once a student elects to begin the portfolio examination he or she becomes an examinee. These provisions would provide clarification as to what point in time a student could elect to take the portfolio examination as a pathway to dental licensure in California.

Amend Section 1032.1 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Definitions):

This proposal would delete provisions relating to the requirements of the written endodontics diagnosis and treatment planning examination for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

This proposal would add definitions for terms used throughout Article 3 in relation to the Board's portfolio examination. These definitions provide clarity as to the meaning of each term.

Amend Section 1032.2 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Requirements for Demonstration of Clinical Experience):

This proposal would delete provisions relating to the requirements of the written removable prosthodontics evaluation examination for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

This proposal would add provisions related to the minimum number of clinical experiences an examinee must complete in each of the specified competencies prior to submitting their portfolio to the Board. Clinical experiences are the procedures that an examinee must complete. Clinical experiences are required to be performed on patients under the supervision of school faculty and are required to be performed at the dental school clinic, an extramural dental facility, or a mobile dental clinic approved by the Board. The portfolio documentation that is submitted to the Board is required to contain documentation that the examinee successfully completed a specified minimum number of clinical experiences in each of the examination competencies. Establishing minimum requirements for the number of clinical experiences that must be completed provides the examinee with sufficient understanding, knowledge, and skill level to reliably demonstrate competency.

This proposal would require evidence of successful completion of clinical experiences to be certified by the director of the school's clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*, which is incorporated by reference. This form is required to be maintained in the examinee's portfolio.

This proposal amends the Business and Professions Code section references to include the statutory sections applicable to the Board's portfolio examination.

Adopt the *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/2013)*, that is incorporated by reference:

The examinee's portfolio is required to include the *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/2013)*. The proposed amendments to section 1032.2 specify that evidence of successful completion of clinical experiences are to be certified by the director of the school's clinical education program on this form. The form includes space for all of the required information to be submitted. Specifically, Form 33A-23P would include the following:

- Requires the examinee's name and dental college to be filled out on the form.
- Requires the director of the school's clinical education program to fill in the date the minimum number of required clinical experiences was complete in the appropriate row corresponding with the competency.
- Requires the director of the school's clinical education program to certify that the information provided on the form is true and correct along with the director's signature and date signed.

The foregoing form is necessary to create a process for the Board for review of portfolio examination applicants. The certification and disclosure requirements also assist in ensuring accurate, timely and complete information is being provided to the Board prior to making a decision to grant or deny licensure.

Amend Section 1032.3 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Oral Diagnosis and Treatment Planning (ODTP)):

This proposal would delete provisions relating to the requirements of the clinical periodontics examination for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

The proposal for the oral diagnosis and treatment planning (ODTP) competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The ODTP competency examination is designed to assess the candidate's ability to identify and evaluate patient data and clinical findings; formulate diagnoses; and plan treatment interventions from a multidisciplinary perspective.

This proposal would add provisions relating to the requirements for the ODTP competency of the portfolio examination. The examinee's portfolio is required to include documentation of the minimum number of ODTP clinical experiences and documentation of the ODTP portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school's clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the ODTP competency examination. Satisfactory proof would mean the ODTP competency examination has been approved by the designated dental school faculty.

This proposal would specify that the ODTP competency examination includes:

- Fifteen (15) specified scoring factors;
- Initiation and completion of one (1) multidisciplinary portfolio competency examination;
- A treatment plan involving at least three (3) of the following six disciplines: periodontics, endodontics, operative (direct and indirect restoration), fixed and removable prosthodontics, orthodontics, and oral surgery;
- Medical history for dental treatment provided to patients which includes an evaluation of past illnesses and conditions, hospitalizations and operations, allergies, family history, social history, current illnesses and medications, and their effect on dental condition;
- Dental history for dental treatment provided to clinical patients which includes the age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts;
- Specified documentation of a comprehensive examination for dental treatment provided to patients;
- Specified documentation that the examinee evaluated data to identify problems;
- Specified documentation that the examinee worked-up the problems and developed a tentative treatment plan; and
- Specified documentation the examinee developed a final treatment plan.

This proposal would specify that the patient used for the ODTP competency examination is required to meet minimum criteria including:

- Maximum of ASA II, as defined by the American Society of Anesthesiologists (ASA) Physical Status Classification System;
- Missing or will be missing two or more teeth, not including third molars; and
- At least moderate periodontitis with probing depths of five (5) millimeters or more.

This proposal would define the ODTP competency examination scoring system as follows:

- A score of 0 is unacceptable; examinee exhibits a critical error;
- A score of 1 is unacceptable; major deviations that are correctable;
- A score of 2 is acceptable; minimum competence;

- A score of 3 is adequate; less than optimal;
- A score of 4 is optimal

A score rating of “2” is required as the minimum competence level of performance.

Amend Section 1032.4 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Direct Restoration):

This proposal would delete provisions relating to the requirements of the clinical amalgam restoration and the composite resin restoration examination for the Board’s clinical and written examination. The statutory provisions related to the Board’s clinical and written examination were replaced with the statutory provisions related to the Board’s portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

The proposal for the direct restoration competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The competency examinations for direct restoration are designed to assess the examinee’s independent ability to restore teeth with interproximal primary carious lesions to optimal form, function and esthetics.

This proposal would add provisions relating to the requirements for the direct restoration competency of the portfolio examination. The examinee’s portfolio is required to include documentation of the minimum number of direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school’s clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the direct restoration competency examination. Satisfactory proof would mean the direct restoration competency examination has been approved by the designated dental school faculty.

This proposal would specify that the direct restoration competency examination include documentation of the examinee’s clinical competency to perform a Class II, Class III and Class IV direct restoration on teeth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials. The case selection for the competency examination is required to be based on minimum direct restoration criteria for any permanent anterior or posterior teeth. This proposal provides that each procedure may be considered a clinical experience. The direct restoration competency examination is also required to include:

- Seven (7) specified scoring factors;

- Two (2) restorations: One (1) Class II amalgam or composite, maximum one slot preparation; and one (1) Class II amalgam or composite, or Class III/IV composite; this proposal specifies that the restoration may be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately;
- A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained;
- Patient management, meaning that the examinee is familiar with the patient's medical and dental history; and
- Implementation of any treatment modifications needed that are consistent with the patient's medical history.

This proposal would specify that the tooth used for each of the direct restoration competency examinations is required to meet minimum criteria including:

- A Class II direct restoration is required to be performed on any permanent posterior tooth, and is required to meet the following criteria:
  - The treatment shall be performed in the sequence described in the treatment plan;
  - More than one test procedure shall be performed on a single tooth; teeth with multiple lesions may be restored at separate appointments;
  - Caries as shown on either of the two required radiographic images of an unrestored proximal surface shall extend to or beyond the dento-enamel junction;
  - The tooth to be treated shall be in occlusion;
  - The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces;
  - The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment; and



- Any tooth with bonded veneer is not acceptable.
- A Class III/IV direct restoration is required to be performed on any permanent anterior tooth, and is required to meet the following criteria:
  - The treatment shall be performed in the sequence described in the treatment plan;
  - Caries as shown on the required radiographic image of an unrestored proximal surface shall extend to or beyond the dento-enamel junction;
  - Carious lesions shall involve the interproximal contact area;
  - The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces;
  - The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment;
  - The lesion shall not be acceptable if it is in contact with circumferential decalcification;
  - Procedural approach shall be appropriate for the lesion on the tooth; and
  - Any tooth with bonded veneer is not acceptable.

This proposal would define the direct restoration competency examination scoring system as follows:

- A score of 0 is unacceptable; examinee exhibits a critical error;
- A score of 1 is unacceptable; multiple major deviations that are correctable;
- A score of 2 is unacceptable; one major deviation that is correctable;
- A score of 3 is acceptable; minimum competence;
- A score of 4 is adequate; less than optimal; and
- A score of 5 is optimal.

A score rating of “3” is required as the minimum competence level of performance.

