



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Board of California will be held as follows:

Monday, December 3, 2012

Embassy Suites LAX/South
1440 East Imperial Avenue, El Segundo, CA 90245
310-640-3600 or 916-263-2300

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Richard DeCuir, Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation

Monday, December 3, 2012

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

8:30 a.m. DENTAL BOARD OF CALIFORNIA – FULL BOARD – OPEN SESSION

ROLL CALL Establishment of a Quorum

AGENDA ITEM 1 Update on Pending Regulatory Packages:

- A. Sponsored Free Health Care Events (*California Code of Regulations, Title 16, §§ 1023.15, 1023.16, 1023.17, 1023.18 and 1023.19*)
- B. Notice to Consumers of Licensure by the Dental Board (*California Code of Regulations, Title 16, §1065*)
- C. Abandonment of Applications (*California Code of Regulations, Title 16, § 1004*)
- D. Uniform Standards for Substance Abusing Licensees (*California Code of Regulations, Title 16, §§ 1018 and 1018.01*); and
- E. Examination, Permit, and License Fee Increases for Dentists (*California Code of Regulations, Title 16, § 1021*)

AGENDA ITEM 2 Discussion and Possible Action Regarding the Review and Prioritization of Regulatory Packages and Subcommittee Assignments

AGENDA ITEM 3. Discussion and Possible Action Regarding Adoption of the Dental Board of California's 2013 – 2015 Strategic Plan

AGENDA ITEM 4. Subcommittee Report and Possible Action Regarding Future Legislation to Require Dental Labs to Register with the Dental Board

COMMITTEE/COUNCIL MEETINGS – SEE ATTACHED AGENDAS

- **ENFORCEMENT COMMITTEE**
See attached Enforcement Committee agenda
- **EXAMINATION COMMITTEE**
See attached Examination Committee agenda
- **LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**
See attached Licensing, Certification, and Permits Committee agenda
- **DENTAL ASSISTING COUNCIL**
See attached Dental Assisting Council agenda
- **LEGISLATIVE AND REGULATORY COMMITTEE**
See attached Legislative and Regulatory Committee agenda

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Board at a Future Meeting

BOARD MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

RECESS

Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by calling (916) 263-2300 no later than one week prior to the day of the meeting



MEMORANDUM

| | |
|----------------|---|
| DATE | November 14, 2012 |
| TO | Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item 1: Update on Pending Regulatory Packages: |

A. Sponsored Free Health Care Events (California Code of Regulations, Title 16, §§ 1023.15, 1023.16, 1023.17, 1023.18, and 1023.19):

At its February 25, 2011 meeting, the Dental Board of California (Board) discussed and approved proposed regulatory language relative to sponsored free health care events. The Board directed staff to initiate a rulemaking. The proposed action was published by the Office of Administrative Law (OAL) on October 7, 2011 and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on October 7, 2011 and ended on November 21, 2011. A regulatory hearing was held on November 22, 2011 in Sacramento, and the Board received comments from the California Association of Oral and Maxillofacial Surgeons, the California Dental Association, and the California Academy of General Dentists.

At its February 23, 2012 meeting, the Board considered comments received during the 45-day public comment period. The Board voted to modify the text in response to the comments received and directed staff to notice the modified text for 15-day public comment. Prior to staff noticing the Board's modified text for 15-day public comment, the Department of Consumer Affairs (Department) contacted all healing arts boards that have proposed regulations relevant to sponsored free health care events, advising that boards may need to further clarify the Department's role in receiving and registering sponsoring entities. The Medical Board of California (MBC), Board of Occupational Therapy (BOT), and the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) had all submitted their final rulemaking files to OAL. On March 13, 2012, OAL issued a Decision of Disapproval of MBC's proposed regulations due to failure to comply with clarity and necessity standards, as well as procedural issues.

The Office of Administrative Law's primary clarity concern related to the specific content of MBC's Form 901-A in relation to the content of similar forms proposed by other healing arts boards within the Department. The BVNPT and BOT used similar forms incorporated by reference, and each form contained language similar to MBC's form indicating that only one registration form per event should be completed and submitted

to the Department. The Office of Administrative Law was concerned that there was not one common form with a uniform set of regulatory requirements which would, with certainty, allow for the filing of a “single, common form” that meets the regulatory requirements of the three agencies. The Office of Administrative Law could not easily understand how the “only one form per event” provision on each of the individual board’s forms would work in practice. The differing forms from each board could create the potential for confusion and uncertainty among sponsoring entities legally required to comply with the regulations.

At its April 11, 2012 teleconference meeting, the Board adopted a Resolution to formally delegate authority to the Department to receive and process sponsored entity registration forms and to register sponsoring entities for sponsored free health care events that utilize the services of dentists. The Board directed staff to add the adopted Resolution to the Board’s Sponsored Fee Health Care Events rulemaking file. Additionally, the Board voted to modify the text accordingly and directed staff to complete the rulemaking process, including preparing the modified text for a 15-day public comment period.

Board staff noticed the modified text and documents added to the rulemaking file for 15-day public comment on April 25, 2012. The 15-day public comment period began on April 26, 2012 and ended on May 10, 2012. The Board did not receive comments in response to the modified text or documents added to the file. Since there were no adverse comments received in response to the modified text, the Board adopted the final text as noticed in the modified text at its April 11, 2012 teleconference meeting.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 6, 2012. The final rulemaking file was approved by the by the Director of the Department, the Secretary of the State and Consumer Services Agency (Agency), and the Director of the Department of Finance (Finance). The final rulemaking file was submitted to the Office of Administrative Law (OAL) on September 27, 2012. On November 7, 2012, OAL notified staff that the Board’s regulatory action regarding Sponsored Free Health Care Events had been approved. The rulemaking was filed with the Secretary of State and will become effective on December 7, 2012.

B. Notice to Consumers of Licensure by the Dental Board (*California Code of Regulations, Title 16, § 1065*):

At its November 7, 2011 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to notice to consumers of licensure by the Dental Board and directed staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorized the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, the Executive Officer was further authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process and adopted the proposed additions to California Code of Regulations, Title 16, Section 1065 as noticed in the proposed text.

The proposed text was noticed on the Board's web site and mailed to interested parties on January 20, 2012. The 45-day public comment period began on January 20, 2012 and ended on March 5, 2012. The Board held a regulatory hearing on March 5, 2012 in Sacramento, California. The Board did not receive comments in response to the proposed regulation. Since there were no adverse comments received in response to the proposed text, the Board adopted the final text as noticed in the proposed text at its November 7, 2011 meeting.

Staff submitted the final rulemaking package to the Department of Consumer Affairs (Department) on March 12, 2012 to begin the review process. On April 26, 2012, the Department notified Board staff of concerns that the proposed language was not legally consistent with Business and Professions Code Section 1611.3. Business and Professions Code Section 1611.3 states: "The board shall comply with the requirements of Section 138 by January 1, 2013. The board shall require that the notice under that section include a provision that the board is the entity that regulates dentists and provide the telephone number and Internet address of the board. The board shall require the notice to be posted in a conspicuous location accessible to public view."

At its May 18, 2012 meeting, the Board voted to modify the text in response to the Department's concerns and directed staff to take all steps necessary to complete the rulemaking process, including preparing the modified text for a 15-day public comment period, which included the amendments accepted by the Board at the meeting. If after the 15-day public comment period, no adverse comments are received, the Executive Officer was further authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopted the proposed amendments to California Code of Regulations, Title 16, Section 1065 relevant to requirements for posting notice to consumers of licensure by the Dental Board as noticed in the modified text. The modified text was noticed on the Board's web site on May 24, 2012. The 15-day public comment period began May 25, 2012 and ended June 8, 2012. The Board did not receive comments in response to the modified text. Since there were no adverse comments received in response to the modified text, the Board adopted the final text as noticed in text at its May 18, 2012 meeting.

Staff submitted the final rulemaking file to the Department on June 11, 2012. The final rulemaking file was approved by the Director of the Department, the Secretary of Agency, and the Director of Finance. The final rulemaking file was submitted to OAL on September 21, 2012. On October 29, 2012, OAL notified staff that the Board's regulatory action regarding Notice to Consumers of Licensure by the Dental Board had been approved. The rulemaking was filed with the Secretary of State and will become effective on November 28, 2012.

C. Abandonment of Applications (California Code of Regulations, Title 16, §1004):

At its May 18, 2012 meeting, the Board discussed and approved proposed regulatory language relative to the abandonment of applications. The Board directed staff to initiate a rulemaking. Staff is currently drafting the initial rulemaking documents and will be filing the proposed language with the Office of Administrative Law in the near future.

D. Uniform Standards for Substance Abusing Licensees (California Code of Regulations, Title 16, §§ 1018 and 1018.01):

At its May 18, 2012 meeting, the Board discussed and approved new proposed regulatory language relative to uniform standards for substance abusing licensees. The Board directed staff to initiate a rulemaking. Staff is currently drafting the initial rulemaking documents and will be filing the proposed language with the Office of Administrative Law in the near future.

E. Examination, Permit, and License Fee Increases for Dentists (California Code of Regulations, Title 16, § 1021):

At its August 17, 2012 meeting, the Board discussed and approved proposed regulatory language relative to examination, permit, and license fee increases for dentists. The Board directed staff to initiate a rulemaking. Staff is currently drafting the initial rulemaking documents and will be filing the proposed language with the Office of Administrative Law in the near future.

Action Requested:

No action necessary.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 20, 2012 |
| TO | Dental Board of California |
| FROM | Richard DeCuir, Executive Officer Dental Board of California |
| SUBJECT | Agenda Item 2: Discussion and Possible Action Regarding the Review and Prioritization of Regulatory Packages and Subcommittee Assignments |

Background:

Sarah Wallace, Board Legislative and Regulatory Analyst, will be out on a medical leave of absence for four months during the first half of 2013. At its August 2012 meeting, the Board voted to prioritize its top four regulatory packages for the 2012-2013 fiscal year. Those regulatory priorities are:

- Dentistry Fee Increase
- Abandonment of Applications
- Portfolio Examination Requirements
- Uniform Standards for Substance Abusing Licensees

In addition to regulatory packages already approved by the Board, Sarah is currently involved in working with subcommittees on developing regulatory framework for various programs and requirements. The current subcommittee assignments include:

- Dental laboratory registration and material content disclosure
- EFCS Permit Requirements
- Minimum Standards for Infection Control
- Radiation Safety Course Requirements

Furthermore, the Dental Assisting Council will be reviewing additional dental assisting course requirements which will also require Sarah's review and work with an assigned subcommittee. Those dental assisting course requirements include:

- Coronal Polishing Course Requirements
- Pit & Fissure Sealant Course Requirements
- Ultrasonic Scaling Course Requirements

Board Action Requested:

In the event that staff encounters difficulty addressing all of the Board's priorities, staff requests the Board reprioritize and specify the top three priority issues it wishes staff to accomplish in the next year.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 19, 2012 |
| TO | Dental Board of California |
| FROM | Karen Fischer, Associate Analyst Dental Board of California |
| SUBJECT | Agenda Item 3: Discussion and Possible Action Regarding Adoption of the Dental Board of California's 2013-2016 Strategic Plan |

The Dental Board of California Strategic Plan (Plan) was last updated in 2010, prior to entering into the Sunset Review Hearings with the Legislature. At that time, the Board adopted a plan with goals and objectives that would be achievable during a two year period of time. The result was the Strategic Plan 2010-2012.

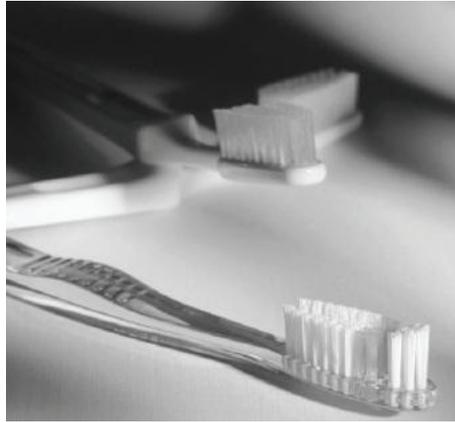
Revisions to the Board's Plan began in September, 2012 when Board staff asked Ms. Shelly Menzel, Manger of the SOLID Training Unit of the Department of Consumer Affairs, along with her assistant Mr. Tom Roy to facilitate the process. A SWOT Analysis was conducted via a focus group discussion with Board managers, the Assistant Executive Officer, and the Enforcement Chief; and an online survey which was distributed to Board Members, Dental Assisting Council Members and Dental Board Stakeholders. The compilation of the results of the SWOT Analysis can be found in your Board meeting packet.

A public workshop was held October 22, 2012 in Sacramento to review and discuss the results of the SWOT Analysis. Again facilitated by the SOLID team, and using a compilation of the comments received from the SWOT analysis, Board members, Dental Assisting Council members, staff managers, and one stakeholder (Mr. Bill Lewis, California Dental Association) drafted goals and objectives for a new Plan.

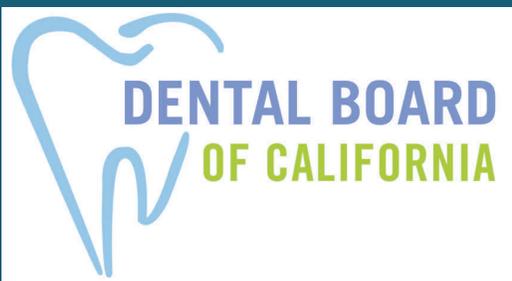
Before you today, for discussion and consideration, is a DRAFT Plan prepared by the SOLID Team. If adopted, the Plan will establish the Board's goals and objectives for the next three years. The 2013-2016 Plan summarizes the Board's accomplishments since the last strategic plan was adopted in 2010, and identifies eight goals with corresponding objectives to be considered. If the Plan is adopted by the Board, SOLID staff will re-convene with Board staff to develop tasks and measures to ensure the goals and objectives for the future will be met.

DENTAL BOARD OF CALIFORNIA

2013-2015



strategic plan



PUBLISHED BY

**DENTAL BOARD OF CALIFORNIA
2005 EVERGREEN STREET, SUITE 1550
SACRAMENTO, CA 95815**

1-916-263-2300

WWW.DBC.CA.GOV

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ABOUT THE DENTAL BOARD OF CALIFORNIA

The Dental Board of California licenses and regulates dentists, registered dental assistants, and registered dental assistants in extended functions. The Board assures the initial and continued competence of its licensees through licensure, investigation of complaints against its licensees, and discipline of those found in violation of the Dental Practice Act (Business and Professions Code sections 1600 et seq.), monitoring licensees whose licenses have been placed on probation, and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board's objective is to protect and promote the health and safety of consumers in the State of California. To accomplish this objective, the Board must ensure that only those persons possessing the necessary education, examination and experience qualifications receive licenses; all licentiates obtain the required continuing dental education training; consumers are informed of their rights and how complaints may be directed to the Board; consumer complaints against licentiates are promptly, thoroughly and fairly investigated; and appropriate action is taken against licentiates whose care or behavior is outside of acceptable standards.

The composition of the Board is defined in Business & Professions Code, Section 1603 to be fifteen (15) members and includes eight dentists, one licensed Registered Dental Hygienist, and one licensed Registered Dental Assistant, all appointed by the Governor; and five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate President ProTempore. The Board appoints the Executive Officer who oversees a staff of 70. In 2011, the Board's Sunset Review Legislation (SB 540, Chapter 385, Statutes of 2011) created a Dental Assisting Council comprised of seven members: the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants. The dental assistant members were appointed by the Dental Board in May 2012.