Amend Section 1032.5 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Indirect Restoration):

This proposal would delete provisions relating to the requirements of the clinical simulated fixed prosthetics examination for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

The proposal for the indirect restoration competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The competency examination for indirect restoration is designed to assess the candidate's independent ability to restore teeth requiring an indirect restoration to optimal form, function and esthetics with a full or partial coverage ceramic, metal or metal-ceramic indirect restoration.

This proposal would add provisions relating to the requirements for the indirect restoration competency of the portfolio examination. The examinee's portfolio is required to include documentation of the minimum number of indirect restoration clinical experiences and documentation of the indirect restoration portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school's clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the indirect restoration competency examination. Satisfactory proof would mean the indirect restoration competency examination has been approved by the designated dental school faculty.

This proposal would specify that the indirect restoration competency examination include documentation of the examinee's competency to complete a ceramic onlay or more extensive, a partial gold restoration onlay or more extensive, a metal-ceramic restoration, or full gold restoration. The indirect restoration competency examination is required to include:

- Seven (7) specified scoring factors;
- One (1) indirect restoration which may be a combination of any of the following procedures:
  - Ceramic restoration shall be onlay or more extensive;
  - Partial gold restoration shall be onlay or more extensive;

- Metal ceramic restoration; or
- Full gold restoration;
- A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained;
- Patient management, meaning that the examinee is familiar with the patient's medical and dental history; and
- Implementation of any treatment modifications needed that are consistent with the patient's medical history.

This proposal would specify that the tooth used for the indirect restoration competency examination is required to meet the following acceptable criteria:

- The treatment is required to be performed in the sequence described in the treatment plan;
- The tooth is required to be asymptomatic with no pulpal or periapical pathosis and cannot be in need of endodontic treatment;
- The tooth selected for restoration is required to have opposing occlusion that is stable;
- The tooth is required to be in occlusal contact with a natural tooth or a permanent restoration and an occlusion with a full or partial denture is not acceptable;
- The restoration is required to include at least one cusp;
- The restoration is required to have an adjacent tooth to be able to restore a proximal contact:
  - The proximal surface of the tooth adjacent to the planned restoration is required to be either an enamel surface or a permanent restoration;
  - Temporary restorations or removable partial dentures are not acceptable adjacent surfaces; and
  - The tooth selected shall require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns;
- The examinee is not allowed to perform any portion of the crown preparation in advance;

- The direct restorative materials which are placed to contribute to the retention and resistance form of the final restoration may be completed in advance, if needed;
- The restoration is required to be completed on the same tooth and same patient by the same examinee;
- A validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of the existing crown;
- Teeth with cast post are not allowed;
- A facial veneer is not acceptable documentation of the examinee's competency to perform indirect restorations.

This proposal would define the indirect restoration competency examination scoring system as follows:

- A score of 0 is unacceptable; examinee exhibits a critical error;
- A score of 1 is unacceptable; multiple major deviations that are correctable;
- A score of 2 is unacceptable; one major deviation that is correctable;
- A score of 3 is acceptable; minimum competence;
- A score of 4 is adequate; less than optimal; and
- A score of 5 is optimal.

A score rating of "3" is required as the minimum competence level of performance.

Amend Section 1032.6 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Removable Prosthodontics):

This proposal would delete an obsolete title relating to the requirements of the removable prosthodontics examination for the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

The proposal for the removable prosthodontics competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The competency examination for removable prosthodontics is designed to assess the candidate's ability to demonstrate clinical skills in all aspects of prosthesis from diagnosis and treatment planning to delivery of the prosthetic device and post-insertion follow-up.

This proposal would add provisions relating to the requirements for the removable prosthodontic competency of the portfolio examination. The examinee's portfolio is required to include documentation of the minimum number of removable prosthodontic clinical experiences and documentation of the removable prosthodontic portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school's clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the removable prosthodontic competency examination. Satisfactory proof would mean the removable prosthodontic competency examination has been approved by the designated dental school faculty.

This proposal would specify that the removable prosthodontic competency examination is required to include:

- One (1) of the following prosthetic treatments from start to finish on the same patient:
  - Denture or overdenture for a single edentulous arch; or
  - Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch;
- Scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch or scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch, as follows:
  - Nine (9) specified scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch;
  - Twelve (12) specified scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch;
- Documentation the examinee developed a diagnosis, determined treatment options and prognosis for the patient to receive a removable prosthesis. The documentation is required to include:
  - Evidence the examinee obtained a patient history, (e.g. medical, dental and psychosocial);
  - Evaluation of the patient's chief complaint;
  - Radiographs and photographs of the patient;

- Evidence the examinee performed a clinical examination, (e.g. hard/soft tissue charting, endodontic evaluation, occlusal examination, skeletal/jaw relationship, VDO, DR, MIP);
  - Evaluation of existing prosthesis and the patient's concerns;
  - Evidence the examinee obtained and mounted a diagnostic cast;
  - Evidence the examinee determined the complexity of the case based on ACP classifications;
  - Evidence the patient was presented with treatment plan options and assessment of the prognosis, (e.g. complete dentures, partial denture, overdenture, implant options, FPD);
  - Evidence the examinee analyzed the patient risks/benefits for the various treatment options; and
  - Evidence the examinee exercised critical thinking and made evidence based treatment decisions.
- Documentation of the examinee's competency to successfully restore edentulous spaces with removable prosthesis. The documentation is required to include:
    - Evidence the examinee developed a diagnosis and treatment plan for the removable prosthesis;
    - Evidence the examinee obtained diagnostic casts;
    - Evidence the examinee performed diagnostic wax-up/survey framework designs;
    - Evidence the examinee performed an assessment to determine the need for pre-prosthetic surgery and made the necessary referral;
    - Evidence the examinee performed tooth modifications and/or survey crowns, when indicated;
    - Evidence the examinee obtained master impressions and casts;
    - Evidence the examinee obtained occlusal records;
    - Evidence the examinee performed a try-in and evaluated the trial dentures;

- Evidence the examinee inserted the prosthesis and provided the patient with post-insertion care; and
- Documentation the examinee followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).
- Documentation of the examinee's competency to manage tooth loss transitions with immediate or transitional prostheses. The documentation shall include:
  - Evidence the examinee developed a diagnosis and treatment plan that identified teeth that could be salvaged and or teeth that needed extraction.
  - Evidence the examinee educated the patient regarding the healing process, denture experience, and future treatment need.
  - Evidence the examinee developed prosthetic phases which included surgical plans.
  - Evidence the examinee obtained casts (preliminary and final impressions).
  - Evidence the examinee obtained the occlusal records.
  - Evidence the examinee did try-ins and evaluated trial dentures.
  - Evidence the examinee competently managed and coordinated the surgical phase.
  - Evidence the examinee provided the patient post insertion care including adjustment, relines and patient counseling.
  - Documentation the examinee followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).
- Documentation of the examinee's competency to manage prosthetic problems. The documentation is required to include:
  - Evidence the examinee competently managed real or perceived patient problems;
  - Evidence the examinee evaluated existing prosthesis;
  - Evidence the examinee performed uncomplicated repairs, relines, re-base, re-set or re-do, if needed;

- Evidence the examinee made a determination if specialty referral was necessary;
- Evidence the examinee obtained impressions/records/information for laboratory use;
- Evidence the examinee competently communicated needed prosthetic procedure to laboratory technician;
- Evidence the examinee inserted the prosthesis and provided the patient follow-up care; and
- Evidence the examinee performed in-office maintenance, (e.g. prosthesis cleaning, clasp tightening and occlusal adjustments).
- Documentation the examinee directed and evaluated the laboratory services for the prosthesis. The documentation is required to include:
  - Complete laboratory prescriptions sent to the dental technician;
  - Copies of all communications with the laboratory technicians; and
  - Evaluations of the laboratory work product, (e.g. frameworks, processed dentures).
- Prosthetic treatment for the examination shall include an immediate or interim denture;
- Patients shall not be shared or split between examination examinees;
- Patient Management. The examinee shall be familiar with the patient's medical and dental history;
- Implementation of any treatment modifications needed that are consistent with the patient's medical history; and
- Case complexity shall not exceed the American College of Prosthodontics Class II for partially edentulous patients.

This proposal would specify that the removable prosthodontics competency examination is required to be performed on patients with supported soft tissue, implants, or natural tooth retained overdentures.

This proposal would define the removable prosthodontics competency examination scoring system as follows:

- A score of 1 is unacceptable with gross errors;



- A score of 2 is unacceptable with major errors;
- A score of 3 is minimum competence with moderate errors that do not compromise outcome;
- A score of 4 is acceptable with minor errors that do not compromise outcome; and
- A score of 5 is optimal with no errors evident.

A score rating of “3” is required as the minimum competence level of performance.

Add Section 1032.7 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Endodontics):

The proposal for the endodontic competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The competency examination for endodontics is designed to assess the candidate’s independent ability to demonstrate clinical skills in all aspects of a case from diagnosis to completion of conventional nonsurgical endodontic interventions.

This proposal would add provisions relating to the requirements for the endodontic competency of the portfolio examination. The examinee’s portfolio is required to include documentation of the minimum number of endodontic clinical experiences and documentation of the endodontic portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school’s clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the endodontic competency examination. Satisfactory proof would mean the endodontic competency examination has been approved by the designated dental school faculty.

This proposal would specify that the endodontic competency examination is required to include:

- Ten (10) specified scoring factors;
- One (1) clinical case;
- Documentation the examinee applied case selection criteria for endodontic cases. The portfolio shall contain evidence the cases selected met the American Association of Endodontics case criteria for minimum difficulty such that treated teeth have uncomplicated morphologies, have signs and symptoms of swelling and acute inflammation and have not had previously completed or initiated endodontic therapy. The documentation shall include:
  - The determination of the diagnostic need for endodontic therapy;

- Charting and diagnostic testing;
- A record of radiographs performed on the patient and an interpretation of the radiographs pertaining to the patient's oral condition;
- Evidence of a pulpal diagnosis within approved parameters, including consideration and determination following the pulpal diagnosis that it was within the approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpitis, irreversible pulpitis, and necrotic pulp.
- Evidence of a periapical diagnosis within approved parameters, including consideration and determination following the periapical diagnosis that it was within the approved parameters. The approved parameters for periapical diagnosis shall be normal periapex, asymptomatic apical periodontitis, symptomatic apical periodontitis, acute apical abscess, and chronic apical abscess.
- Evidence of development of an endodontic treatment plan that included trauma treatment, management of emergencies, and referrals when appropriate. An appropriate treatment plan may include an emergency treatment due to a traumatic dental injury or for relief of pain or acute infection. The endodontic treatment may be done at a subsequent appointment.
- Documentation the examinee performed pretreatment preparation for endodontic treatment. The documentation shall include:
  - Evidence the patient's pain was competently managed.
  - Evidence the caries and failed restorations were removed.
  - Evidence of determination of tooth restorability.
  - Evidence of appropriate isolation with a dental dam.
- Documentation the examinee competently performed access opening. The documentation shall include:
  - Evidence of creation of the indicated outline form.
  - Evidence of creation of straight line access.
  - Evidence of maintenance of structural integrity.
  - Evidence of completion of un-roofing of pulp chamber.

- Evidence of identification of all canal systems.
- Documentation the examinee performed proper cleaning and shaping techniques. The documentation shall include:
  - Evidence of maintenance of canal integrity.
  - Evidence of preservation of canal shape and flow.
  - Evidence of applied protocols for establishing working length.
  - Evidence of demonstration of apical control.
  - Evidence of applied disinfection protocols.
- Documentation of performance of proper obturation protocols, including selection and fitting of master cone, determination of canal condition before obturation, and verification of sealer consistency and adequacy of coating.
- Documentation of demonstrated proper length control of obturation, including achievement of dense obturation of filling material and obturation achieved to a clinically appropriate height for the planned definitive coronal restoration.
- Documentation of a competently completed endodontic case, including evidence of an achieved coronal seal to prevent recontamination and creation of diagnostic, radiographic, and narrative documentation.
- Documentation of provided recommendations for post-endodontic treatment, including evidence of recommendations for final restoration alternatives and recommendations for outcome assessment and follow-up.
- Patient Management. The examinee shall be familiar with the patient's medical and dental history.
- Implementation of any treatment modifications needed that are consistent with the patient's medical history.

This proposal would specify that the procedure for the endodontic competency examination is required to be performed on any tooth to completion by the same examinee on the same patient. A "completed case" is defined as a tooth with an acceptable and durable coronal seal.

This proposal would define the endodontic competency examination scoring system as follows:

- A score of 0 is unacceptable; examinee exhibits a critical error.
- A score of 1 is unacceptable; major deviations that are correctable.
- A score of 2 is acceptable; minimum competence.
- A score of 3 is adequate; less than optimal.
- A score of 4 is optimal.

A score rating of “2” is required as the minimum competence level of performance.

Add Section 1032.8 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Periodontics):

The proposal for the periodontics competency examination and clinical experience requirements has been developed in concurrence with the findings and recommendations found in the document entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013*. The competency examination for periodontics is designed to assess the candidate’s ability to demonstrate clinical skills in all aspects of a case from treatment planning to patient management.

This proposal would add provisions relating to the requirements for the periodontics competency of the portfolio examination. The examinee’s portfolio is required to include documentation of the minimum number of periodontics clinical experiences and documentation of the periodontics portfolio competency examination. Evidence of completion of the clinical experiences is required to be certified by the director of the school’s clinical education program on a form entitled *Portfolio Examination Certification of Clinical Experience Completion Form 33A-23P (New 08/13)*. The portfolio is required to include documented proof of satisfactory completion of a final assessment in the periodontics competency examination. Satisfactory proof would mean the periodontics competency examination has been approved by the designated dental school faculty. This proposal would specify that the periodontic competency examination is required to include:

- One (1) case to be scored in three parts, as follows:
  - Part A: Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;
  - Part B: Calculus detection and effectiveness of calculus removal; and
  - Part C: Periodontal re-evaluation.
- Nine (9) specified scoring factors:
- All three parts of the examination shall be performed on the same patient. In the event the patient does not return for periodontal re-evaluation (Part C), the

student shall use a second patient for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination.

- Documentation the examinee performed a comprehensive periodontal examination. The documentation shall include:
  - Evidence that the patient's medical and dental history was reviewed.
  - Evidence that the patient's radiographs were evaluated.
  - Evidence of performance of an extra-oral and intra-oral examination on the patient.
  - Evidence of performance of comprehensive periodontal data collection. Evidence shall include evaluation of patient's plaque index, probing depths, bleeding on probing, suppurations, cemento-enamel junction to the gingival margin (CEJ-GM), clinical attachment, furcations, and tooth mobility.
  - Evidence of performance of an occlusal assessment.
- Documentation the examinee diagnosed and developed a periodontal treatment plan. The documentation shall include:
  - Evidence of determination of periodontal diagnosis.
  - Evidence of formulation of an initial periodontal treatment plan that demonstrates
    - Determination of periodontal diagnosis.
    - Formulation an initial periodontal treatment plan that demonstrates the following:
      - Determination to treat or refer patient to periodontist or periodontal surgery;
      - Discussion with patient regarding etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient-specific oral hygiene instructions;
      - Determination on non-surgical periodontal therapy;
      - Determination of re-evaluation need; and
      - Determination of recall interval.

- Documentation of performance of non-surgical periodontal therapy. The documentation shall include:
  - Detected supragingival and subgingival calculus;
  - Performance of periodontal instrumentation, including:
  - Removed calculus;
  - Removed plaque; and
  - Removed stains;
  - Demonstration that excessive soft tissue trauma was not inflicted; and
  - Demonstration that anesthesia was provided to the patient.
  
- Documentation of performance of periodontal re-evaluation. The documentation shall include:
  - Evidence of evaluation of effectiveness of oral hygiene;
  - Evidence of assessment of periodontal outcomes, including:
    - Review of the patient's medical and dental history;
    - Review of the patient's radiographs;
    - Performance of comprehensive periodontal data collections (e.g. evaluation of plaque index, probing depths, bleeding on probing, suppurations, cemento-enamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility).
  - Evidence of discussion with patient regarding current periodontal status as compared to the pre-treatment status, patient-specific oral hygiene instructions, and modifications of specific risk factors;
  - Evidence of determination of further periodontal needs including the need for referral to a periodontist and periodontal surgery; and
  - Evidence of establishment of a recall interval for periodontal treatment.