RECENT ACCOMPLISHMENTS

As a part of the strategic planning process the Board has evaluated the goals set forth in its previous strategic plan, identifying the objectives they were able to accomplish, and making note of any items that still require attention for carry over into the new plan. The following are the significant Board accomplishments since the last strategic plan was adopted in 2010.

- Development of a new licensure examination system (Portfolio Examination).
- Development and dissemination of an annual newsletter to inform Board stakeholders of significant Board decisions and activities.
- Update of the Board's website to improve ease-of-use.
- Creation of an outreach program for students in dental education programs.
- Establishment of local dental society contacts to facilitate dissemination of Board programs and services.
- Successful completion of the Legislative Sunset Review process.
- Improvement of enforcement case reporting and tracking through the creation of the Enforcement Investigative Analysis unit and implementation of a new investigative activity reporting system.
- Reduction in processing time for enforcement investigations by 7%.
- Successful amendment of statute to resolve legal issues related to specialty advertising.
- Achievement of full staffing levels in the enforcement and diversion programs.
- Facilitated technical amendments to the Dental Practice Act.
- Printed updated copies of the Dental Practice Act annually.
- Renewed approval of the University De La Salle's Dental Program.
- Establishment and appointment of the Dental Assisting Council.
- Hired additional Subject Matter Experts (SMEs) to assist staff in the review of dental assisting educational programs and courses.
- Adopted regulations regarding notice to consumers that dentists are licensed by the Dental Board of California.
- Adopted regulations for sponsored free healthcare events that allow participation by dentists with licenses from other states.
- Release of statement for the Board's website regarding use of Botox and dermal filler by dentists.
- All sworn investigative staff at the Board are compliant with the Peace Officer Standards and Training requirements.

OUR MISSION

The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

OUR VISION

The Dental Board of California will be a recognized leader in public protection, promotion of oral health and access to care.

OUR VALUES

Consumer Protection – We make effective and informed decisions in the best interest and for the safety of Californians.

Accountability – We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public participation in our decision-making whenever possible.

Professionalism – We strive to maintain qualified, proficient and skilled staff to provide services to the state of California.

Efficiency – We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

Fairness – We apply all rules and make all decisions in a consistent and unbiased manner.

Diversity – We draw strength from our organizational diversity as well as California's ever-changing cultural and economic diversity.

GOAL 1: LICENSING

Provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection.

1.1 Reduce the processing time for initial licensure.*

1.2 Reduce the processing time for license renewal.

1.3 Develop an outreach strategy to educate potential applicants on the Board's licensure process, including information on the circumstances that could result in licensure delays and possible denials.

1.4 Develop and implement an outreach plan to educate licensees and consumers on the new web access tools that will be available as part of the Breeze system.

1.5 Revise the Board's regulatory requirements regarding the abandonment of applications to clearly specify that any applicant for a license who fails to complete application requirements within a specified amount of time shall be deemed abandoned and will be required to file a new application.

**Objectives are listed in priority order within each established goal.*

GOAL 2: EXAMINATIONS

Administer fair, valid, timely, comprehensive and relevant licensing examinations.

2.1 Complete the Portfolio Examination Requirements regulatory package and implement the program.

2.2 Review the existing dental assisting program written examinations and make modifications as necessary to maintain relevant and comprehensive examinations.

2.3 Review the content of the law and ethics examination and make modifications, if necessary, to ensure the examination is valid and legally defensible.

2.4 Complete a feasibility study on the benefits of the Board's participation in additional regional clinical examinations for dental licensure.

GOAL 3: COMMUNICATION AND EDUCATION

Provide the most current information to the Board's stakeholders; set standards to ensure high quality educational services and programs.

3.1 Establish and foster relationships with our external partners, including the Legislature, to increase understanding of Board processes and needs.

3.2 Explore the use of Public Service Announcements, in partnership with the Department of Consumer Affairs, to broadcast relevant information to consumers and licensees.

3.3 Improve our working relationship with the Dental Hygiene Committee of California and advocate for dental hygiene representation on the Board.

3.4 Improve communication with dental schools, local organizations and professional societies to educate these stakeholders on current and relevant Board activities, including enforcement trends.

3.5 Increase visits to the Board's website by improving its ease of navigation and layout.

3.6 Develop and distribute an annual newsletter, with information relevant to stakeholders, for posting on the Board's website.

3.7 Evaluate development of a social media outreach plan to increase public awareness of the Board's programs and services.

GOAL 4: CONSUMER PROTECTION AND ENFORCEMENT

Ensure the board's enforcement and diversion programs provide timely and equitable consumer protection.

4.1. Seek additional legislation to enhance the number and degree of the Board's enforcement tools to address administrative violations.

4.2 Reduce cycle times for investigations.

4.3 Recruit and calibrate additional Board Experts to assist with the Board's enforcement efforts.

4.4 Develop an in-house training program to improve employee skills and knowledge in the performance of administrative and criminal investigations.

4.5 Perform random continuing education audits to ensure licensee compliance throughout the State.

4.6 Recruit and maintain fully staffed Northern and Southern California Diversion Evaluation Committees.

GOAL 5: LEGISLATION AND REGULATION

Advocate legislation and promulgate regulations that advance the vision and mission of the Dental Board of California.

5.1 Establish a process to identify necessary regulatory changes and set regulatory priorities for each fiscal year.

5.2 Identify and actively monitor legislation that may impact the Dental profession and/or the Board and respond in a timely manner.

5.3 Create an annual review process to identify and make non-controversial and technical changes to the Dental Practice Act (DCA Omnibus Bill).

5.4 Review the educational standards required to obtain Board approval of a dental school and update if necessary.

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GOAL 6: SERVICE

Provide quality customer service to consumers and licensees.

6.1 Research and implement a telephone system to reduce call wait times and improve customer service.

6.2 Create a Board communication standards policy and conduct staff training to ensure implementation.

6.3 Explore alternative hiring solutions to augment staffing needs.

6.4 Foster stakeholder relationships and enhance regular exchange of information.

6.5 Develop a workforce and succession plan to address key position retirements.

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GOAL 7: DENTAL WORKFORCE

Maintain awareness of the changes and challenges within the Dental community and serve as a resource to the Dental workforce.

7.1 Identify areas where the Board can assist with workforce development, including the dental loan repayment program, and publicizing such programs to help underserved populations.

7.2 Explore methods for promoting diversity within the dental community.

7.3 Conduct surveys and collect workforce data to inform the Board as to existing workforce capacity. (OSHPD, AB 269)

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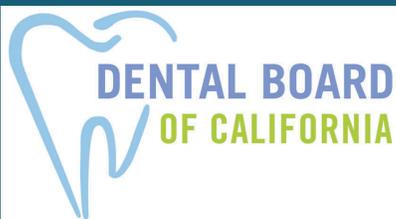
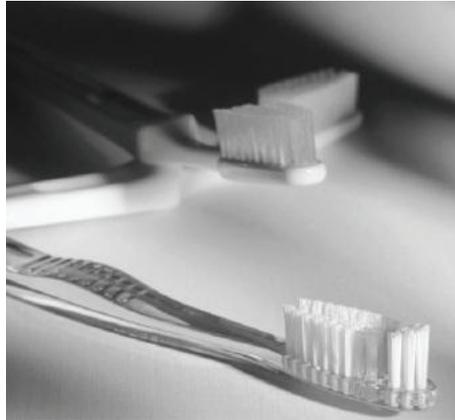
GOAL 8: DENTAL ASSISTING

Ensure licensed dental assistants in California practice with integrity, professionalism and proficiency.

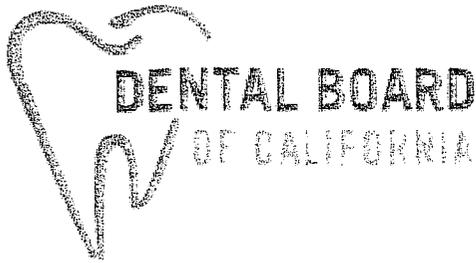
8.1 The Dental Assisting Council will review existing laws and regulations that govern dental assisting and provide recommendations to the Board on necessary updates and changes.

8.2 Examine the dental assisting written exam, with the assistance of the Dental Assisting Council, to determine factors that may influence pass/fail rates and make adjustments if necessary to ensure fair and valid testing.

DRAFT



DENTAL BOARD OF CALIFORNIA
2005 EVERGREEN STREET, SUITE 1550
SACRAMENTO, CA 95815
1-916-263-2300 WWW.DBC.CA.GOV



2012 Dental Board SWOT Analysis

One of the first steps in developing a strategic plan is to conduct a SWOT analysis of the environment in which an organization operates. A SWOT analysis allows us to take a look at the factors that can impact our Board's success. These factors fall into two environments, internal factors and external factors. The internal factors working both for and against an organization are its STRENGTHS(S) and WEAKNESSES(W). The external factors that may impact an organization from the outside are identified as OPPORTUNITIES(O) and THREATS(T).

Attached are the results of the SWOT analysis recently conducted for the Dental Board. The methods used to collect this information included the following:

- Focus group discussion held with **Board Managers** and executive leaders held on September 25, 2012.
- Online survey to **Board Members, Dental Assisting Counsel Members** and other identified **Dental Board Stakeholders** completed during the month of October 2012. 32 responses were received.

The attached represents the compiled results of this assessment, divided by source. The grouping structure in which these comments are organized was determined by SOLID.

The priority and emphasis of comments gathered at the Board Manager focus group are indicated with a check (✓) symbol. A greater number of checks indicate a higher level of perceived importance from those managers who participated in the discussion.



ORGANIZATIONAL STRENGTHS

Board Member Feedback

Board Staff and Leadership

- The current staff has the leadership which was needed at a critical time.
- Strong executive staff
- Experienced executive staff
- Dedicated and engaged Executive Officer and staff with many years of experience.
- Experienced staff
- The managerial staff works well together.
- A strong sense of "Teamwork" demonstrated by all stakeholders (EO, staff and members of the Board)
- The executive staff tracks issues and develops priorities to maintain board effectiveness. This was not always done in the past. Staff develops an agenda format that allows board members to make decisions on issues in an organized way. This allows the board to be more decisive.
- I experience a dedicated group of individuals that are engaged in the work of the Board and not just there to receive a paycheck. The leadership of the Board, as represented by the attitudes and actions of its Executive Officer, his Special Assistant, and the Officers of the Board is, in my opinion, is very "Values Based". Because of those high values, both verbalized and demonstrated, the remaining members of the team also demonstrate a high level of moral, ethical, and professional values. I am proud and honored to be a member of the Dental Board of California.

Board Members

- Well rounded representation of skills, knowledge and abilities of the members of the Dental Board.
- Engaged Board
- Strong leadership in the current Board President
- Engaged and involved board members
- Well informed and engaged board members
- A healthy respect for each other's opinions, even when we do not agree.

Enforcement Program

- Outstanding enforcement program
- There are great improvements in the enforcement section.
- Enforcement department has improved significantly
- Continuous improvement in enforcement
- The enforcement program has worked down an enormous backlog of cases and works new cases efficiently.

Stakeholder Relationships

- Good relations with stakeholder groups
- Good working relations with stakeholders

Legislation and Regulation

- The legislative and regulatory section is superb.
- Well informed legislative process
- The board is able to systematically draft and implement regulations according to established priorities.

Regulatory Process

- Exceptional regulatory program
- Well organized regulatory program
- Efficient regulatory process
- The Dental Board of California, as a functional unit, is effective and usually focused on the important issues that need to be resolved. An environment of "safety" exists in that individuals are free to express their opinions and concerns without fear of ridicule or non-acceptance.

Board Manager Feedback**Board Staff**

- Staff knowledge (Historical) ✓✓✓
- Sharing info between other Boards and Bureaus ✓✓✓
- Sworn staff / Non-Sworn investigators (CPEI) ✓✓
- New employees with fresh ideas ✓✓
- Investigation units fully staffed ✓✓
- Diverse staff experience ✓✓
- Employee morale (Orange office)

Board Members

- Affluent Board (pending fee increase)
- Active and cooperative Board members
- Strong rapport between EO and Board

Other

- Specially Funded ✓✓
- Portfolio ✓

Board Stakeholder Feedback

Board Staff

- Committed and intelligent personnel
- A good resource for answering questions
- Professionalism
- Dedicated staff
- Knowledgeable, caring and concerned staff
- Good organization
- Knowledgeable in the RDA programs
- Professional persons who provide knowledge and insight to our field
- Availability
- Good staff structure
- Knowledgeable staff
- Excellent teamwork
- Knowledgeable in the dental industry needs

Board Leadership

- Long term employees at the top
- Good, strong leadership
- Dental board upper management appears to be transformational leaders (interested in positive change).
- Qualifications of the leadership.
- Leadership within the profession to guide workforce issues
- Executive Officer has a strong institutional knowledge of dental issues and board history, and interacts collaboratively with stakeholders
- Top-level board staff are pleasant to work with, knowledgeable and generally responsive when issues arise.

Board Members

- Dedication and diversity of the board members, including strong public members who ask good questions and participate actively in discussions
- Public members providing a broader input for consumer safety
- Meets regularly
- Diverse organization/ by having Dentist, R.D.A., and Teachers, on the board
- Quality of Board members
- committed members
- The number of members that represent dentistry and the various specialties
- Board members demonstrate a strong commitment to enforcement and protection of the public as the board's top priority
- Board members and staff have proactively developed relationships with key legislators and staff through meetings and appearances/testimony at significant committee hearings

Relationship with Stakeholders

- Allows input from stakeholders; congenial toward non board members
- Represents the concerns of its dentist stakeholders
- Professional interest from community
- Consumers are represented
- They allow for auxiliary representation

Examinations and Licensure

- Proper examinations
- Issue and monitor licenses
- Good control of licensure

Communication

- Good communication to ALL oral health care professionals
- Good communication within professional organizational leaders and deans of dental schools

Enforcement

- Inquire into and adjudicate consumer complaints

Regulation of Profession

- Regulating the dental profession
- Set standards of safety/competence for delivery of oral health to public oversight
- As a highly structured bureaucracy, the dental board performs as a legal and rational form of authority.
- Consumer protection especially in the areas of oral and maxillofacial surgery, conscious sedation
- Good control of CE requirements
- Uphold the standard of practice in California
- It serves to protect the public
- Public protection

Legislation and Regulation

- Politically connected leaders
- Up to date with the regulations regarding RDA licenses
- The dental practice act - the law is the final determinant in any given situation.

Other

- No competition
- The dental board functions to promote, protect and enhance the dental care of the citizens.
- History of stability through external pressures

ORGANIZATIONAL STRENGTHS

- Good supporting committees and employees
- Organizational policies are strong
- Qualified and experienced volunteers
- Administrative positions follow relatively stable and exhaustive rules (all to protect the public - i.e. the people).
- The dental board appears to be an open system, subject to influences from the internal and external environments. From my perspective, the organization's leadership practices systematic thinking and planning for change. The programs and services delivered are particularly adaptive when partnered with other organizations (i.e. Maximus).

ORGANIZATIONAL WEAKNESSES

Board Member Feedback

Technology

- Limited scope of computer programs to support the duties and responsibilities assigned to staff.

Board Staff and Leadership

- Some employee work ethic is not desirable
- Limited staff to conduct the necessary functions required to accomplish the Board's legislative and regulatory mandates in a timely manner.
- Major staff changes/departures resulting from retirements
- Retirement of experienced staff from the state workforce
- Staff turnover
- Changes in leadership of the Board

Board Experts

- Difficulty recruiting board experts
- Inconsistent performance of board experts
- Although I don't have direct contact with board experts I get the impression that it is difficult to recruit high quality experts. The quality of our experts can be improved thorough calibration and training but there has been little time to do this."