This proposal would specify that the acceptable patient criteria for the periodontics competency examination, as follows:

- The examination, diagnosis, and treatment planning shall include:
  - A patient with a minimum of twenty (20) natural teeth, with at least four (4) molars;
  - At least one probing depth of five (5) mm or greater shall be present on at least four (4) of the teeth, excluding third molars, with at least two of these teeth with clinical attachment loss of 2 mm or greater;
  - A full mouth assessment or examination
  - The patient shall not have had previous periodontal treatment at the dental school where the examination is being conducted. Additionally, the patient shall not have had previous non-surgical or surgical periodontal treatment within the past six (6) months.
  
- Calculus detection and periodontal instrumentation (scaling and root planing) shall include:
  - A patient with a minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which shall be a molar. Third molars may be used if they are fully erupted.
  - At least one probing depth of five (5) mm or greater shall be present on at least two (2) of the teeth that require scaling and root planing.
  - A minimum of six (6) surfaces of clinically demonstrable subgingival calculus shall be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus shall be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.
  
- Re-evaluation shall include:
  - A thorough knowledge of the patient's case;
  - At least two (2) quadrants of scaling and root planing on the patient being reevaluated.
  - At least two documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is completed. The scaling and root planing shall be completed within an interval of 6 weeks or less.

- A patient with a minimum twenty (20) natural teeth with at least four (4) molars.
- Baseline probing depth of at least five (5) mm on at least four (4) of the teeth, excluding third molars.

This proposal would define the periodontics competency examination scoring system as follows:

- A score of 0 is unacceptable; examinee exhibits a critical error
- A score of 1 is unacceptable; major deviations that are correctable
- A score of 2 is acceptable; minimum competence
- A score of 3 is adequate; less than optimal
- A score of 4 is optimal

A score rating of “2” is required as the minimum competence level of performance.

Add Section 1032.9 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Competency Examiner Qualifications):

This proposal establishes the required criteria a portfolio competency examiner must meet in order to be appointed as an examiner by the Board. An examiner is required to be a full-time or part-time faculty member of a Board-approved California dental school. Examiners will be required to have a minimum of one (1) year of previous experience in administering clinical examinations. Portfolio competency examiners would be required to attend calibration training in the Board’s standardized evaluation system through didactic and experiential methods established in proposed section 1032.10. The examiners would be required to attend Board-approved standardized calibration training sessions offered at their schools prior to administering a competency examination and annually thereafter.

At the beginning of each school year, each school will be required to submit to the Board the names, credentials, and qualifications of the dental school faculty to be approved or disapproved by the Board as portfolio competency examiners. The documentation of qualifications is required to include a letter from the dean of the California dental school stating that the faculty meets the criteria and standards to conduct the competency examinations in an objective manner and meets the Board’s required training criteria. The dean must also provide documentation that the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board’s training requirements. Schools are required to report any changes to the list of portfolio competency examiners, including any action taken by the school to replace the examiner, to the Board within thirty (30) days.



Add Section 1032.10 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination: Competency Examiner Training Requirements):

This proposal would require portfolio competency examiners to attend Board-approved standardized calibration training sessions offered at their schools prior to administering a competency examination. This proposal specifies that each school is responsible for designating the faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board-approved calibration course to those designated examiners. The competency examiners would be authorized to grade any competency examination in which they have completed the calibration training. Training sessions are required to be presented by designated competency examiners at their respective schools. Prospective examiners are required to participate in the didactic and hands-on components of the training activities.

The didactic training will include an overview of the competency examination and its evaluation system through lecture and review of examiner training materials. The examiner training materials may include slide presentations, sample documentation, and sample cases.

The hands-on training will include multiple examples of performance that clearly relate to the specific judgments that examiners are expected to provide during the competency examinations. The hands-on training will include an overview of the rating process, clear examples of rating errors, examples of how to mark the grading forms, sample examination cases, and opportunities to provide feedback to trainees.

This proposal requires the calibration of competency examiners to be conducted to maintain common standards as an ongoing process. As part of the calibration, competency examiners will be provided feedback about their performance and how their scoring varies from fellow examiners. A portfolio examiner whose error rate exceeds psychometrically accepted standards for reliability will be required to be re-calibrated. Portfolio competency examiners who are unable to be re-calibrated will be disapproved from further participation in the portfolio examination process.

Amend Section 1033 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (General Procedures for Law and Ethics Written Examinations):

This proposal would amend section 1033 to delete provisions relating to the Board's clinical examination so that the section applies only to the general procedures for the Board's law and ethics written examination.

Amend Section 1033.1 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (General Procedures and Policies for Portfolio Examination):

This proposal would amend section 1033.1 to outline the general procedures and policies for the portfolio examination. Existing provisions that would be applicable to the portfolio examination remain, while provisions relating to the Board's clinical examination have been deleted.

This proposal would add a provision to specify that the examinee is required to be able to read and interpret instructions and examination material as part of the examination.

This proposal would add a provision that if the patient's well-being is put into jeopardy at any time during the competency examination, the exam is required to be terminated. The examinee would then fail the examination, regardless of performance on any other part of the examination.

This proposal would specify that the use of local anesthetics are to be administered according to the school's protocols and standards of care. The type and amount of anesthetics are required to be consistent with the patient's medical history and current condition.

This proposal would specify that examinees are responsible for maintaining all standards of infection control while treating patients. These standards include the appropriate sterilization and disinfection of the cubicle, instruments and hand pieces, and the use of barrier techniques as required by the California Division of Occupational Safety and Health.

Examinees would be required to wear personal protective equipment during competency examinations. The personal protective equipment is required to include masks, gloves, and eye protection during each competency examination.

This proposal requires radiographs used for each competency examination to be of diagnostic quality and permits the use of digital or conventional radiographs.

This proposal would require dental dams to be used during endodontic treatment and during the preparations of amalgam and composite restorations. This proposal specifies that finished restorations are required to be graded without the dental dam in place.

This proposal would require examinees to provide clinical services on patients of record of the dental school who fulfill the acceptable criteria for each of the six competency examinations.

This proposal specifies that examinees will be allowed three hours and thirty minutes for each patient treatment session.

Each competency examination is required to be performed by the examinee without faculty intervention. The successful completion of a competency examination may be counted towards the clinical experience requirements for the portfolio.

This proposal would specify that an examinee that has failed a competency examination three times would not be permitted to retake the competency examination until specified remediation had been completed.

This proposal specifies that readiness for an examinee to take a portfolio competency examination is determined by the dental school's clinical faculty.

Amend Section 1034 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Portfolio Examination Grading Criteria):

This proposal would delete provisions relating to the grading of the Board's clinical and written examination. The statutory provisions related to the Board's clinical and written examination were replaced with the statutory provisions related to the Board's portfolio examination. Since the Board no longer has statutory authority to administer the clinical and written examination, all related regulatory provisions have become obsolete and should be deleted or repealed to ensure consistency with statute.

This proposal would add provisions relating to the grading of the portfolio competency examinations for the purpose of uniform conduct. This proposal would require each competency examination to be graded by two independent competency examiners and would provide that the Board's standardized scoring system should be used. An examinee will be deemed to have passed the portfolio examination if the overall scaled score is at least 75 in each of the competency examinations. Each portfolio competency examination would be required to be signed by the school competency examiners who performed the grading.

This proposal would specify the scoring system for each of the competency examinations and define the meaning of each score. This proposal specifies that if a critical error is committed by an examinee, the competency examination cannot proceed. If a critical error is made at any point during a competency examination, a score of "0" is required to be assigned and the competency examination is required to be terminated immediately.

Amend Section 1034.1 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Passing Score of Examination Administered by the Western Regional Examining Board (WREB)(§1632(c)(2) of the Code):

This proposal would make a technical amendment to section 1034.1 to clarify the requirement.