Dental Assisting

- There was little planning for the transition of dental assisting to the board from COMDA. There was virtually no provision made for sufficient staff support for 35,000 licensees, their educational programs and examinations. There have been some recent improvements in the program with current staff assignments but much more needs to be done.
- Dental assisting program
- Dental assisting department does not have a full time manager position
- Up and down relationship with Dental Assisting community
- Dental assisting educational programs lack effective oversight

Communication and Customer Service

- Staff communication with board members could be improved customer service for licensees
- "Customer service" for licensees is, at times, virtually non-existent

ORGANIZATIONAL WEAKNESSES

- Licensees frequently complain that they do not receive information they request from the board. Messages are infrequently returned, and at times the phones are not answered.
- Communication with the public i.e. the telephone system needs work.
- Communication to and with the Board's stakeholders is a very important component of the Boards success and I think the quality, quantity and style of communication needs improvement.

Stakeholder Relationships

- Weak relationship with DHCC
- Working relationship between the functions - professional, licensed dental assisting, hygienists.
- Limited communication with the Board's stakeholders (citizens, license holders, legislators).
- The majority of the Board's time and budget is spent on enforcement. However, how much time and budget do we spend on "education for prevention" of enforcement issues? While we have a required Law and Ethics examination for initial license and a requirement of a minimum two unit CDE course in the California Dental Practice Act for license renewal, I think the Board can, and should, do more at the local level to educate dentists and dental assistants regarding prevention of issues resulting in disciplinary actions. I would like the Board to be seen by its licensees primarily as a "facilitator for good" rather than a "punisher for bad". Unfortunately, my perception is that too many dentists in California see the Board as their enemy rather than their partner. I would like to see that changed.

Board Members

- Vacancies left unfilled by appointment to the Board. We often have concern regarding establishing a quorum.

Enforcement Program

- The Board currently does not have the resources or capabilities to accomplish its mandate and/or mission in as timely a manner as I would like. The length of time from complaint to resolution for matters of enforcement, while it has been reduced significantly, is still not acceptable to me.

Other

- Vision and mission need work
- Not enough study materials for ancillaries
- Tension and other issues need to be abated in order to have positive environment where all are working toward the same goal.

Board Manager Feedback

Communication

- Lack of Communication / Cooperation between units, between managers, overall ✓✓✓✓
- Lack of collaboration among units ✓✓✓✓
- Website and navigation information ✓✓✓✓

Tools and Facilities

- Out growing existing space ✓
- Vehicle reductions ✓
- Lack of Enforcement tools

Board Staff

- Low Morale ✓✓✓
- Retirements ✓✓✓
- Employee accountability ✓✓
- Staff burn-out ✓✓
- Attendance issues w/ staff ✓✓
- Lack of Cross training ✓✓
- Lack of team environment ✓✓
- New positions/ BCP's ✓✓
- Manager Burn-out ✓
- Understaffed (licensing, dental assistant, complaints) ✓
- Attrition, lack of succession plan
- New Leadership w/ Staff

Board Members

- Micromanagement by Board

Technology

- Telephone System ✓✓✓
- Need for new telephone system ✓✓
- Migration to BREEZE
- CAS – complexity

Other

- Portfolio

Board Stakeholder Feedback

Resources

- Lack of resources
- Underfunded by the State for all operations of the Board
- Understaffed(?)
- Budget restraints create heavy burdens.

Communication and Customer Service

- Deficiencies in phone, email systems lead to far too many full mailboxes, unanswered phones, and unreturned calls and messages.
- It takes too long to get through the phone
- Confusing messages
- Not being able to get in contact with them when needed
- Meeting agenda packet release timing forces members and stakeholders to digest a great deal of material in a very short period of time, which can limit effectiveness of meeting discussions.
- Slow response time to inquiries
- Hard to reach anyone at the board by phone

Dental Assisting

- Need more RDA representation
- Importance of dental auxiliaries
- Lack of representation for dental hygienist
- Lack of resources and staff designated in the Dental Assisting Area
- Lack of leadership in the regulation of dental assistants by dental assistants
- Dental board caves into politics rather than what is to the best interest of the public.
- Lack of knowledge about the Dental Assisting scope of practice
- Lack of knowledge about Dental Assisting Education and courses
- The DA is allowed to do way too much. There is not enough/or none education to allow DA to work on patients. There are far too many violations that happen from being uneducated. This is a huge implication for patient safety which should be the Dental Boards primary concern. Hopefully with the new DA council it will shed some light on the Dental Board about violations occurring. However, the concerns would be that the members of the Dental Board have DA as staff and would not want to have negative implications on their own office. I believe in these cases the DA council should have a vote.
- Not knowing enough of what is happening on the RDA exams
- Needs major changes to the DA, RDA to make comply with DPA. Way too much open to interpretations and law breaking

Board Members

- Not enough "wet finger" dentist on the board, we need more insight into what it is like to actually practice.
- The politically connected board members are an asset AND a liability.
- The Dental Board is heavily influenced by politics (constant review of programs etc.).
- Keeping certain issues on the book for a long time
- Too difficult to engage board/DCA legal counsel participation in issue discussions outside of board meetings.
- Not being able to make a decision on certain issues
- There needs to be a "peer review" within the DBC consisting of 50 dentists who provide background and research for board members.
- The board sometimes has difficulty reaching decisions on major issues, forcing issues to be punted from meeting to meeting

Enforcement

- Lack of funding for investigation of complaints
- Economic conditions influence the effectiveness of the dental board. Limited funding necessitates that the wheels of justice move slowly. Due to various economic factors, there seems to be a limited number of enforcement officers and therefore, licensed professionals in need of "policing" often do not face the music (so to speak) in a timely manner.
- More of a presence in the dental community for enforcement.

Stakeholder Relationships

- Communication with community/applicants
- Need to improve communication with Dental Community
- Being more current with the needs of the dental industry
- Special interest groups (dental and political) attempt to push current boundaries or guidelines
- DBC has been manipulated by certain specialty groups to empower their "turf wars"
- Lack of consumer member input and consumer member leadership
- Maintaining objectivity with influences from Leadership at CDA pushing their agenda

Regulation of Profession

- Not knowing enough of what is happening in the dental community including DA, RDA
- The Dental Board is heavily regulated (lots of rules with minimal flexibility).
- Not complying with the mandate to work with DHCC on such issues as infection control

ORGANIZATIONAL WEAKNESSES

- Over protective of the dentists stakeholders market on services-not always acting in the best interest of consumers
- Dental Practice Act language is too legalistic
- Going out side of appropriate duties by accrediting dental schools
- Should be viewed as more proactive instead of complaint-driven
- Lost authority to issue first-time licenses at graduation
- Tends to get bogged down in "over-regulation" such as very specific wording about infection control

Metrics

- No clear metrics to define safety guidelines for proposed pilot programs
- Long term outcomes of programs are not readily available. Due to anonymity concerns, it seems difficult to track the success of participants once they graduate from the Diversion Evaluation Program. It would be nice to see outcomes listed in hard numbers.

Politics

- Is too unwilling to go directly to the legislature to fix problems with current statutes
- Politics have too much pressure or presence

Board Direction

- Lack of strategic direction
- Does not think "outside of the box"
- Limited capacity for the board to focus on long-term issues and trends. Agendas tend to be driven by immediate, short-term issues.

Other

- Dept. of Consumer Affairs has too much control over
- Lack of expertise in the areas of education
- Should be viewed as more proactive instead of complaint-driven

EXTERNAL OPPORTUNITIES

Board Member Feedback

Technology

- New technologies are always a possibility
- Breeze project hold promise
- The Breeze project, if it works, will greatly improve the efficiency of the board by integrating all the different workaround systems."

Public Perception

- Dental health is perceived as an integral part of overall health
- Oral health is now perceived as part of overall health
- The perception that dental health is part of overall health has elevated the public's understanding of the importance of dental health, but government funding of dental healthcare has not necessarily followed. For example the ACA includes dental care for children but not adults.

Workforce Issues

- Demand for healthcare services
- Increasing demand for healthcare services, including dentistry
- More insured children means more dental treatment
- Demand for dental services exceeds the capacity of the workforce. This will undoubtedly result in more licensees entering the workforce which is an opportunity for the board.

Access to Care

- Work with legislators and organized dentistry to increase access to dental care in rural and under served areas and populations.
- Partner with the legislature and the dental education community in California to facilitate access to low-cost dental care for individuals lacking resources to obtain care.
- There is currently a heightened general awareness of the need for dental care and the limited access to dental care by specific segments of the population.
- Historically, we have looked at the mandate to the Board to protect the citizens of California as making sure that the licensed dental health care providers are competent to perform the tasks within their scope of practice. This is all well and good and necessary, I agree with this approach to "protect". However, a broader approach to this mandate could also be seen as to "protect" the citizens of California against poor oral health and its effects on systemic health. I would like to see the Board consider being more pro-active in supporting good oral health in California in some non-traditional ways. To partner with community and/or professional organizations to sponsor public service spots

(in multiple languages) promoting good oral health and providing information regarding neighborhood resources available to obtain low cost/no cost oral health care would facilitate its mission.

Legislature and Politics

- We always need to work on our political support
- Potential of a state Dental Director would be favorable.
- A State Senator that is a dentist and is willing to work with the Board to accomplish its mission.
- Relationships with legislators
- Some board members have excellent relations with key legislators and legislative staff. This has been extremely helpful during sunset review and with other legislation affecting the board and offers opportunity for the future.

Other

- Support from Department of Consumer Affairs
- The new Director of DCA has expressed strong support for the DBC as well as other boards.

Board Manager Feedback

Technology

- Breeze ✓✓✓

Outreach

- Media – Public Service Announcement ✓✓✓
- Outreach – CDA/CADAT ✓

Partnerships

- Collaboration w/ other Boards and Bureaus ✓✓✓
- Rally Stakeholders for Support of DBC Issues ✓✓
- New DCA Enforcement Deputy Director

Enforcement

- Ipad/Tablets for Field Staff
- Broaden Enforcement Activity

Other

- Portfolio

EXTERNAL OPPORTUNITIES

Board Stakeholder Feedback

Resources

- Revenue from future dentist and RDA licenses
- Funding for more meetings to discuss more topics
- Ask for the rationale that despite an independent source of income, the board has to curtail staff and spending as dictated by Consumer affairs.

Workforce Issues

- Ongoing policymaker interest in access to care/workforce provides opportunities for the board to show a more proactive interest in using its licensure and consumer protection roles to enhance access.
- Manpower issues

Regulation of Profession

- Increased need to provide oversight in the area of foreign dentistry training
- Dental Ethics
- Needs to take an interest in new (California) dental schools
- Needs to take a stand regarding mid-level providers while interest and legislation is active
- Safety Guidelines
- Dentists Peer Review (internal watchdogs)

Stakeholder Relationships

- Increase collaboration with DHCC
- Greater openness to the participation and influence of the public, media and internet.
- Being open to forming coalitions with other organizations (public or private) in obtaining goals.
- Needs to take advantage of (strengthen) relationships with organized dentistry groups

Technology

- Web conferencing to save resources
- Make the board meeting binder completely electronic for all attending.
- Communicate with licensed members via e-mail and/or electronically instead of paper
- Make use of the NEW technologies making it easy to get in contact with the Board ex. checking on license
- Using updated technologies to expand access to services and obtain goals.
- Use technologies to enhance the skills and efficiency of the dental Board's human capital (the staff).

EXTERNAL OPPORTUNITIES

Dental Assistants

- The new Dental Assisting Council provides an opportunity for the board to demonstrate its commitment to paying serious attention to dental assisting issues.

Access to Care

- Working with other dental professionals to determine how to best serve the underserved populations
- Access to Care in the State
- Need for dental insurance reform-making dental insurance companies pay for preventive services and for comprehensive care

Enforcement

- The board could look for more ways to proactively "market" its enforcement successes.

Legislature and Politics

- Work to build strong collaborative efforts with political power players in the state to achieve objectives.

Portfolio

- Portfolio credentialing
- Portfolio input for monitoring compliance

Other

- In-office audits of records and outcomes

EXTERNAL THREATS

Board Member Feedback

Economy/State Budget

- Local and national economy.
- Cuts in state funding that affect the board's ability to hire
- Travel restrictions limit board outreach activities
- Board outreach is limited by travel restrictions

Legislature

- Well-intentioned but misguided legislation
- State legislative goals.

Enforcement

- Unlicensed activity and the ability of staff to keep up with trends and having the investigatory staff to track.

Other

- Corporate investment in dental practices
- Pressure from special interest groups and organizations.
- Dental workforce and access to care issues
- Future appointments to the Board.

Board Manager Feedback

Economy/State Budget

- CA Economy – decrease in dental customers✓✓
- Budget Cuts ✓✓✓
- State Elections/ Tax initiative✓✓✓
- Agency Cuts to our resources✓✓✓
- Travel Restrictions✓✓✓
- Vehicle reduction✓✓
- Difficult to get supplies/ technology✓

Technology

- BreEZe – rough transition✓

Politics

- Election year threats✓✓

EXTERNAL THREATS

Partnerships

- AG's Office ✓✓✓
- Unions ✓✓✓
- Demands from Stakeholders ✓
- New DCA Enforcement (deputy director) ✓

Media

- Media Scrutiny ✓✓✓

Board Stakeholder Feedback**Resources/Economy**

- Economy
- Funding
- Failure to show that customer service will improve, and to clearly demonstrate the fiscal impact of increased enforcement responsibilities, will continue to make it difficult for the board to justify significant licensure fee increases to ward off future budget deficits.
- Economy regarding decreasing new/renewal for RDA licenses
- Economic
- Possible reduction in funding
- Reduced funding can lead to less meetings, therefore not resolving current issues
- An uncertain economic market - (potential budget problems) creating organizational inefficiency
- The States Budget
- Current state of the economy in California-decrease in jobs leading to consumers not opting to pay for dental care
- Economic strength is relatively weak when compared to the past affects all Boards

Dental Assistants

- Having DA is no benefit to the Dental Board. They are a threat to the dental board. No licensing, no fees, no exams or ce, no accountability
- The increase amount of unlicensed dental assistants performing duties of other licensed professionals
- Failure to make the Dental Assisting Council an effective and respected voice will lead to increased political pressure to take dental assisting regulation away from the board.
- The DA is a threat because RDA's are seeing that they don't need to pay all the fee's and CE. The Dental Board should view this as a huge threat to the success of the RDA. Which ultimately is a threat to the success of the Dental Board.



DENTAL BOARD SWOT ANALYSIS RESULTS

Look at some examples in CA the DA is the only one who can practice without a license. Medical you have to have one, massage therapy, manicures, vet tech. DA could potentially infect and give a patient a life long disease. Dental needs to see all the negative implications the DA's bring and find a better solution. The 8 hour IC is not the answer. No one is following the guidelines and there is no benefit for the Dental Board. I would like to see all DA be licensed so they are required to take 2 hr. ic and 2 hr. DPA every two years like all the other licensed professionals.

- Individuals being allowed to work without a license ex. dental assisting

Enforcement

- Increased unlicensed activity.
- Possible increase in enforcement needs

Workforce Issues

- Insurance companies stronghold on fees for service, move towards increased pressure for dentists to go to HMO type plans
- Too many dentists working in the state of California
- Misdistribution of dentists

Legislature & Politics

- Termination by the Legislature
- Political policies that work against organizational efficiency.
- SB 1441

Special Interest Groups

- Pressure from attorney groups representing numerous consumer special interests
- Special Interest Groups

Regulation of Profession

- California State Board being replaced by the Western Regional exam
- Growth and penetration by out-of-state licensing agencies (WREB, NERB)
- money
- The attempts by consumer advocacy groups to remove the dental Board's autonomy.
- Decrease in standards of accepting who should be licensed to practice.
- Issues involving the corporate practice of dentistry (such as recent discussions about mobile/portable dental companies) are becoming increasingly prevalent, and the board may need to take a more proactive role in identifying and addressing any regulatory gaps

Public Relations



DENTAL BOARD SWOT ANALYSIS RESULTS

- Public dissatisfaction for the services provided by the dental board (public value failure).
- Changes in cultural and societal values that affect the public's perception of the dental board.
- Changes in the laws and rules that regulate the practices of the dental board.

Access to Care

- Failure to actively engage in dialogue with the DHCC as to how to best meet the dental hygiene needs of consumers that lack access to care
- External pressure from CDA to not respond to future health care delivery models that would benefit the public

Other

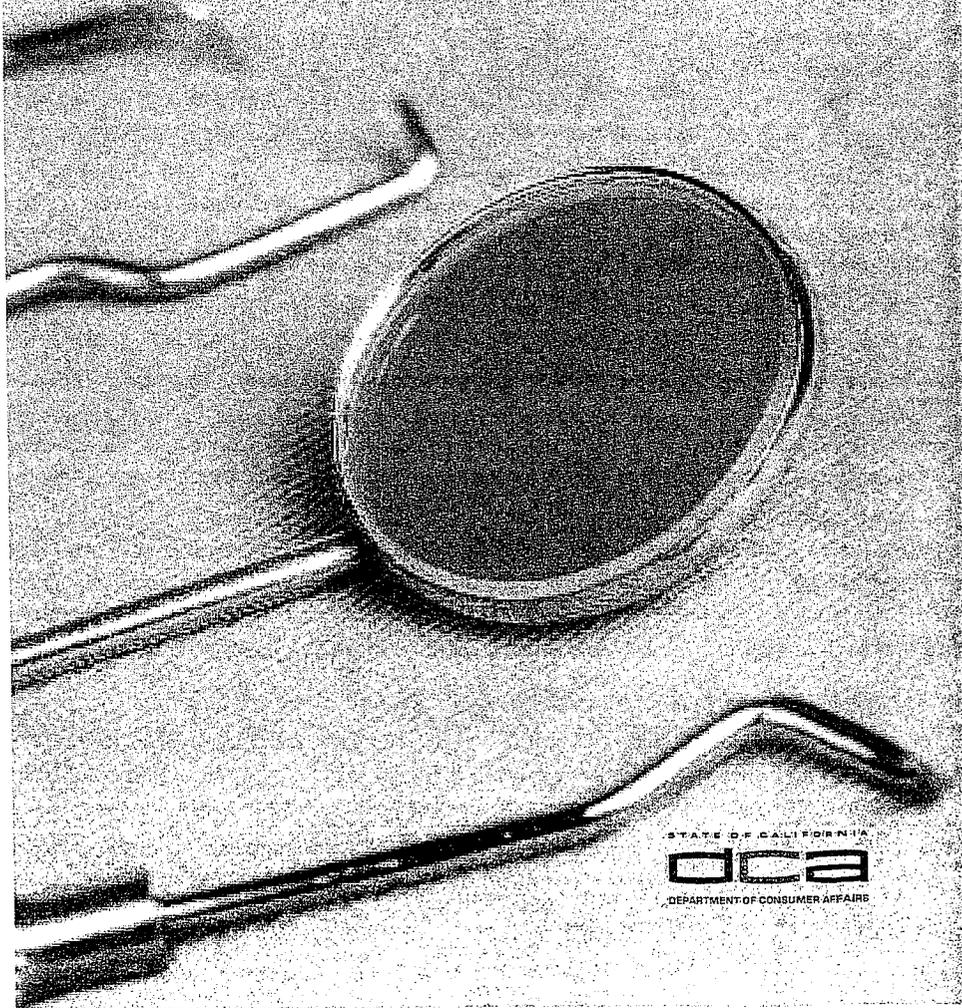
- Mid-level providers
- attempts to create mid level providers
- Changes in health care (increasing government control) may weaken quality and undermine dentists
- The slowness of ability to get changes made.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS



**DENTAL BOARD
OF CALIFORNIA**

2010-2012 Strategic Plan



STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS



**DENTAL BOARD
OF CALIFORNIA**

2010-2012 Strategic Plan

Board Members

John Bettinger, DDS, *President*

Bruce Whitcher, DDS, *Vice-President*

Luis Dominicus, DDS, *Secretary*

Steven Afriat, *Public Member*

Fran Burton, *Public Member*

Stephen Casagrande, DDS

Rebecca Downing, *Public Member*

Judy Forsythe, RDA

Huong Le, DDS

Suzanne McCormick, DDS

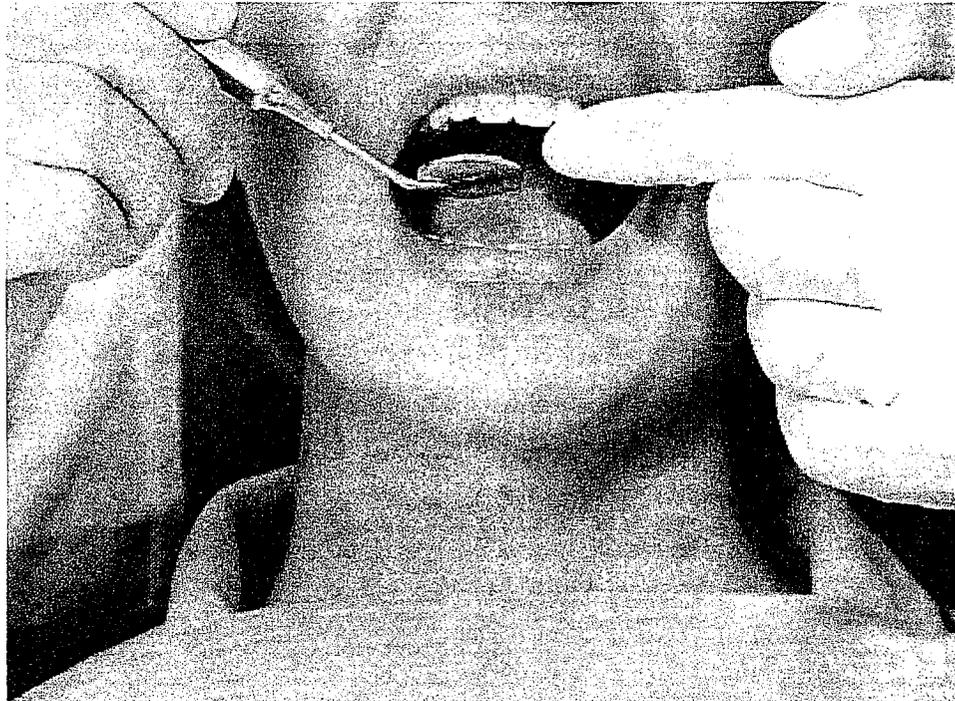
Steven Morrow, DDS

Thomas Olinger, DDS

DBC Executive Officer

Richard E. DeCuir





Our Mission

The mission of the Dental Board of California is to protect and promote the health and safety of consumers of the State of California.

Our Vision

The Dental Board of California will be the leader in public protection, promotion of oral health, and access to quality care.

Our Values

Integrity: Conduct the business of the board in a transparent, impartial and independent manner.

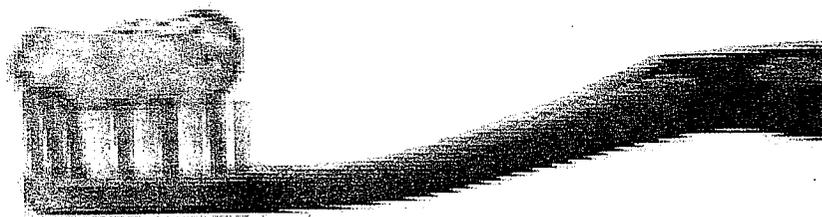
Service: To provide high quality assistance to all California consumers, professionals, internal and external stakeholders.

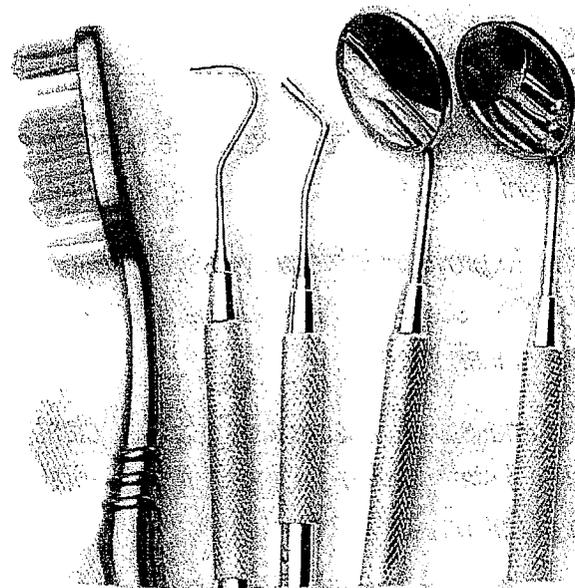
Professionalism: To assure qualified, proficient and skilled staff provide services for the Dental Board of California.

Fairness: To assist and provide information to all stakeholders in an unbiased and impartial manner.

Respect: To value all constituents of the Dental Board of California.

Diversity: To acknowledge and recognize the diversity of California consumers and professionals.





Goals and Objectives

The Dental Board of California is putting forth the following goals and objectives for 2010-2012. As part of the ongoing planning and monitoring process, the stated goals and objectives will be evaluated and adjusted as necessary to meet business needs.



Goal 1

Licensing

Administer fair, valid, timely, comprehensive, and relevant licensing examinations to ensure public protection and provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection.

OBJECTIVES

- Explore a new license examination process.
- Establish and maintain a leadership role in any licensure examination process.



Goal 2

Communication and Education

Provide the most current information and services to the board's stakeholders; set standards to ensure high quality educational services and programs.

OBJECTIVES

- Annually at minimum, release a newsletter to provide up-to-date disciplinary actions and other developments including legislative and regulatory changes and preventative enforcement suggestions.
- Maintain, augment, and improve ease-of-use of the Board's web site.
- Implement Board representative outreach to students in dental educational programs.
- Use local component societies and school meetings as a venue to provide updates on Board activities and services.
- Maintain an open dialogue with stakeholders.
- Consider conducting outreach programs where public policy issues on health care are discussed.
- Maintain standards for Continuing Dental Education.
- Reprint laws and regulations on a regular basis.



Goal 3

Consumer Protection and Enforcement

Ensure the Board's enforcement and diversion programs provide timely and equitable consumer protection.

OBJECTIVES

- Be proactive about legislative solutions.
- Implement improved reporting and tracking of enforcement cases.
- Implement short-term and long-term IT improvements.
- Maintain optimal staffing by continuing to fill vacant enforcement and diversion staff positions.
- Recruit Board experts and consultants.
- Uphold the role of the dentist as the ultimate responsible party regarding patient treatment.



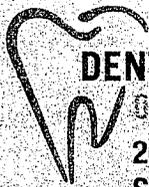
Goal 4

Dental Practice Act

Complete an ongoing review of the Dental Practice Act to update existing laws and regulations to ensure they continue to provide efficient and effective consumer protections.

OBJECTIVES

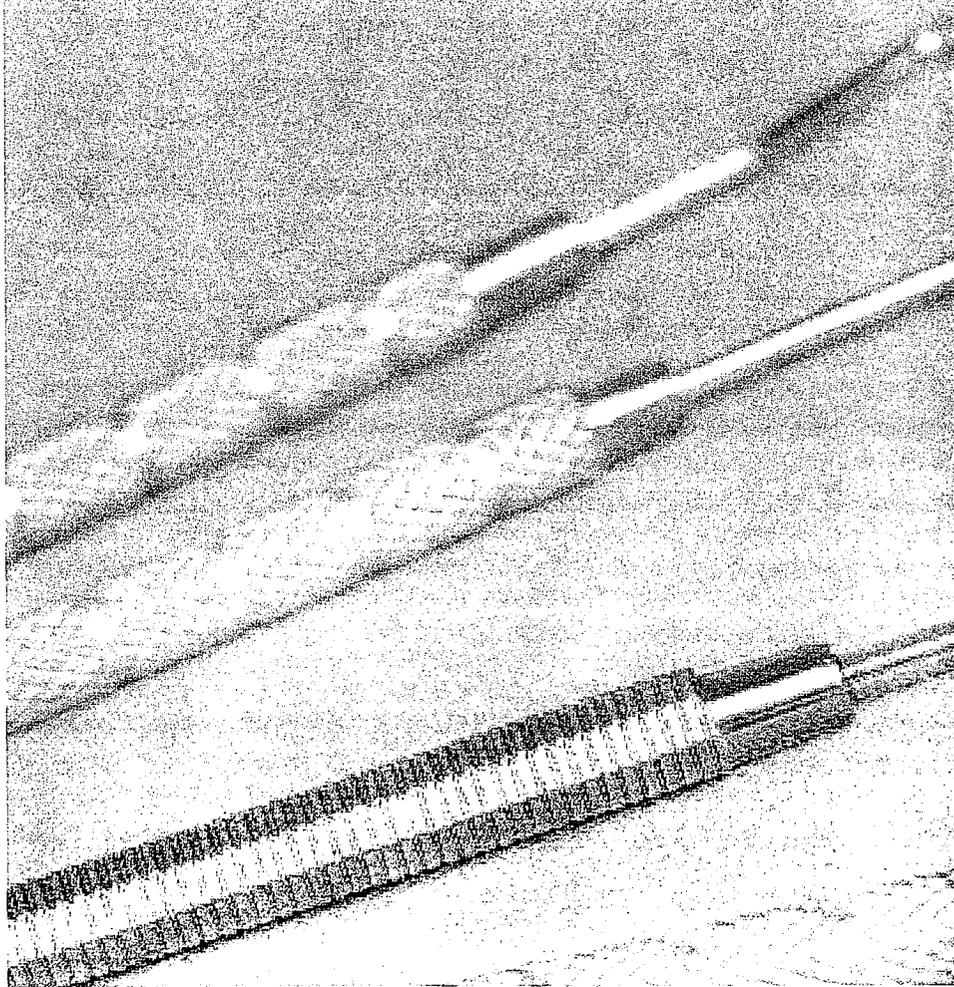
- Identify areas within the DPA that potentially need updating.
- Complete regulations to update duties and practice settings.



**DENTAL BOARD
OF CALIFORNIA**

**2005 Evergreen Street, Suite 1550
Sacramento, CA 95815**

www.dbc.ca.gov





MEMORANDUM

| | |
|----------------|---|
| DATE | November 19, 2012 |
| TO | Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item 4: Subcommittee Report and Possible Action Regarding Future Legislation to Require Dental Labs to Register with the Dental Board |

Background:

At the May 2012 Board meeting, the California Dental Association (CDA) appeared before the Board to discuss issues relating to dental laboratories. Dr. Tom Stewart, former CDA President and Chair of the CDA Dental Laboratory Task Force, explained that in response to incidents of lead-content appearing in crowns produced in China, the CDA House of Delegates, in 2008, approved a resolution that launched what became three years of evaluation and discussion focusing on the various issues affecting the dental laboratory industry in California. By its own account, and due in part to the fact that dental laboratories currently are not regulated in California, CDA focused on the implications of the state's inability to assure that dental patients have at least minimal information about the materials that are being placed in their mouths. At the conclusion of the evaluation, the House of Delegates called for CDA to pursue legislation requiring dental lab disclosure of materials and place of origin, and to consider pursuing legislation requiring dental labs to register with the Dental Board of California.