Amend Section 1035 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Examination Review Procedures; Appeals):

This proposal would amend section 1035 to clarify that the Board's examination review and appeals process for examinations would not apply to the portfolio examination.

Repeal Section 1035.1 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Clinical Periodontics Examination):

This proposal would repeal section 1035.1. The contents of this section had been amended in 1998 and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1035.2 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Clinical Cast Restoration and Amalgam):

This proposal would repeal section 1035.2. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Amend Section 1036 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Remedial Education):

This proposal would amend section 1036 to specify that those examinees who fail a portfolio competency examination after three attempts would need to comply with the Board's existing remedial education requirements.

Additionally, this proposal would require the examinee to provide evidence of successful completion on the form entitled *Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility* that has been incorporated by reference.

Adopt the *Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility (Form New 08/2013)*, that is incorporated by reference:

Examinee's who fail a portfolio competency examination after three attempts will be required to comply with remedial education requirements. Examinee's will be required to provide evidence of successful completion on the form entitled *Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility*. Specifically, this form would include the following:

- Requires the examinee's name and number to be filled out on the form.
- Requires the school faculty to fill in the date, sign, and circle the type of remedial course with the corresponding competency.
- Outlines the guidelines for remedial education.
- Provides a summary of the remedial education requirements.

The foregoing form is necessary to create a process for the Board for review of portfolio examination applicants. The certification and disclosure requirements also assist in ensuring accurate, timely and complete information is being provided to the Board prior to making a decision to grant or deny licensure.

Repeal Section 1036.1 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Amalgam Restorative Laboratory):

This proposal would repeal section 1036.1. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1036.2 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Fixed Prosthetics Restorative Laboratory):

This proposal would repeal section 1036.2. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1036.3 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Removable Prosthetics Restorative Laboratory):

This proposal would repeal section 1036.3. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1037 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Grading of Examinations):

This proposal would repeal section 1037. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1038 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Examination Review Procedures; Appeals):

This proposal would repeal section 1038. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

Repeal Section 1039 of Article 3 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations (Remedial Education):

This proposal would repeal section 1039. The contents of this section had been previously amended and moved to a new section. This proposal would repeal the section number and title because there are no provisions contained within the section.

**FACTUAL BASIS/RATIONALE:**

Existing Law:

Business and Professions Code section 139(d) authorizes that a licensure examination evaluation may be conducted by the boards or bureaus within the Department of Consumer Affairs (Department) or pursuant to a contract with a qualified private testing firm. A board or bureau that provides for development or administration of a licensing examination pursuant to contract with a public or private entity is authorized to rely on an occupational analysis or item analysis conducted by that entity.

Business and Professions Code section 480 permits the Board to deny a license on the grounds that: (1) the applicant has been convicted of a crime, (2) done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another, or (3) done any act that if done by a licensee of the business or profession of dentistry, would be grounds for suspension or revocation of the license. For the purpose of this section, "conviction" has been defined as a plea

or verdict of guilty or a conviction following a plea of nolo contendere. Additionally, the Board may deny a license regulated on the ground that the applicant knowingly made a false statement of fact required to be revealed in the application for the license.

Business and Professions Code section 1614, authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable the Board to carry into effect the provisions of the Dental Practice Act.

Business and Professions Code section 1629(b) requires each applicant for licensure as a dentist to furnish fingerprints for submission to state and federal criminal justice agencies, including, but not limited to, the Federal Bureau of Investigation, in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries.

Business and Professions Code section 1628 provides that any person over 18 years of age is eligible to take a Board examination upon application and meeting all of the following requirements: (1) paying the fee for applicants for examination provided by this chapter; (2) furnishing satisfactory evidence of having graduated from a reputable dental college approved by the Board; and (3) furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions.

Business and Professions Code section 1628.5 provides that the Board may deny an application to take an examination for licensure as a dentist, or, at any time prior to licensure, the Board may deny the issuance of a license to an applicant for licensure as a dentist, if the applicant has done any of the following:

- Committed any act which would be grounds for the suspension or revocation of an issued license;
- Committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Business and Professions Code section 480;
- While unlicensed, committed, or aided and abetted the commission of, any act for which a dental license is required; or
- Suspension or revocation of a license issued by another state or territory on grounds which would constitute a basis for suspension or revocation of licensure in California.

Business and Professions Code section 1630 requires the examinations of applicants for a license to practice Dentistry in California is required to be sufficiently thorough to test the fitness of the applicant to practice dentistry, and both questions and answers are required to be written in the English language.

Business and Professions Code section 1632 specifies the examination requirements necessary to gain licensure as a dentist in California. All applicants for dental licensure

are required to successfully complete the Part I and Part II written examinations of the National Board Dental Examination of the Joint Commission on National Dental Examinations and the California law and ethics examination developed by the Board. Each applicant for licensure is required to have taken and received a passing score on either the portfolio examination of the applicant's competence to enter the practice of dentistry or the clinical and written examination administered by the Western Regional Examining Board (WREB). Section 1632 authorizes the Board to either: (1) approve an application for examination from, and to examine an applicant who is enrolled in, but has not yet graduated from, a reputable dental school approved by the Board; or, (2) accept the results of the WREB examination submitted by an applicant who was enrolled in, but had not graduated from, a reputable dental school approved by the Board at the time the examination was administered. In either case, the dean of that school or his or her delegate is required to furnish the Board with satisfactory proof that the applicant will graduate within one year of the date the examination was administered or as provided section 1632(c)(1).

Furthermore, Business and Professions Code section 1632(c)(1) specifies that the portfolio examination is to be conducted while the applicant is still enrolled in a Board-approved dental school located in California. The portfolio examination is required to utilize uniform standards of clinical experiences and competencies approved by the Board. An applicant is required to pass a final assessment of the submitted portfolio at the end of his or her dental school program. Before the portfolio may be submitted to the Board, the applicant must pay the Board a \$350 application fee and provide a letter of good standing signed by the dean of the dental school, or his or her delegate, stating that the applicant has graduated or will graduate with no pending ethical issues.

Subparagraphs (A) and (B) of Business and Professions Code subsection 1632(c)(1) specifies that the portfolio examination cannot be conducted until the Board adopts regulations to implement the examination. Once the regulations have been adopted, the Board is required to post notice on its web site and provide written notice to the Legislature and Legislative Counsel.

Business and Professions Code section 1632.1(a) requires the Board to independently monitor and audit the portfolio examination standardization and calibration of dental school competency instructors at least biennially to ensure standardization and an acceptable level of calibration in the grading of the examination. Each dental school's competency examinations are required to be audited by the Board biennially.

Business and Professions Code section 1632.1(b) specifies that the Board is required to oversee all aspects of the portfolio examination process, but is not authorized to interfere with the dental school authority to establish and deliver an accredited curriculum. The Board is required to consult with the Board-approved dental schools, to determine an end-of-year deadline for the portfolio examination to be completed and submitted to the Board for review by Board examiners.

Business and Professions Code section 1632.1(c) specifies that the Board, in consultation with current Board-approved dental schools, is required to approve portfolio examination competencies and the minimum number of clinical experiences required for successful completion of the portfolio examination.

Business and Professions Code section 1632.1(d) specifies that the portfolio examination competencies to be examined include, but are not limited to: (1) comprehensive oral diagnosis and treatment planning, (2) periodontics, (3) direct restorations, (4) indirect restorations, (5) removable prosthodontics, and (6) endodontics. This subsection also requires the competency examinations to be performed on patients-of-record of a Board-approved dental school.

Business and Professions Code section 1633(b) specifies that an applicant who fails to pass the examination required by Business and Professions Code section 1632 after three (3) attempt will not be eligible for further reexamination until the applicant has successfully completed a minimum of fifty (50) hours of education for each subject which the applicant failed in the last unsuccessful examination. The coursework is required to be taken at a dental school approved by wither the Commission on Dental Accreditation (CODA) of a comparable organization approved by the Board. The coursework is required to be completed within a period of one year from the date of notification of the third failure. Section 1633(c) specifies that coursework is required once for every three unsuccessful examination attempts. When applying for reexamination, applicants are required to furnish proof satisfactory to the Board that he or she has successfully completed the coursework requirements prior.

Business and Professions Code section 1634 specifies that a person successfully passing the examination shall be registered as a licensed dentist on the Board register and shall be granted a license to practice dentistry in the State of California.

In addition to the portfolio examination, the Board offers two pathways that pre-doctoral dental students may choose to obtain licensure in California:

1. A clinical and written examination administered by the Western Regional Examining Board (WREB); or,
2. A clinically based advanced education program in general dentistry or an advanced education program in general practice dentistry that is, at minimum, one year in duration and is accredited by the American Dental Association's Commission of Dental Accreditation or a national accrediting body approved by the Board.

All applicants are required to successfully complete the written examinations of the National Board Dental Examination of the Joint Commission on National Dental Examinations and an examination in California law and ethics.



### Psychometric Consultant Findings:

Once the Board received its statutory authority to implement the portfolio examination the Board contracted with consultants from PSI Services LLC, to work with the Board-approved dental schools located in California to develop the final framework and write the report entitled *Development and Validation of a Portfolio Examination for Initial Dental Licensure, May 1, 2013* for the Board to utilize in the development of proposed regulations to implement the portfolio examination. The Board developed this proposal by utilizing the information contained in the report. The following information was included in the report and is considered the factual basis for this proposal:

#### Overview:

According to the report's findings, the portfolio examination captures the strength of traditional portfolios used to assess learning progress and has the additional advantage of being integrated within the current educational process and within the context of a treatment plan of a patient of record. Rather than developing a traditional portfolio and having it evaluated, the portfolio examination requires documentation of clinical cases which are competency evaluations of required procedures. Examinees are evaluated in real time during the normal course of patient treatment and normal course of clinical training.

The portfolio examination was approached by the consultants with the understanding that the outcome would directly impact pre-doctoral dental education at every dental school in California and could eventually provide the framework for evaluating pre-doctoral dental competencies in dental schools across the nation.

The overarching principle in the development of the portfolio examination pathway was consumer protection. The consultants worked closely with dental school faculty to derive the framework and content of the examination; moreover, procedures were conducted in an objective and impartial manner with the public's health, safety, and welfare as the most important concern.

First, the consultants met with deans and dental school faculty who represented major domains of practice as well as legislative sponsors from the California Dental Association to present the portfolio examination concept and answer faculty questions regarding the impact on their respective programs. Second, the consultants conducted separate face-to-face meetings with representative faculty from each of the Board approved dental schools located in California to individually present the concept and discuss their concerns. Third, the consultants conducted discipline-specific focus groups of faculty (e.g., oral diagnosis and treatment planning, direct and indirect restoration, removable prosthodontics, periodontics, and endodontic) to develop the content for the examination.

From these meetings, the consultants gained an understanding of the pre-doctoral dental competencies that were critical to development of the portfolio

examination and creating supporting documentation that would be used in the formulation of Assembly Bill 1524. The consultants also conducted an extensive review of written documentation of each school's competency examinations to gain insights into the procedures used in competency examinations and associated scoring systems.

Definition:

Albino, Young, Neumann, Kramer, Andrieu, Henson, Horn, and Hendricson (2008, p. 164) define clinical competency examinations as performance examinations in which students perform designated tasks and procedures on a patient without instructor assistance. The process of care and the products are assessed by faculty observers typically guided by rating scales.

The portfolio examination can be conceptualized as a series of examinations administered on multiple patient encounters in six subject areas. Candidates are rated according to standardized rating scales by faculty examiners who are formally trained in their use.

The portfolio examination is a performance examination that assesses skills in commonly encountered situations, which includes components of the clinical examination administered by a traditional testing agency. Performance is measured during competency evaluations conducted in the schools by calibrated examiners who are members of the dental school faculty. Thus, the portfolio examination involves hands-on performance evaluations of clinical skills as evaluated within the candidate's program of dental education.

Premise:

The portfolio examination is an alternative examination that each individual school may elect at any time to implement or decline to implement.

The portfolio examination allows candidates to build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of clinical training. Both clinical experiences and clinical competency examinations are performed on patients of record within the normal course of treatment. The primary difference between clinical experiences and clinical competency examinations is that the clinical competency examinations are performed independently without faculty intervention unless patient safety issues are imminent.

The portfolio examination is conducted while the applicant is enrolled in a Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education, with the approval of his/her clinical faculty.

The portfolio examination follows a similar structure for candidate evaluation that currently exists within the schools to assess minimum competence. The faculty

observes the treatment provided and evaluates candidates according to standardized criteria developed by a consensus of key faculty from all of the dental schools. Each candidate prepares and submits a portfolio of documentation that provides proof of completion of competency evaluations for specific procedures in six subject areas: oral diagnosis and treatment planning, direct restoration (amalgam/composite), indirect restoration (fixed prosthetics), removable prosthodontics, endodontics and periodontics.

If a candidate fails to pass any of the six portfolio competency examinations after three (3) attempts, the applicant is not eligible for re-examination in that competency until he or she has successfully completed the minimum number of required remedial education hours in the failed competency. The remedial course work content may be determined by his or her school and may include didactic, laboratory or clinical patients to satisfy the Board requirement for remediation before an additional portfolio competency examination may be taken. When a candidate applies for re-examination he or she must furnish evidence of successful completion of the remedial education requirements for re-examination to the examiner. The remediation form must be signed and presented prior to re-examination.

*Distinguishing Characteristics:*

There are 10 distinguishing characteristics of the portfolio examination:

1. The portfolio examination is considered a performance examination that assesses candidates' skills in commonly encountered clinical situations. Consequently, the portfolio examination must meet legal standards (sections 12944 of the Government Code, section 139 of the Business and Professions Code) and psychometric standards set forth by the Standards for Educational and Psychological Testing.
2. The portfolio examination is a summative assessment of a candidate's competence to practice independently. Therefore, candidates perform clinical procedures without faculty intervention in the competency examinations. If a candidate commits a critical error at any time during a competency examination, the examination is terminated immediately in the interests of patient safety.
3. It includes components of clinical examinations similar to other clinical examinations, and is administered in a manner that is similar to other clinical examinations encountered in the candidates' course of study. The multiple clinical examinations allow for an evaluation of the full continuum of competence. No additional resources are required from candidates, schools or the Board.
4. Treatments for candidates' clinical experience and competency examinations are rendered on patients of record. This means that

candidates' competence is not evaluated in an artificial or contrived situation, but on patients who require dental interventions as a normal course of treatment and their progress can be monitored beyond the scope of the clinical experiences or competency examinations.

5. Candidates must complete a minimum number of clinical experiences as required for each of six competency domains.
6. Readiness for the portfolio competency examinations is determined by the clinical faculty at the institution where the candidate is enrolled.
7. Each of the schools will designate faculty as portfolio competency examiners and is responsible for administering a Board approved standardized calibration training course for said examiners. The schools are also responsible for the calibration of portfolio examiners' performance to ensure consistent implementation of the examination and a standardized examination experience for all candidates.
8. Candidates' performance is measured according to the information provided in competency evaluations conducted in the schools by clinical faculty within the pre-doctoral dental program of education.
9. It produces documented data for outcomes assessment of results, thereby allowing for verification of validity evidence. The data provides the foundation of periodic audits of each school conducted by the Board to ensure that each school is implementing the portfolio examination according to the standardized procedures.
10. There are policies and procedures in place to treat candidates fairly and professionally, with timely and complete communication of examination results.

*Re-Examination:*

If a candidate fails to pass any of the six portfolio competency examinations after three (3) attempts, the candidate is not eligible for re-examination in that competency until he or she has successfully completed the minimum number of required remedial education hours in the failed competency. The remedial course work content may be determined by his or her school and may include didactic, laboratory or clinical patients to satisfy the Board requirement for remediation before an additional portfolio competency examination may be taken. When a candidate applies for re-examination he or she must furnish evidence of successful completion of the remedial education requirements for re-examination to the examiner. The remediation form must be signed and presented prior to re-examination.