The CDA came before the Board in May 2012 to discuss these concepts with key stakeholders with the goal of developing consensus legislation to introduce in 2013. The CDA's basic proposal was to require dental labs doing business in California to register their name and address, similar to the current requirement for dental referral services. The proposal would further require dental labs disclosure of materials and place of origin.

At that meeting, the Board President appointed Dr. Luis Dominicis and Dr. Tom Olinger to a subcommittee to work with the CDA, key stakeholders, and staff to determine the feasibility of the proposal. The subcommittee members and representatives of the CDA had a preliminary teleconference meeting in August 2012 and agreed that the best approach to facilitate the discussion was for the CDA to develop draft statutory language for the subcommittee to review.

In mid-October, the CDA provided staff and the subcommittee with draft legislative language on dental lab registration and material disclosure for the subcommittee to review. The CDA based the draft language on model legislative language prepared by the National Association of Dental Laboratories (NADL), the lab organization that testified at the Board's May 2012 meeting.

A copy of the draft legislative language is enclosed in the Board meeting packet. **Please note:** The draft language submitted by the CDA was for discussion purposes only and was not a formal proposal approved by the CDA's Government Affairs Council.

Teleconference Meeting of the Subcommittee and CDA Representatives:

After reviewing the draft language, the subcommittee held a teleconference meeting with CDA representatives and Board staff on November 1st to review and discuss questions and concerns.

The purpose of CDA's proposal was to promote patient protection by requiring dental laboratories, who conduct business in California, to register with the Board in order to engage in the manufacture or repair of dental prosthetic appliances, and to disclose the material content, point of origin, and location of manufacture of the restoration to the dentist issuing the work order.

Material Content Disclosure Requirement:

Although the subcommittee understood the intent of the proposal was to provide for better communication regarding materials and point of origin between dental laboratories and dentists ordering the work, the subcommittee and staff commented on potential unintended consequences of the proposal.

Since the Board holds the dentist ultimately accountable and liable for the patient's safety, it is unclear how the Board would enforce a dental laboratory's disclosure of material content. The proposal does not include provisions requiring the dentist to disclose the material content to the patient; therefore, there is question as to how the disclosure of material content to the ordering dentist alone would promote patient protection. For the Board to better promote patient protection, it would be necessary for a mechanism to be included regarding disclosure to the patient. This would create another requirement for the dentist, as the responsible party, and could lead to potential administrative action from the Board if the requirements are not adhered to.

Additionally, requiring dental laboratories to disclose material content and FDA registration numbers could potentially increase costs of conducting business, which would be passed on to the dentist issuing the work order and ultimately the consumer.

Dental Laboratory Registration Requirement:

As currently written, the draft proposal does not include a mechanism that would enable the Board to know if a dental laboratory is located in, or conducts business in California, and is not registered with the Board. Additionally, the subcommittee commented that the proposal does not explain a licensed dentist's accountability or liability for enforcement purposes. An example of a mechanism that would provide for Board enforcement could be to require the dentist who places a work order with a dental laboratory to verify that

the laboratory is registered with the Board and note it in the patient's record. The subcommittee also questioned the repercussions of a licensed dentist doing business with an unregistered dental laboratory.

As of right now, the Board does not typically see cases regarding dental laboratories and prosthetics. However, if this were to become law, the Board could see an increase in consumer complaints and enforcement activity, including the filings of administrative action.

Additional Comments:

The subcommittee provided some additional comments and recommendations regarding the proposal. Those comments and recommendations were:

- It would be beneficial if dental laboratory registration be required biennially, rather than annually, to maintain consistency with other Board renewal requirements.
- It would be beneficial if the statute could specify all of the registration requirements rather than having to go through the regulatory process (i.e. registration fee, renewal fee, change of address requirements, notification to Board of dental laboratory closure, etc.)
- It would be of importance for the proposal to include a provision authorizing the Board to hire additional staff to facilitate the dental lab registration. The number of dental laboratories that would register with the Board as a result of these requirements is unknown and it is difficult to estimate the impact the Board would be facing from a staffing perspective. The Board does not have current staff resources to coordinate the provisions of this proposal.

Outcome of Teleconference:

Ultimately, the subcommittee expressed concern of unintended consequences this proposal could place on California licensed dentists. At this time, the subcommittee does **not** recommend moving forward with a legislative proposal and suggests that the issue could be better addressed in way other than legislatively, given the unknown variables. The subcommittee suggested that promoting better communication between the dentists and dental laboratories as a marketing campaign on behalf of associations may better serve the intent of this proposal. Once more information can be collected to address the unknowns of this draft proposal, another legislative proposal could then be considered.

CALIFORNIA DENTAL LABORATORY SAFETY ACT

Whereas, this Legislature finds that the health, safety and welfare of the citizens of this State are promoted by the establishment of registration and disclosure procedures for the dental laboratory industry, it is hereby resolved that the following shall be enacted:

SECTION I. **Purpose**

- 1.1 The purpose of this Act is to promote the health, safety and welfare of the citizens of this State by requiring that dental laboratories conducting business in this State register with the Board of Dentistry in order to engage in the manufacture or repair of dental prosthetic appliances as hereinafter provided, and further; to disclose to the dentist issuing the work order the material content for purposes of ensuring the health and safety of the patient as well as the point of origin and location(s) of manufacture of the restoration.

SECTION II. **Definitions**

- 2.1 Dental Laboratory: A dental laboratory is any individual or business entity including but not limited to a corporation, partnership or sole-proprietor, engaged in the manufacture or repair of dental prosthetic appliances.
- 2.2 Licensed Dentist: shall mean any person duly licensed to practice dentistry under any statute of this State or practitioners licensed in other states.
- 2.3 Work Order: shall mean a written instrument executed by a licensed dentist and directed to a registered dental laboratory authorizing the manufacture or repair of a dental prosthetic appliance for such licensed dentist. A work order may be handwritten and may be faxed or sent electronically using an electronic signature.
- 2.4 Work Authorization: shall mean a written instrument executed by a registered dental laboratory authorized by work order by which such dental laboratory subcontracts all or part of the fabrication or repair of a dental prosthetic appliance authorized by work order to another dental laboratory. A work authorization may be handwritten and may be faxed or sent electronically using an electronic signature.

SECTION III. **Registration and Disclosure**

- 3.1 Upon the effective date of this Act, all dental laboratories with offices or facilities located within the State of California and all dental laboratories operating, doing business or intending to operate or do business within the State of California shall be required to register with the board of Dentistry annually. The board shall establish reasonable registration and renewal fees, not to exceed the costs of administering this article.

- 3.2 A dental laboratory wherever located shall be considered as operating or doing business in this State if its work product is prepared pursuant to a work order originating from within this State.
- 3.3 A dental laboratory shall disclose to the dentist the FDA registration number of all patient contact materials contained in restorations authorized by work order for purposes of ensuring the health and safety of the patient. The FDA product registration numbers of the materials are to be included in the patient's record.
- 3.4 A dental laboratory shall disclose to the dentist the point of origin of the manufacture of the restorations authorized by work order. If the restoration was partially or entirely manufactured by any third-party provider(s), the point of origin disclosure to the dentist shall identify the portion(s) manufactured by the third-party provider(s) and the city, state and country of the third-party provider(s).
- 3.5 Dental laboratories operating in-office under the direct supervision of a practicing dentist in the State of California, or in an educational institution as part of the institution's educational program shall be exempt from registration requirements and any registration fees provided that these dental laboratories do not also perform work pursuant to work orders originating from outside of educational institution or outside of the supervising dentist's office.

SECTION IV. **Work Order Required**

- 4.1 No dental laboratory shall perform any manufacture or repair of dental prosthetic appliances for a licensed dentist without a valid work order from the licensed dentist or a valid work authorization from a registered dental laboratory authorized by work order.

SECTION V. **Dental Laboratory Non-Compliance Prohibited**

- 6.1 Dental laboratories that fail to comply with the requirements of this act are subject to disciplinary action including revocation or non-renewal of registration or other disciplinary action by the board.

SECTION VII. **Effective Date**

This Act shall become effective October 1, 2014.



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Enforcement Committee of the Dental Board of California will be held as follows:

NOTICE OF ENFORCEMENT COMMITTEE MEETING

Monday, December 3, 2012

Upon Conclusion of Agenda Item 4

Embassy Suites LAX/South

1440 East Imperial Avenue, El Segundo, CA 90245

310-640-3600 or 916-263-2300

ENFORCEMENT COMMITTEE

Chair – Rebecca Downing, Public Member

Vice Chair – Huong Le, DDS

Steven Afriat, Public Member

Suzanne McCormick, DDS

Bruce Whitcher, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

ENF 1 – Approval of the August 16, 2012 Enforcement Committee Meeting Minutes

ENF 2 – Staff Update Regarding Enforcement Unit Projects and Improvements

ENF 3 – Enforcement Program – Statistics and Status

ENF 4 – Review of First Quarter Performance Measures from the Department of Consumer Affairs

ENF 5 – Diversion Statistics

ENF 6 – Update on Implementation of Notice to Consumers of Licensure by the Dental Board
(California Code of Regulations, Title 16, § 1065)

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Committee at a Future Meeting

COMMITTEE MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.



ENFORCEMENT COMMITTEE
Meeting Minutes
Thursday, August 16, 2012
Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

DRAFT

Members Present

Vice Chair – Huong Le, DDS
Member
Steven Afriat, Public Member
Suzanne McCormick, DDS
Bruce Whitcher, DDS

Members Absent

Chair – Rebecca Downing, Public

Staff Present

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Nancy Butler, Supervising Investigator
April Alameda, Investigative Analysis Unit Manager
Dawn Dill, Licensing and Examination Unit Manager
Lori Reis, Complaint and Compliance Unit Manager
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant
Spencer Walker, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM

Dr. Huong Le, Vice-Chair called the Enforcement Committee meeting to order at 11:44 a.m. Roll was called and a quorum was established.

ENF 1 – Approval of the May 17, 2012 Enforcement Committee Meeting Minutes

M/S/C (McCormick/Whitcher) to approve the May 17, 2012 minutes of the Enforcement Committee meeting. The motion passed with one abstention.

ENF 2 – Staff Update Regarding Enforcement Unit Projects and Improvements

Kim Trefry, Enforcement Chief, reported that beginning in March, the Board began a 90-day test period to determine whether issuance of probationary licenses, at the Board level, could result in cost and time savings. She reported that the Board had stipulated

to probationary licenses for 14 RDAs and 1 DDS applicant during this 90-day trial. One additional applicant declined the board's stipulated offer of probation and requested a hearing. By comparison, the average length of time for a Statement of Issues case to be completed by the Attorney General's office was 439 days.

Given the limited RDA budget for disciplinary matters, the Enforcement Unit believes this will be a beneficial alternative in certain circumstances.

Ms. Trefry reported that Dental Board Investigator Vicki Williams was selected to fill a second Supervising Investigator position in the Southern California Enforcement office. A new Investigator, Kelly Silva, was hired to fill one of the two vacancies in the Northern California field office and a second candidate is in the background phase of the hiring process.

Ms. Trefry reported that at present, the Enforcement Program is in full compliance with all Peace Officer Standards Training (POST) requirements. She also reported that during the last quarter, the Enforcement Program focused on various stages of their internal processes –the goal being to identify areas for improvement and increased efficiency. This included an internal review of the Complaint Intake process and certain Probation cases.

The Enforcement Program's Supervising Investigators Teri Lane, Nancy Butler, and Staff Manager April Alameda met and finalized the Probation Policy and Procedure manual which will serve as a valuable tool to ensure staff are addressing their monitoring responsibilities consistently and correctly.

One of the Dental Board's Subject Matter Experts, Dr. Peter Krakowiak DMD FRCD(C) FADSA of Lake Elsinore, met with Sacramento staff (and Orange staff via the newly installed videoconferencing equipment) to provide an overview of the standard of care for Oral and Maxillofacial Surgery.

Ms. Trefry reported that during the last quarter, the Southern California office made a focused effort on unlicensed activity. On June 13, 2012, Dental Board Investigators, partnered with Los Angeles County Sheriff's Department and the Health Authority Law Enforcement Task Force (HALT) in serving a search warrant in South Gate, CA. In addition to serving the search warrant they arrested Nydia and German Martinez for the unlicensed practice of dentistry. A two month long undercover operation revealed both subjects had been treating patients without a license for several years. The result of this effort is that each suspect will be charged with the unlicensed practice of dentistry and could face up to one year in jail. Investigators also seized patient records, dental equipment, pharmaceuticals and syringes.

Ms. Trefry reported that Investigators conducted a 2 month long undercover operation where it was determined that suspect Juan Carlos Ortiz (age 45) was practicing dentistry without a license. Ortiz had given a diagnosis to an agent posing as a patient. On July 18, 2012, investigators served a search warrant at a residence located in North Hollywood, CA. Ortiz was transported to the Los Angeles Police Department where he was booked for practicing dentistry without a license. Ortiz had been previously convicted in February 2005 by the Dental Board of California for the same offense,

making this second offense a felony. The Dental Board investigation revealed that the subject had been treating patients without a license for several years. Investigators seized records and dental equipment from the home.

The Dental Board's investigations on unlicensed activity are ongoing and could result in charges against other individuals.

Ms. Trefry reported that Enforcement staff currently share 15 vehicles between 14 sworn Investigators, 3 sworn Supervising Investigators, 2 Inspectors and 4 non-sworn Special Investigators, a total of 23, to conduct their field work. Three vehicles have been converted to pool cars to address this imbalance between supply and demand. In 2010, staff drove in excess of 153,000 miles, an average of over 11,000 miles per employee, per year. In July, the Board learned that the Enforcement Program had been directed to reduce its vehicle fleet by one additional vehicle. The Board is waiting to learn the effective date of this decision, and is exploring options on how to redistribute this resource.

Dr. Le asked when the last time the Policy and Procedure Manual was reviewed. Ms. Trefry answered that the Enforcement Manual was last updated in 2006. She stated that there was no Probation Manual previously; it was created from a model used by another Board.

Mr. Afriat stated that he perceived a difference of opinion between staff and the Board as to how cases are prioritized to come before the Board. He asked if it was feasible to place an item on the agenda to discuss the possibility of establishing priorities in Enforcement. Richard DeCuir, Executive Officer, stated that there are internal priorities already set but it would be unwise to divulge the Board's internal processes, procedures, policies and priorities. Mr. DeCuir asked Legal Counsel Spencer Walker if this could be discussed in Closed Session. Mr. Walker replied, "no". Mr. DeCuir recommended that this not be agendized thus making the policies public information.

ENF 3 – Enforcement Program – Statistics and Status

Ms. Trefry reviewed the statistics provided pointing out that the Complaint and Compliance Unit received 3507 complaints during the past 12 month period, averaging 292 per month. She stated that there are currently 741 pending cases creating an average of 150 cases per Consumer Services analyst (CSA). The total number of complaint files closed during the past 12 month period was 2554. The average number of days it took to close a complaint was 72, a decrease of 35% from the previous year's average.