*Role of the Board:*

Oversight of the portfolio examination is maintained by the Board. The portfolio examination includes a mechanism to administer the program and grant the license, as well as maintain authority to monitor school compliance with the standardized examination process.

*Role of the Schools*

Schools are responsible for selection and calibration of portfolio examiners. Faculty who wish to become a portfolio examiner will be required to submit credentials to document their qualifications and experience in conducting examinations in an objective manner. Faculty who are selected as portfolio examiners are required to participate in Board approved calibration training courses for the competency domain of interest, e.g., oral diagnosis and treatment planning, endodontics, etc.

Schools are also responsible to maintaining the calibration of portfolio examiners by regularly providing opportunities for re-calibration as needed.

*Utilization of Experts:*

The consultants assembled committees of subject matter experts knowledgeable in the six subject areas, including section chairs, department chairs and/or other faculty who were knowledgeable in the six subject areas of interest. These subject matter experts were consulted throughout the process to provide expertise regarding the competencies acquired in their respective programs and the competencies to be assessed in the examination.

*Legal Standards*

Because the portfolio examination is a state licensure examination, it must also meet legal standards as explicated in sections 12944 of the California Government Code and section 139 of the California Business and Professions Code. Government Code section 12944 relates to establishment of qualifications for licensure that do not adversely affect any class by virtue of race, creed, color, national origin/ancestry, sex, gender, gender identity, gender expression, age, medical condition, genetic information, physical disability, mental disability, or sexual orientation. Section 139 of the Business and Professions Code states occupational licensure examination programs must be based upon occupational (job/practice) analyses and examination validation studies.

*Psychometric Standards:*

The consultants utilized the *Standards for Educational and Psychological Testing* (1999) set forth by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education to serve as the benchmark for evaluating all aspects of credentialing, including professional and occupational credentialing. The *Standards* are used by the measurement profession as the psychometric standards for validating all examinations, including licensing and certification

examinations. Whenever applicable, the consultants cited specific *Standards* as they applied to the definition of examination content, rating scales, calibration of raters, and auditing procedures to link the particulars of the portfolio examination to psychometric practice.

*Existing Competency Examinations:*

All of the California schools included competencies which met minimum standards set forth by the Commission on Dental Accreditation for pre-doctoral dental education programs (2008, Standard 2-25, p. 15): “At a minimum graduates must be competent in providing oral health care with the scope of general dentistry, as defined by the school, for the child, adolescent, adult, and geriatric patient, including:

- a) Patient assessment and diagnosis;
- b) Comprehensive treatment planning;
- c) Health promotion and disease prevention;
- d) Informed consent;
- e) Anesthesia, and pain and anxiety control;
- f) Restoration of teeth;
- g) Replacement of teeth;
- h) Periodontal therapy;
- i) Pulpal therapy;
- j) Oral mucosal disorders;
- k) Hard and soft tissue surgery;
- l) Dental emergencies;
- m) Malocclusion and space management; and,
- n) Evaluation of the outcomes of treatment.”

Key faculty from the Board-approved dental schools located in California were interviewed regarding the clinical dimensions of practice assessed in competency examinations within their pre-doctoral programs. All of the schools provided a list of the clinical competencies assessed during pre-doctoral training.

*Calibration of Clinic Examiners In Schools:*

During visits to the dental school clinics and interviews with faculty, it was clear that the dental schools did an exceptional job in calibrating their examiners and were consistent in their methodology to ensure that common criteria were used to evaluate students’ performance on competency examinations. The faculty were calibrated and re-calibrated to ensure consistency in their evaluation of the student competencies and the processes used by the dental schools for assessing competencies was very similar. In every case, minimum competency was built into the rating scales used to evaluate the students in their competency examinations.

The general rule was that two examiners must concur on failing grades. If there is disagreement between the two examiners, a third examiner was asked to grade the student. One school specifically mentioned that examiners were

designated full-time faculty who were familiar with the grading criteria and the logistics of competency examinations. Other schools mentioned that their examiners (part-time and full-time faculty) were provided extensive materials to read and review prior to hands-on training with experienced examiners. These materials included detailed examiner training manuals, detailed slide presentations (PowerPoint), sample cases, and sample documentation. Hands-on training and calibration sessions were conducted to ensure that the examiners understood the evaluation system and how to use it.

*Content Validation Process:*

Since criterion related evidence is generally not available for use in making licensure decisions, validation of licensure and certification tests rely mainly on expert judgments that the test adequately represents the content domain of the occupation or specialty. Here, content related validity evidence from a job analysis supports the validity of the portfolio examination as a measure of clinical competence. The Standards contain extensive discussion of validity issues. There are also specific standards that address the use of job analysis to define the competencies to be tested in the portfolio examination.

The methodology used to validate the content of the competency examinations comprising the portfolio examination is a commonly used psychometric procedure called job (aka practice) analysis. Job analysis data is typically obtained through multiple sources including interviews, observations, survey questionnaires, and/or focus groups. This methodology has been used extensively in the measurement field and is described in detail in many publications in the psychometric literature as a “table-top job analysis,” e.g., Department of Energy (1994). Basically, focus groups identify the competencies to be assessed in a systematic way beginning with an outline of major competency domains and ending with a detailed account of major and specific competencies organized in outline fashion. All participants provide input in a systematic, iterative fashion, until consensus is achieved.

Separate focus groups of subject matter experts from the Board-approved dental schools located in California were convened to define the content for the six competency domains to be assessed in the portfolio examination: oral diagnosis and treatment planning, direct and indirect restoration, removable prosthodontics, endodontics, and periodontics. The content was developed at two levels of analysis. The first level of analysis was to develop a consensus at a broad level regarding the major competencies to be assessed. The faculty indicated that the competencies were acceptable to the schools as the basis for the portfolio examination. They further understood that the major competencies were likely to be included in proposed legislation in order to implement the portfolio examination.

The second level of analysis produced detailed procedures for measuring specific subcomponents within each of the six competency domains. The detailed procedures were used to develop the portfolio examination.

*Major Competencies Assessed:*

The portfolio examination is comprised of performance examinations in six competency domains identified by the focus groups using a “table-top job analysis” methodology. The competencies and their subcomponent competencies provide the most fundamental type of validity evidence for the portfolio examination, that is, content validity.

*Evaluation System:*

A standardized evaluation system was developed to evaluate candidates’ performance in the competency examinations. The competencies and their subcomponents provided the framework for the evaluation system that assesses the candidates’ competencies in the procedures. Faculty from the Board-approved dental schools were involved in the process so that the final evaluation system represented rating criteria applicable to candidates regardless of pre-doctoral programs. The evaluation system is designed to be used for summative decisions (high stakes, pass/fail decisions) rather than formative decisions (compilation of daily work with faculty feedback for learning purposes). The evaluation system provides quantitative validity evidence for determining clinical competence in terms of numeric scores.

*Behaviorally Anchored Rating Scales:*

Behaviorally anchored rating scales have unique measurement properties which have been used extensively in medical and dental education as a tool to assess performance. They rely on critical incidents of behavior which may be classified into dimensions unique and independent of each other in their meaning. Each performance dimension is arrayed on a continuum of behaviors and examiners must select the behaviors that most closely describe the candidate’s performance.

There were several steps to develop behaviorally anchored rating scales for the portfolio examination evaluation system:

1. Use the competencies and their associated subcomponents defined by the table-top job analysis as the framework for the evaluation system, e.g., comprehensive oral diagnosis and treatment planning, direct restoration, indirect restoration, removable prosthodontics, endodontics, periodontics.
2. Generate critical incidents of ineffective and effective behavior.
3. Create performance dimensions that describe the qualities of groups of critical incidents.



4. Define performance dimensions in terms of numeric ratings, e.g., 1 to 5, 1 to 7, 1 to 9.
5. Retranslate (reclassify) the critical incidents to ensure that the incidents describe the performance dimensions.
6. Identifying several incidents for each performance dimension.
7. Refine standardized criteria for each of the competency domains and their subcomponent competencies.
8. Establish minimum acceptable competence criteria (passing criteria) for competency examinations.

Minimum Competence:

The passing standard for all of the competency examinations is built into the rating scales when the grading criteria are developed. The rating criteria for minimum competence was developed by representative faculty who have a solid conceptual understanding of standardized rating criteria and how the criteria will be applied in an operational setting.

**UNDERLYING DATA:**

- 1) "Alternative Pathways for Initial Licensure for General Dentists, Final Report" Prepared by Comira, February 9, 2009
- 2) "Portfolio Examination to Qualify for California Dental Licensure" Prepared by Comira, December 1, 2009
- 3) Assembly Bill 1524 (Chapter 446, Statutes of 2010)
- 4) "Development and Validation of a Portfolio Examination for Initial Dental Licensure" Prepared by PSI Services LLC, May 10, 2013
- 5) American Society of Anesthesiologists (ASA) Physical Status Classification System
- 6) American College of Prosthodontics (ACP) Complexity Classification System for Partially Edentulous Patients
- 7) American Association of Endodontics Case Criteria
- 8) Meeting Minutes of the Dental Board of California, August 26, 2013
- 9) Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 08/2013)

- 10) Application for Issuance of License Number and Registration of Place of Practice (Rev. 11-07)
- 11) Portfolio Examination Certification of Clinical Experience Completion” Form 33A-23P (New 08/13)
- 12) Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination Eligibility” (Form New 08/13)

**BUSINESS IMPACT:**

The Board has made the initial determination that the proposed regulation would not have a significant, statewide adverse economic impact directly affecting business, including the inability of California businesses to compete with businesses in other States.

The Board has determined that the following types of businesses may be affected by the proposed fee increase:

- Board-approved pre-doctoral dental schools located in California that offer the Board’s portfolio examination; and,
- The Western Regional Examination Board (WREB)

Although the six (6) Board-approved pre-doctoral dental schools located in California that will offer the Board’s portfolio examination may be impacted, the Board estimates that the economic impact would be minor and absorbable. The Board does not maintain data relating to the expenses incurred by the Board-approved dental schools to administer and oversee their respective dental programs. However, the Board anticipates that the economic impact on the Board-approved dental schools will be minor and absorbable because the portfolio examination has been designed and will be implemented to work in concert with the already established curriculum and competency testing currently being conducted within all of the schools. As a result, schools will incur minimal implementation costs to comply with this proposal’s requirements.

The Board acknowledges that WREB may experience a slight decrease in the number of California candidates taking its examination. However, the Board does not anticipate this decrease to significantly impact revenue that WREB receives from its examination. Because the WREB examination is a recognized pathway to dental licensure in 35 states, the Board believes that a significant portion of its portfolio examination applicants will go on to take the WREB examination so that they may qualify for licensure in other states.

**Impact on Private Person or Business:**

This proposal would impact individual students at Board-approved dental schools located in California who apply for initial licensure from the Board via the portfolio

examination pathway. The Board estimates that the economic impact on these individuals would be minor and absorbable. The application fee for the portfolio examination is \$350 and is payable to the Board. This fee has been established in statute and has not been changed as a result of this proposal.

The Board anticipates that the portfolio examination will be economically beneficial because: (1) students will be able to complete the portfolio examination while enrolled in school; (2) students will be able to perform competency examinations on patients of record of the school; and (3) students will be able to utilize resources readily available in the dental schools. Since the student's tuition already pays for these resources, the Board anticipates that the only real expense for a student to participate in the portfolio examination would be the \$350 portfolio examination application fee payable to the Board.

In comparison, the WREB examination fee is \$2,360 and examinees are required to provide their patients for the examination. In addition, WREB examinees may have to pay for the travel, lodging, and meals of patients so that they may be utilized, which can significantly increase the overall cost for a student to take the WREB examination.

Applicants for initial licensure are required to furnish fingerprints for criminal background checks pursuant to Business and Professions Code Section 1629. Applicants will incur costs associated with furnishing fingerprints for the purpose of the Board conducting a criminal history check. The cost for an applicant to get fingerprinted via Live Scan is approximately \$63.00. Of this fee, \$49.00 goes to the Department of Justice for conducting the background check and providing criminal record reports to the Board; an average of \$14.00 goes to the vendor for fingerprinting the individual. The vendor's fee ranges from \$5.00 to \$45.00 with the average fee being \$14.00. For those who are not able to submit fingerprints electronically via Live Scan, the fee for the Board to process "ink on cards" fingerprints is \$49. The fingerprinting fee of \$49 (\$17 FBI + \$32 DOJ) is a direct cost to be paid to the Department of Justice for the purpose of conducting a criminal history check. The Board does not determine this fee.

#### Impact on the Board:

The Board estimates that there are approximately 100 students in each graduating class in each of the six (6) Board-approved dental schools located in California. The Board anticipates that approximately 50% of each graduating class will choose to participate in the portfolio examination as a pathway to initial licensure because of its availability and harmony with the dental school curriculum.

Beginning in Fiscal Year (FY) 2015-2016, the Board estimates that its ongoing annual revenue related to application for the portfolio examination will be approximately \$105,000 (50 students x 6 dental schools x \$350 application fee). The Board anticipates that this revenue will cover the Board's expenses relating to the administration of the examination (e.g. administrative expenses, expenses related to Board examiners conducting a final assessment of the portfolio, expenses related to the auditing of the portfolio examination at the dental schools, etc.).

The Board anticipates that the required criminal background check of portfolio examination applicants will result in approximately one (1) applicant requiring Board action annually. If an applicant has been convicted of a crime substantially related to the practice of dentistry, the Board may deny the application. Applicants may appeal the denial through administrative adjudication. Board cases requiring administrative adjudication cost the Board an average of \$5,000 (\$3,500 Attorney General's (AG's) Expenses + \$750 Office of Administrative Hearing (OAH) Expenses + \$750 Evidence/Witness Expenses). Beginning in FY 2015-16, the Board estimates it will incur an estimated ongoing annual cost of \$5,000 for the administrative adjudication of portfolio examination application appeals.

### **ECONOMIC IMPACT ASSESSMENT:**

This regulatory proposal will have the following effects:

- It will not create or eliminate jobs within the State of California because the proposal will not be of sufficient amount to have the effect of creating or eliminating jobs.
- It will not create new business or eliminate existing businesses within the State of California because this proposal will not be of a sufficient amount to have the effect of creating or eliminating business.
- It will not affect the expansion of businesses currently doing business within the State of California because this proposal will not be of a sufficient amount to have the effect of limiting or furthering the expansion of businesses.
- This regulatory proposal does not affect worker safety because this proposal is not relative to worker safety.
- This regulatory proposal does not affect the state's environment because this proposal is not relevant to the state's environment.

### **Benefits:**

The portfolio examination will provide an additional pathway to licensure in the State of California. Students enrolled in Board-approved dental schools located in California will benefit from the portfolio examination because it has the advantage of being integrated within the current curriculum and within the context of a treatment plan of a patient of record. This examination provides an accurate reflection of the competency areas in which a licensed dentist should be able to practice competently. The portfolio examination will have a positive impact on the dental health of California consumers because those licensed via the portfolio examination have successfully demonstrated the competencies necessary to provide qualified and competent dental healthcare.

There are important benefits of using actual patients of record within the dental schools instead of simulated (manikin) patients. First, procedures are performed as part of

treatment thereby eliminating circumstances fostering commercial procurement of patients, particularly the cost of such patients. Second, the safety and protection of patients is ensured because procedures are performed in the course of treatment. Third, examinees would be treated similarly at all of the dental schools in a manner that allows communication of examination logistics and results.

**SPECIFIC TECHNOLOGIES OR EQUIPMENT:**

This regulation does not mandate the use of specific technologies or equipment.

**CONSIDERATION OF ALTERNATIVES:**

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific. The Board is directed by statute to develop these regulations and there is no other method of developing the requirements for the administration of the portfolio examination and necessary forms.

One possible alternative would be to delay or not promulgate these regulations. This is not reasonable because the statute provides that the portfolio examination shall not be conducted until the Board adopts regulations to implement the portfolio examination requirements. Failure to promulgate the proposed regulations will result in the Board being unable to administer the portfolio examination.