Ms. Trefry reported that currently there are approximately 853 open investigative cases, 325 probation cases, and 72 open inspection cases with an average of 43 cases per full time Investigator, 41 cases per Special Investigator/Analyst, and 40 cases per Inspector. The total number of investigation cases closed, filed with the Attorney General's Office or filed with the District/City Attorney during the last 12 months is 1103, an average of 92 per month.

ENF 4 – Review of Fourth Quarter Performance Measures from the Department of Consumer Affairs

Ms. Trefry reviewed the Performance Measures data as reported by the Department of Consumer Affairs. She reported that the assigned target cycle time for intake of a complaint is 10 days; the Dental Board averaged 9 days. The assigned target cycle time for Intake and Investigation is 270 days; the Dental Board averaged 152 days. The assigned target cycle time for Formal Discipline is 540 days; the Dental Board averaged 776 days. Probation Intakes assigned target is 10 days; the Dental Board's average was 13 days. Finally, the Probation Violation Response assigned target is 10 days; the Dental Board averaged 253 days in the fourth quarter. Ms. Trefry explained that the reason for the large discrepancy in this number is; once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed) and how quickly the monitor can write up and file the violation.

ENF 5 – Diversion Statistics

Lori Reis, Diversion, Complaint and Compliance Unit Manager, reported that there were no intakes into the Diversion Program during the month of April. She reported that in May, there was one (1) investigative referral and two (2) self referrals. In June, there was one (1) probation referral totaling four (4) for the quarter ending 06/30/12.

The next Diversion Evaluation Committee meeting is scheduled for September 6, 2012 at the Dental Board's Sacramento Office.

Mr. Afriat asked if the self referral was a Registered Dental Assistant or a Dentist. Ms. Reis answered, a Dentist.

PUBLIC COMMENT

There was no public comment.

The Enforcement Committee adjourned at 12:10 p.m.



MEMORANDUM

| | |
|----------------|---|
| DATE | November 9, 2012 |
| TO | Enforcement Committee Dental Board of California |
| FROM | Kim A. Trefry, Enforcement Chief Dental Board of California |
| SUBJECT | Agenda Item ENF 2: Enforcement Program Projects and Improvements |

Probation Procedure Training

In October and November, Supervising Investigator Teri Lane and lead Investigator Steve Nicas provided enforcement staff with a one-day training module on Probation monitoring procedures. Using the newly completed Probation Procedure Manual, the training addressed the most recent Disciplinary Guidelines and practical applications of day-to-day monitoring to support program compliance and ensure successful revocations when warranted.

Peace Officer Standards and Training (POST) Compliance

In October and November sworn investigative staff completed both the mandatory Tactical Weapons course and Arrest and Control training. These courses met the POST biennial Perishable Skills training requirement for a certified law enforcement agency. This is the first time in several years that staff have met these two requirements.

Law Enforcement Partnerships

In addition to required training for our sworn investigators, several of the staff have been participating in local task forces to network, share information, and maintain our awareness of law enforcement trends. These include the Prescription Drug Abuse Task Force (PDATF) attended by Supervising Investigator Vicki Williams, the San Diego Insurance Premium Fraud Task Force attended by Investigator Stephen Nicas, the Consumer Fraud Task Force, and the Prescription Diversion Investigation Network (PDIN).

Enforcement Efforts

On November 8, 2012, the Orange County District Attorney's office issued a press release announcing the felony conviction of a man for performing unlicensed dentistry, possession of controlled substances and fraudulently claiming and receiving food stamp benefits.

Esteban Campos, 47, was previously a Registered Dental Assistant (RDA) in California, but his license had expired in 2007.

Following a complaint the Board received in December 2011, investigators conducted two undercover operations at a location in Buena Park where Campos represented himself as a dentist, performed exams, and rendered diagnoses. A subsequent search warrant uncovered a large inventory of controlled substances and narcotics. Under the terms of his plea, Campos will surrender all seized dental equipment.

Vehicle Update

In November the Board submitted a request to purchase five replacement vehicles for those with the highest mileage and/or highest repair costs. Despite an aging fleet, the board has not been allowed to request replacement vehicles since 2008.

In previous years, departments were permitted to replace vehicles once the vehicle's mileage passed 120,000 miles. Pursuant to Executive order B-2-11, the Department of General Services is now requiring each agency to provide a detailed justification and cost analysis to show whether the repair history has exceeded the value of the vehicles and are no longer cost effective.

Staffing

On August 30th, the Governor's office provided the Dental Board with its final decision regarding the proposed reduction of retired annuitants. Of the six retired annuitants working for the board, two employees in the enforcement program were identified for reduction. One employee assisted in the Complaint Intake Unit, and the second employee provided support in the non-sworn Investigative Analysis Unit (IAU).

The IAU also lost lead analyst, Erica Cano in October. Ms Cano will be returning to the private sector. Staff Services Manager April Alameda is actively recruiting to fill this vacancy.

I will be available during the Board meeting to answer any questions or concerns you may have.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 9, 2012 |
| TO | Enforcement Committee Dental Board of California |
| FROM | Kim A. Trefry, Enforcement Chief Dental Board of California |
| SUBJECT | Agenda Item ENF 3: Enforcement Program Statistics |

Attached please find Complaint Intake and Investigation statistics for the previous 12 month period. Below is a summary of some of the program's trends:

Complaint & Compliance Unit

Complaints Received: The total number of complaint files received during the previous 12 months was **3624**, averaging **302** per month (a 2% increase from the previous fiscal year period).

Pending Cases (as of 9/30/12): **824**

Average caseload per Consumer Services Analyst (CSA) = **188** cases
 Cases pending assignment = 1

The number of pending cases and average caseload have both increased due to reductions in staffing levels.

Chart 1 - Case Aging (as of 9/30/12)

| | | |
|--------------|-----|-----|
| 0-3 Months | 573 | 71% |
| 4-6 Months | 193 | 23% |
| 7-9 Months | 35 | 4% |
| 10-12 Months | 10 | 1% |
| 1-3 Years | 5 | >1% |

Chart 2 - Cases Closed: The total number of complaint files closed during the same time period was **2660**, a decrease of 4% from last year. The average number of days a complaint took to close within the last 12 months was **75** days (a decrease of 14% from the previous year's average).

Charts 3 & 4 – Allegation Types These charts provide a breakdown of open and closed complaints by allegation type.

Investigations

Current Open Caseload (As of 9/30/12)

There are currently approximately **718** open investigative cases, **311** probation cases, and **53** open inspection cases.

Average caseload per full time Investigator = 35

Average caseload per Special Investigator/Analyst = 31

Chart 5 - Case Aging (As of 9/30/12)

| | | |
|---------------|-----|-----|
| 0 – 3 Months | 89 | 11% |
| 3 – 6 Months | 119 | 15% |
| 6 – 12 Months | 250 | 31% |
| 1 – 2 Years | 259 | 33% |
| 2 – 3 Years | 64 | 8% |
| 3+ Years | 13 | 1% |

Since our last report (August 2012), the number of cases over 1 year old has remained at approximately 40%. The number of cases in the oldest category (3 years and older) has decreased from 18 to 13.

Chart 6 - Case Closures The total number of investigation cases closed, filed with the Attorney General's Office or filed with the District/City Attorney during the last 12 months is **996**, an average of **83** per month.

Of the closures, approximately 14% were referred to the AGO for discipline.

The average number of days an investigation took to complete within the last 12 months was **401** days. The average number of days to close a case in FY10/11 was 383.

Charts 7 & 8 – Allegation Types These charts provide a breakdown of open and closed investigations by allegation type.

Chart 9 – Unassigned Caseload Currently the enforcement program is assigning cases shortly after they have been assigned to investigation from the Complaint unit.

Charts 10 & 11 – Cases Referred for Discipline The total number of cases referred to the Attorney General's Office during the past 12 months was **144** (approximately 12 referrals per month). The 12-month average for a disciplinary case to be completed was **885** days.

Investigative Activity Reporting (IAR) Update

The IAR program records investigative time spent performing administrative and criminal casework and probation monitoring tasks, as well as the type of closure when the work is completed. Case hours are provided to the prosecution for cost recovery purposes and can be used as a budgetary tool.

The Case Closure attachment shows the percentage of cases closed within the designated closure categories. These charts include data for the previous 12 month cycle (10/01/2011 – 09/30/2012). The majority (**52%**) of our cases time is devoted to cases which are ultimately closed due to *Insufficient Evidence*.¹ This percentage has remained relatively stable.

The Case Category attachment displays the cumulative case hours dedicated to different allegations being investigated or licensees being monitored on probation. This report shows the majority (**36%**) of our investigative efforts are dedicated to *Negligence/Incompetence* cases. The next highest categories of investigative case time were divided between *Criminal Conviction* cases (**12%**) and *Unlicensed Practice* cases (**11%**).

It should be noted that although *Drug Prescribing Violations* are only 5% of our total hours, these cases average approximately 40 hours each; far in excess of any other investigation type.

Probation Monitoring Activity These quarterly tasks require an average of 12 hours per case of investigative time annually. At the time of this report, staff were spending approximately **12%** of their investigative time performing probation monitoring tasks.

Attached are two pie charts to illustrate these percentages.

I will be available during the Board meeting to answer any questions or concerns you may have.

¹ Cases are typically closed *Insufficient Evidence* when a complaint alleging negligent or incompetent treatment is reviewed by a Subject Matter Expert, and is found to be a simple departure from the standard of care or does not rise to the level warranting formal discipline.

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
October 2011 - September 2012

| COMPLAINT UNIT | | | | | | | | | | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|
| Initial Pending | | 507 | 486 | 550 | 593 | 599 | 623 | 704 | 748 | 826 | 741 | 740 | 802 | |
| Total Received | | 256 | 264 | 261 | 304 | 269 | 413 | 320 | 381 | 279 | 275 | 377 | 225 | 3624 |
| Closed in Complaint Unit | 2,4 | 203 | 173 | 167 | 242 | 235 | 290 | 244 | 203 | 261 | 240 | 239 | 163 | 2660 |
| With Merit | | 48 | 81 | 71 | 117 | 117 | 154 | 134 | 100 | 147 | 115 | 100 | 72 | 1256 |
| w/o merit | | 155 | 92 | 96 | 125 | 118 | 136 | 110 | 103 | 114 | 125 | 139 | 91 | 1404 |
| Referred for Investigation | | 85 | 71 | 55 | 59 | 75 | 107 | 66 | 123 | 104 | 74 | 91 | 46 | 956 |
| Pending at end of Period | | 486 | 550 | 593 | 599 | 623 | 704 | 748 | 826 | 741 | 740 | 802 | 824 | |
| Unassigned at end of period | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | |

| INVESTIGATIONS | Charts | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|
| Initial Pending | 5,7 | 872 | 867 | 852 | 851 | 848 | 844 | 864 | 832 | 865 | 853 | 841 | 832 | |
| Assigned | | 843 | 821 | 823 | 817 | 812 | 835 | 845 | 745 | 783 | 744 | 737 | 711 | |
| Unassigned | | 29 | 46 | 29 | 34 | 36 | 9 | 19 | 15 | 9 | 25 | 11 | 13 | |
| Total Received from Complaint Unit | | 85 | 71 | 55 | 59 | 75 | 107 | 66 | 123 | 104 | 74 | 91 | 46 | 956 |
| Closed in Current Month | 6,8 | 90 | 86 | 56 | 62 | 79 | 87 | 98 | 90 | 116 | 86 | 100 | 46 | 996 |
| With Merit | | 79 | 74 | 51 | 49 | 58 | 67 | 72 | 52 | 99 | 66 | 93 | 41 | 801 |
| w/o Merit | | 11 | 12 | 5 | 13 | 21 | 20 | 26 | 38 | 17 | 20 | 7 | 5 | 195 |
| Referred to AG | | 21 | 17 | 13 | 9 | 16 | 19 | 16 | 17 | 15 | 6 | 21 | 6 | 176 |
| Referred for Criminal | | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 2 | 2 | 2 | 6 | 1 | 17 |
| Pending at end of period | | 867 | 852 | 851 | 848 | 844 | 864 | 832 | 865 | 853 | 841 | 832 | 832 | |
| Assigned | | 821 | 823 | 817 | 812 | 835 | 845 | 745 | 783 | 744 | 737 | 711 | 711 | |
| Unassigned | 9 | 46 | 29 | 34 | 36 | 9 | 19 | 15 | 9 | 25 | 11 | 13 | 7 | |

STATISTICAL SUMMARY OF ENFORCEMENT ACTIVITY - DENTAL BOARD OF CALIFORNIA
October 2011 - September 2012

| ATTORNEY GENERAL | Charts | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| Initial Pending | | 198 | 202 | 211 | 213 | 216 | 224 | 231 | 236 | 236 | 227 | 227 | 219 | |
| Referrals from Investigations | | 21 | 17 | 13 | 9 | 16 | 19 | 16 | 17 | 15 | 6 | 21 | 6 | 176 |
| Referred to the AG | 10 | 11 | 15 | 10 | 10 | 19 | 13 | 16 | 20 | 11 | 7 | 9 | 3 | 144 |
| Accusations Filed | | 3 | 9 | 8 | 3 | 11 | 5 | 9 | 15 | 6 | 10 | 5 | 10 | 94 |
| Statement of Issues Filed | | 3 | 5 | 1 | 2 | 1 | 13 | 2 | 4 | 2 | 3 | 0 | 2 | 38 |
| Petition to Revoke | | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 8 |
| Surrender of License | | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 1 | 1 | 6 |
| Cases Closed | 11 | 8 | 5 | 7 | 8 | 6 | 11 | 13 | 17 | 4 | 8 | 14 | 8 | 109 |
| Pending at end of period | | 193 | 201 | 198 | 202 | 211 | 213 | 216 | 224 | 231 | 227 | 219 | 209 | |

**Statistical Summary of Complaint Age
October 2011 - September 2012**

Chart 1 - Open Complaints by Age

| Breakdown by Age | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 0 - 3 Months | 459 | 476 | 476 | 532 | 546 | 576 | 590 | 651 | 564 | 537 | 566 | 573 |
| 4-6 Months | 39 | 54 | 97 | 101 | 113 | 128 | 123 | 123 | 141 | 153 | 193 | 193 |
| 7-9 Months | 15 | 10 | 9 | 12 | 14 | 27 | 34 | 37 | 32 | 31 | 24 | 35 |
| 10-12 Months | 8 | 7 | 6 | 7 | 7 | 3 | 6 | 5 | 7 | 8 | 7 | 10 |
| 1-2 Years | 1 | 0 | 0 | 0 | 1 | 1 | 3 | 4 | 4 | 4 | 4 | 4 |
| 2-3 Years | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| 3+ Years | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Total* | 522 | 547 | 588 | 539 | 682 | 536 | 757 | 821 | 748 | 733 | 795 | 816 |

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Aging reports.

Chart 2 - Closed Complaints by Age

| Breakdown by Age | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-------------|
| 0 - 3 Months | 123 | 119 | 111 | 174 | 161 | 223 | 169 | 137 | 145 | 129 | 149 | 86 | 1726 |
| 3-6 Months | 66 | 44 | 51 | 62 | 62 | 52 | 59 | 51 | 95 | 72 | 62 | 57 | 733 |
| 6-12 Months | 14 | 10 | 5 | 6 | 11 | 14 | 15 | 15 | 20 | 37 | 25 | 19 | 191 |
| 1-2 Years | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 2 | 1 | 7 |
| 2-3 Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3+ Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total* | 203 | 173 | 167 | 242 | 234 | 290 | 244 | 203 | 261 | 240 | 238 | 163 | 2658 |

**Statistical Summary of Complaint Categories
October 2011 - September 2012**

Chart 3 - Open Complaints by Allegation Type

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD Totals |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Fraud (F) | 23 | 17 | 16 | 18 | 22 | 29 | 31 | 38 | 42 | 48 | 46 | 55 | 385 |
| Non-Jurisdictional (J) | 20 | 16 | 17 | 23 | 27 | 27 | 27 | 25 | 20 | 10 | 11 | 12 | 235 |
| Incompetence/Negligence (N) | 378 | 406 | 422 | 456 | 463 | 475 | 500 | 511 | 494 | 512 | 560 | 570 | 5747 |
| Other (O) | 38 | 44 | 49 | 51 | 44 | 40 | 44 | 43 | 50 | 50 | 57 | 65 | 575 |
| Unprofessional Conduct (R) | 26 | 32 | 25 | 24 | 33 | 35 | 40 | 40 | 38 | 37 | 38 | 32 | 400 |
| Sexual Misconduct (S) | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 5 |
| Unlicensed/Unregistered (U) | 5 | 4 | 5 | 9 | 18 | 4 | 8 | 5 | 5 | 9 | 12 | 12 | 96 |
| Drug Related Offenses (D) | 2 | 1 | 0 | 2 | 1 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 13 |
| Criminal Charges (V) | 34 | 32 | 59 | 74 | 72 | 115 | 110 | 158 | 95 | 62 | 65 | 67 | 943 |
| Unsafe/Unsanitary Conditions (E) | 2 | 1 | 3 | 5 | 5 | 8 | 7 | 6 | 7 | 10 | 10 | 7 | 71 |
| Discipline by Another State (T) | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 1 | 2 | 1 | 1 | 2 | 11 |
| Substance Abuse, Mental/Physical Impairment (A) | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 6 |
| Total* | 530 | 554 | 596 | 664 | 688 | 738 | 771 | 827 | 753 | 740 | 802 | 824 | |

*Totals will not match **Pending at end of Period** due to coding variations within Open Case Allegation reports.

**Statistical Summary of Complaint Categories
October 2011 - September 2012**

Chart 4 - Closed Complaints by Allegation Type

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD Totals |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Fraud (F) | 13 | 9 | 2 | 7 | 2 | 10 | 4 | 3 | 6 | 9 | 16 | 3 | 84 |
| Non-Jurisdictional (J) | 19 | 21 | 12 | 22 | 19 | 39 | 20 | 23 | 20 | 23 | 9 | 11 | 238 |
| Incompetence/Negligence (N) | 119 | 82 | 105 | 111 | 100 | 108 | 100 | 95 | 116 | 108 | 110 | 77 | 1231 |
| Other (O) | 22 | 26 | 10 | 16 | 22 | 14 | 6 | 18 | 13 | 19 | 15 | 20 | 201 |
| Unprofessional Conduct (R) | 18 | 8 | 6 | 8 | 8 | 8 | 11 | 6 | 7 | 13 | 4 | 11 | 108 |
| Sexual Misconduct (S) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unlicensed/Unregistered (U) | 0 | 0 | 0 | 1 | 2 | 5 | 1 | 0 | 2 | 1 | 3 | 0 | 15 |
| Drug Related Offenses (D) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Criminal Charges (V) | 9 | 23 | 27 | 74 | 78 | 93 | 85 | 55 | 87 | 61 | 74 | 34 | 700 |
| Unsafe/Unsanitary Conditions (E) | 3 | 4 | 5 | 3 | 6 | 12 | 16 | 2 | 10 | 5 | 8 | 7 | 81 |
| Discipline by Another State (T) | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 3 |
| Sub. Abuse, Mental/Physical Impairment (A) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 203 | 173 | 167 | 242 | 237 | 290 | 244 | 203 | 261 | 240 | 239 | 163 | 2662 |

**Statistical Summary of Investigation Age
October 2011 - September 2012**

Chart 5 - Open Investigations by Age

| Breakdown by Age | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 0 - 3 Months | 117 | 113 | 102 | 87 | 68 | 129 | 134 | 175 | 126 | 109 | 92 | 89 |
| 3 - 6 Months | 146 | 155 | 131 | 135 | 129 | 113 | 103 | 100 | 146 | 160 | 164 | 119 |
| 6 - 12 Months | 236 | 242 | 274 | 258 | 253 | 254 | 246 | 247 | 225 | 217 | 212 | 250 |
| 1 - 2 Years | 290 | 279 | 266 | 272 | 272 | 247 | 250 | 236 | 249 | 253 | 256 | 259 |
| 2 - 3 Years | 89 | 79 | 93 | 92 | 86 | 93 | 72 | 63 | 63 | 68 | 61 | 64 |
| 3+ Years | 7 | 4 | 5 | 7 | 10 | 16 | 8 | 22 | 18 | 13 | 10 | 13 |
| Total | 885 | 872 | 871 | 851 | 818 | 852 | 813 | 843 | 827 | 820 | 795 | 794 |

Chart 6 - Closed Investigations by Age

| Breakdown by Age | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| 0 - 3 Months | 10 | 12 | 9 | 4 | 13 | 16 | 14 | 21 | 60 | 27 | 22 | 5 | 213 |
| 3 - 6 Months | 15 | 9 | 8 | 7 | 13 | 7 | 11 | 8 | 6 | 12 | 12 | 4 | 112 |
| 6 - 12 Months | 20 | 21 | 15 | 17 | 16 | 19 | 15 | 22 | 10 | 13 | 22 | 6 | 196 |
| 1 - 2 Years | 31 | 25 | 16 | 24 | 26 | 23 | 28 | 20 | 21 | 21 | 23 | 23 | 281 |
| 2 - 3 Years | 11 | 16 | 7 | 10 | 11 | 22 | 29 | 16 | 14 | 11 | 17 | 8 | 172 |
| 3+ Years | 3 | 3 | 1 | 0 | 0 | 0 | 1 | 3 | 5 | 2 | 4 | 0 | 22 |
| Total | 90 | 86 | 56 | 62 | 79 | 87 | 98 | 90 | 116 | 86 | 100 | 46 | 996 |

*Numbers in Chart 5 & 6 may not match the main statistical summary.

Aging reports are captured at the end of each month.

Summary reports are captured at the end of each quarter and may reflect changes to the data.

**Statistical Summary of Investigation Categories
October 2011 - September 2012**

Chart 7 - Open Investigations by Allegation Type

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Substance Abuse, Mental/Physical Impairment (A) | 6 | 8 | 8 | 7 | 6 | 7 | 7 | 7 | 7 | 8 | 8 | 7 |
| Drug Related Offenses (D) | 25 | 31 | 32 | 32 | 30 | 32 | 34 | 32 | 35 | 33 | 28 | 27 |
| Unsafe/Unsanitary Conditions (E) | 3 | 3 | 4 | 4 | 5 | 5 | 4 | 6 | 6 | 6 | 6 | 4 |
| Fraud (F) | 55 | 57 | 58 | 58 | 53 | 50 | 50 | 50 | 49 | 50 | 49 | 46 |
| Non-Jurisdictional (J) | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 4 | 3 | 3 | 3 |
| Incompetence/Negligence (N) | 356 | 335 | 323 | 307 | 299 | 290 | 285 | 297 | 283 | 281 | 275 | 283 |
| Other (O) | 38 | 35 | 37 | 42 | 42 | 82 | 90 | 89 | 89 | 84 | 86 | 87 |
| Unprofessional Conduct (R) | 95 | 98 | 104 | 103 | 101 | 103 | 96 | 89 | 85 | 84 | 79 | 79 |
| Sexual Misconduct (S) | 9 | 9 | 10 | 10 | 11 | 11 | 8 | 9 | 8 | 7 | 7 | 7 |
| Discipline by Another State (T) | 31 | 30 | 30 | 30 | 29 | 29 | 20 | 16 | 15 | 16 | 5 | 6 |
| Unlicensed/Unregistered (U) | 124 | 125 | 128 | 131 | 131 | 140 | 138 | 141 | 146 | 144 | 139 | 139 |
| Criminal Charges (V) | 149 | 141 | 134 | 125 | 112 | 99 | 85 | 112 | 101 | 106 | 114 | 105 |
| Total | 892 | 873 | 869 | 851 | 821 | 850 | 819 | 851 | 828 | 822 | 799 | 793 |

**Statistical Summary of Investigation Categories
October 2011 - September 2012**

Chart 8 - Closed Investigations by Allegation Type

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Substance Abuse, Mental/Physical Impairment (A) | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Drug Related Offenses (D) | 2 | 1 | 4 | 2 | 4 | 1 | 3 | 5 | 2 | 1 | 5 | 1 |
| Unsafe/Unsanitary Conditions (E) | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 2 |
| Fraud (F) | 8 | 1 | 2 | 1 | 6 | 7 | 2 | 5 | 3 | 3 | 2 | 3 |
| Non-Jurisdictional (J) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Incompetence/Negligence (N) | 27 | 36 | 22 | 32 | 25 | 32 | 28 | 15 | 27 | 33 | 17 | 16 |
| Other (O) | 4 | 6 | 1 | 1 | 5 | 6 | 1 | 7 | 3 | 5 | 4 | 1 |
| Unprofessional Conduct (R) | 7 | 8 | 5 | 7 | 6 | 8 | 13 | 12 | 8 | 9 | 10 | 1 |
| Sexual Misconduct (S) | 1 | 2 | 0 | 0 | 0 | 1 | 3 | 1 | 1 | 2 | 0 | 1 |
| Discipline by Another State (T) | 0 | 1 | 0 | 0 | 1 | 0 | 11 | 5 | 1 | 1 | 11 | 0 |
| Unlicensed/Unregistered (U) | 3 | 11 | 4 | 3 | 11 | 12 | 16 | 8 | 6 | 5 | 14 | 6 |
| Criminal Charges (V) | 37 | 20 | 17 | 15 | 18 | 19 | 20 | 32 | 65 | 26 | 35 | 14 |
| Total | 90 | 86 | 56 | 62 | 77 | 87 | 98 | 90 | 116 | 86 | 99 | 46 |

Unassigned Investigations by Case Age

October 2011 - September 2012

Chart 9

| Breakdown by Age | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 0 - 3 Months | 9 | 10 | 12 | 9 | 3 | 11 | 8 | 3 | 10 | 4 | 5 | 1 |
| 3 - 6 Months | 3 | 5 | 8 | 9 | 0 | 2 | 2 | 0 | 1 | 2 | 3 | 3 |
| 6 - 12 Months | 0 | 1 | 1 | 4 | 3 | 3 | 3 | 1 | 2 | 1 | 1 | 1 |
| 1 - 2 Years | 12 | 12 | 12 | 12 | 3 | 2 | 0 | 2 | 1 | 3 | 3 | 1 |
| 2 - 3 Years | 1 | 1 | 1 | 2 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 3 + Years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 25 | 29 | 34 | 36 | 9 | 19 | 14 | 7 | 15 | 11 | 13 | 7 |

**Disciplinary Referrals by Category
October 2011 - September 2012**

Chart 10 - Disciplinary Referrals by Category

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|---|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| Cases referred to the Attorney Generals Office | 11 | 15 | 10 | 10 | 19 | 13 | 16 | 20 | 11 | 7 | 9 | 3 | 159 |
| Accusations Filed | 3 | 9 | 8 | 3 | 11 | 5 | 9 | 15 | 6 | 10 | 5 | 10 | 92 |
| Statement of Issues Filed | 3 | 5 | 1 | 2 | 1 | 13 | 2 | 4 | 2 | 3 | 0 | 2 | 39 |
| Petition for Reinstatement | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Petition to Revoke Probation | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 10 |
| Petition for Early Termination of Probation | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Petition to Modify Probation | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Request for Interim Susp Order / PC23 / TRO | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 5 |

**Disciplinary Actions Taken
October 2011 - September 2012**

Chart 11 - Disciplinary Actions

| Allegation | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | YTD |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------|
| Probation | 3 | 4 | 5 | 5 | 3 | 6 | 6 | 6 | 11 | 1 | 7 | 6 | 63 |
| Suspension | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 3 |
| Revocation | 2 | 2 | 4 | 3 | 4 | 4 | 5 | 3 | 2 | 5 | 5 | 2 | 41 |
| Public Reprimand | 0 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 2 | 2 | 2 | 0 | 12 |
| License Denial | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 5 |
| License Surrender | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 1 | 1 | 6 |
| Interim Suspension Order/PC23 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 2 | 0 | 0 | 7 |
| Other* | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 7 |
| No Discipline | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 1 | 0 | 2 | 11 |
| Accusation Withdrawn | 2 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 1 | 1 | 9 |
| Accusation Dismissed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Accusation Declined | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

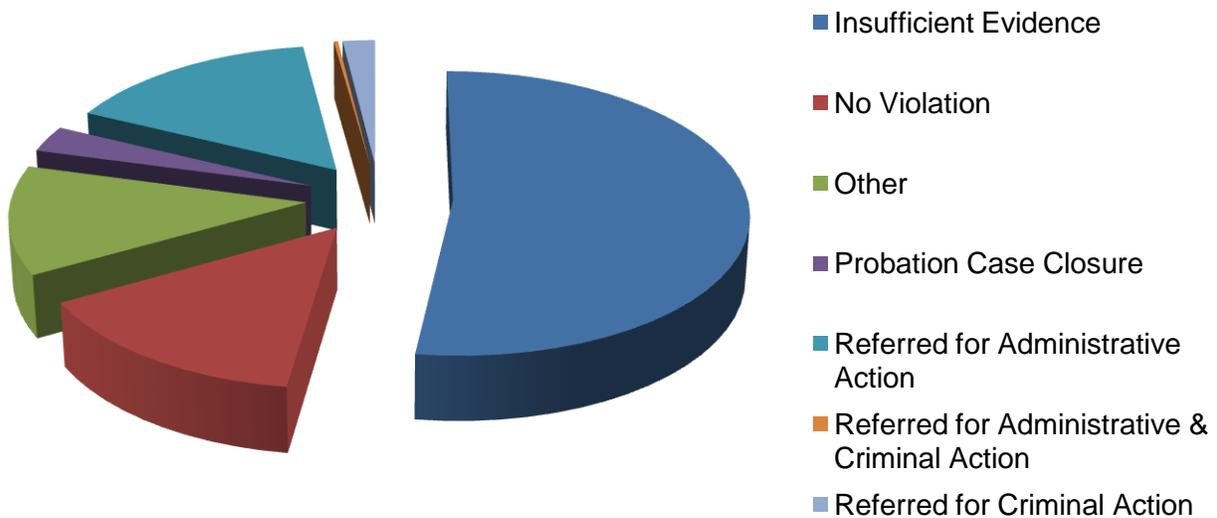
* Represents cases *Opened in Error* & cases rejected for filing by the Executive Officer

Investigator Activity Report
Hours Worked by Closure Category

| Case Closure Categories | Case Hours | # of Cases | % of Total |
|---|----------------|------------|-------------|
| Insufficient Evidence | 3157.58 | 402 | 52.2% |
| No Violation | 883.35 | 89 | 14.6% |
| Other | 748 | 1 | 12.4% |
| Probation Case Closure | 180.9 | 14 | 3.0% |
| Referred for Administrative Action | 943 | 107 | 15.6% |
| Referred for Administrative & Criminal Action | 15.45 | 1 | 0.3% |
| Referred for Criminal Action | 118.5 | 9 | 2.0% |
| Total | 6046.78 | 623 | 100% |

10/1/2011 - 09/30/2012

Hours Worked by Closure Category

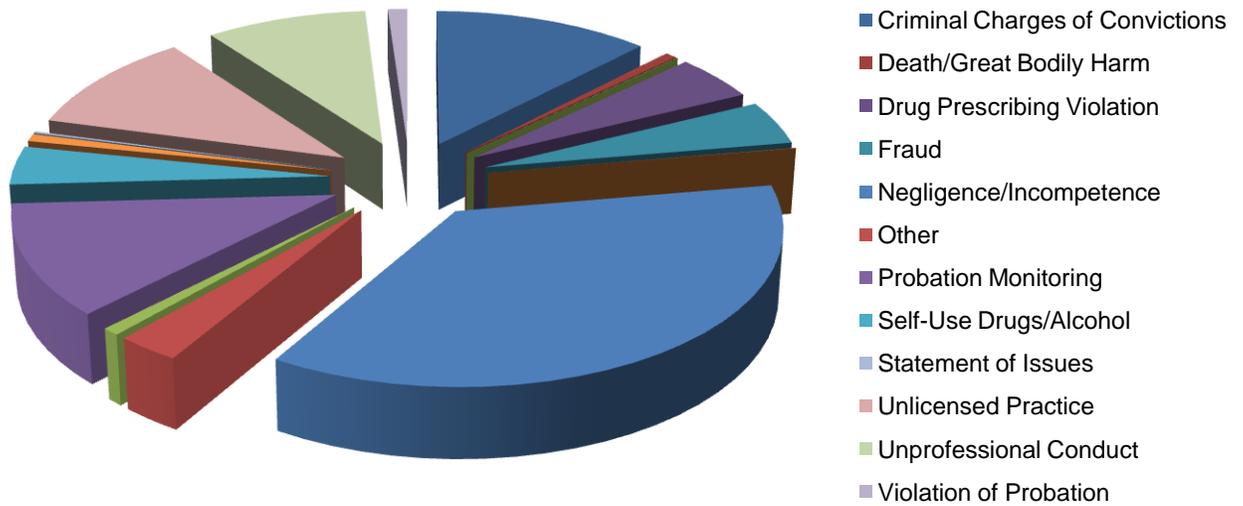


Investigator Activity Reporting System (IAR)
Hours Worked by Case Type

| Case Categories | Case Hours | # of Cases | % of Total |
|---------------------------------|---------------|-------------|-------------|
| Aid/Abet Unlicensed Activity | 141 | 22 | 1% |
| Criminal Charges of Convictions | 2514 | 388 | 12% |
| Death/Great Bodily Harm | 138 | 11 | 1% |
| Discipline by Another State | 8 | 2 | 0% |
| Drug Prescribing Violation | 982 | 24 | 5% |
| Fraud | 946 | 90 | 5% |
| Mental/Physical Illness | 6 | 2 | 0% |
| Negligence/Incompetence | 7459 | 585 | 36% |
| Other | 598 | 94 | 3% |
| Patient Abandonment | 162 | 17 | 1% |
| Probation Monitoring | 2420 | 196 | 12% |
| Self-Use Drugs/Alcohol | 834 | 48 | 4% |
| Sexual Misconduct | 162 | 17 | 1% |
| Statement of Issues | 40 | 4 | 0% |
| Unlicensed Practice | 2187 | 144 | 11% |
| Unprofessional Conduct | 1868 | 175 | 9% |
| Violation of Probation | 225 | 17 | 1% |
| Totals | 20,691 | 1836 | 100% |

10/01/2011 - 09/30/2012

**Hours Worked by
Case Type**





MEMORANDUM

| | |
|----------------|--|
| DATE | November 11, 2012 |
| TO | Enforcement Committee Dental Board of California |
| FROM | Kimberly Trefry, Enforcement Chief Dental Board of California |
| SUBJECT | Agenda Item ENF 4: Review of Q1 Performance Measures |

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. In some cases, each Board, Bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director. Data is collected quarterly and reported on the Department's website at: http://www.dca.ca.gov/about_dca/cpei/index.shtml

Volume: 849 Total (631 Consumer complaints, 218 conviction reports)
 Number of complaints and convictions received per quarter

Cycle Time:

- Intake – Target: 10 Days** **Q1 Average: 7 Days**
 Average cycle time from complaint receipt, to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing (This 10 day time frame is mandated by Business and Professions Code section 129 (b)) ;
- Intake & Investigation – Target: 270 Days** **Q1 Average: 147 Days**
 Average time from complaint receipt to closure of the investigation process (does not include cases sent to the Attorney General (AG) or other forms of formal discipline);
- Formal Discipline – Target: 540 Days** **Q1 Average: 791 Days**
 Average number of days to complete the entire enforcement process for cases resulting in formal discipline (Includes intake and investigation by the Board, and prosecution by the AG);

A number of factors (both internally and externally) can contribute to case aging at the Attorney General's office. Board actions which may extend case aging include when additional investigations are combined with a pending accusation and can set back the overall time to resolve. Amending an accusation or requesting additional expert opinions can also cause delays in case adjudication. Other matters are outside the control of the

Board and include: availability of hearing dates, continuance of hearing dates, changes to opposing party counsel, and requests for a change of venue.

- **Probation Intake – Target: 10 Days** **Q1 Average: 17 Days**
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer; and

Probation Intake measures the time between when the probation monitor is assigned the case file and the date they meet with their assigned probationer to review monitoring terms and conditions. The Board's probation monitors are assigned a case file within a few days of the probationary order being signed. Monitors attempt to schedule their initial meeting on or soon after the effective date of the decision; thereby resulting in a 10 – 20 day intake average. We believe this Q4 average of 13 days is reasonable. It should also be noted that in some cases, probation monitoring may not take place until an applicant has completed all their licensing requirements, or returned to California (if the applicant is out-of-state). These exceptions may skew this average.

- **Probation Violation Response – Target: 10 Days** **Q1 Average: 56 Days**
Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed) and how quickly the monitor can write up and file the violation.

- **Consumer Satisfaction Survey** The Department provided the Board with survey results for only one month of the first quarter performance measure cycle (July - September). With approximately (874) case closures during this three month period, only five survey responses were received, a 1% response rate.

Performance Based Budgeting Pilot

Pursuant to Executive Order B-13-11, the Governor ordered the Department of Finance (DOF) to create a plan for modifying the budget process to increase efficiency and focus on accomplishing program goals. DCA was one of four departments identified in the 2012-13 Governor's Budget and 2012 May Revise to participate in a performance based budgeting pilot program.

DCA is in a position to move forward with this request as a result of the already created enforcement performance measures and has selected the Dental Board as the health-related board to pilot this effort.

These performance measures are collected from the Consumer Affairs System (CAS), and are reported quarterly on the DCA website.

The DCA will assess enforcement needs based on the following criteria:

- Intake Cycle Time - *Average number of days from receipt of the complaint to the date the complaint was assigned for investigation;*
- Investigation Cases - *Average number of days from receipt of the complaint to closure of the investigation process. Does not include cases resulting in formal discipline.*
- Formal Discipline Cases - *Average number of days to complete the entire enforcement process for cases referred to the Attorney General's office for formal discipline.*

Dental Board of California

Performance Measures

Q1 Report (July - September 2012)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

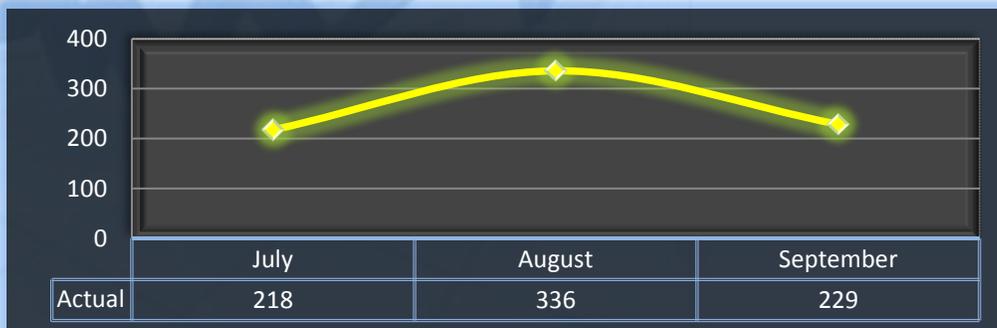
Volume

Number of complaints and convictions received.

Q1 Total: 849

Complaints: 631 Convictions: 218

Q1 Monthly Average: 283



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 10 Days

Q1 Average: 7 Days

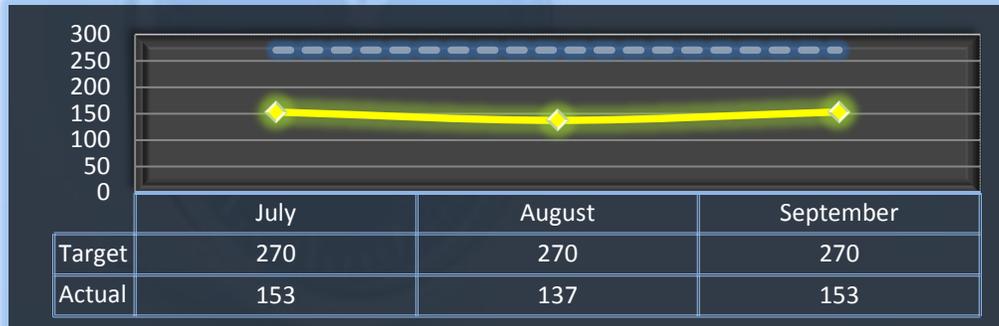


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 270 Days

Q1 Average: 147 Days

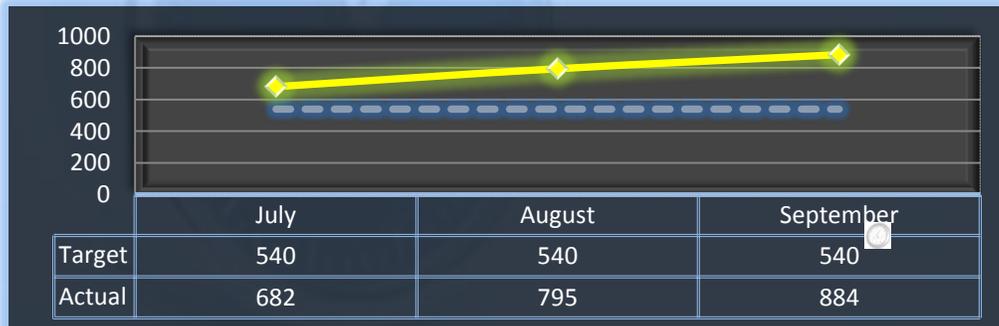


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q1 Average: 791 Days

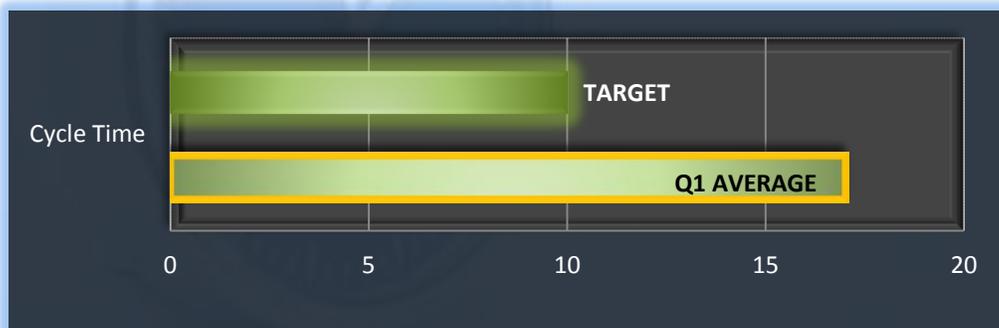


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q1 Average: 17 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 10 Days

Q1 Average: 56 Days





MEMORANDUM

| | |
|----------------|---|
| DATE | November 8, 2012 |
| TO | Enforcement Committee Members Dental Board of California |
| FROM | Lori Reis, Manager Dental Board of California |
| SUBJECT | Agenda Item ENF 5: Diversion Statistics |

Attached are the Diversion Program statistics for quarter ending 09/30/12. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS reports and are approximated numbers.

NOTE: There was one (1) probation referral into the program during the month of July. In August, there was one (1) investigative referral. In September, there was one (1) probation referral totaling three (3) for the quarter ending 09/30/12.

The DEC is currently recruiting two (2) dentists for the Northern Committee and one (1) auxiliary for the Southern Committee. An announcement has been placed on the Board's website and has also been forwarded to CDA, CDAA, CADAT, CALAOMS and the EFDA Association.

The next DEC meeting is scheduled for November 29th at the Board's Sacramento Office.

**Dental Board of California
Diversion Program
Statistical Summary
As of 09/30/2012**

| | Current Quarter | Fiscal Year To Date | Program To Date |
|---|--------------------|------------------------|--------------------|
| I INTAKES INTO PROGRAM | | | |
| 1. Self Referral | 0 | 4 | 30 |
| 2. Investigative Referral | 1 | 6 | 64 |
| 3. Probation Referral | 2 | 6 | 59 |
| Group Totals | 3 | 16 | 153 |
| II APPLICANTS INTERVIEWED BY EACH DEC | | | |
| 1. DBC Northern CA | 0 | 4 | 55 |
| 2. DBC Southern CA | 4 | 7 | 77 |
| Group Totals | 4 | 11 | 132 |
| III APPLICANTS ACCEPTED BY EACH DEC | | | |
| 1. DBC Northern CA | 0 | 4 | 50 |
| 2. DBC Southern CA | 3 | 9 | 62 |
| Group Totals | 3 | 13 | 112 |
| IV STATUS CHANGES IN PROGRAM | | | |
| 1. Closed | 6 | NA | NA |
| V CLOSED CASES | | | |
| 1. Applicant Not Accepted by DEC | 1 | 1 | 20 |
| 2. Applicant Public Risk | 0 | 0 | 1 |
| 3. Applicant Withdrawn - Pre DEC | 0 | 0 | 14 |
| 4. Clinically Inappropriate - Post DEC | 0 | 0 | 7 |
| 5. Clinically Inappropriate - Pre DEC | 0 | 0 | 7 |
| 6. Completed | 4 | 4 | 75 |
| 7. No Longer Eligible - Post DEC | 0 | 0 | 2 |
| 8. Sent to Board - Pre DEC | 0 | 0 | 1 |
| 9. Terminated - Expired | 0 | 0 | 3 |
| 10. Terminated - Failure to Receive Benefit | 0 | 0 | 6 |
| 11. Terminated - Non Compliant | 0 | 0 | 17 |
| 12. Terminated - Public Risk | 0 | 0 | 19 |
| 13. Withdrawn - Post DEC | 1 | 1 | 14 |
| Group Totals | 6 | 6 | 186 |
| VI PARTICIPANT POPULATION TOTALS | | | |
| 1. Active Participants at Beginning of Quarter | 36 | | |
| 2. Active Participants served this Quarter | 37 | | |
| 3. Active Participants at the End of the Quarter | 33 | | |
| VII RECIDIVISM, INTAKE OF KNOWN PRIOR PARTICIPANTS | | | |
| Intake of Known Prior Participants | 1 | 3 | 19 |
| VIII GENDER AT INTAKE | | | |
| 1. Female | 0 | 4 | 47 |
| 2. Male | 3 | 12 | 104 |
| 3. Unknown | 0 | 0 | 2 |
| Group Totals | 3 | 16 | 153 |

| | Current Quarter | Fiscal Year To Date | Program To Date |
|--|--------------------|------------------------|--------------------|
| IX AGE CATEGORY AT INTAKE | | | |
| 1. 20 - 24 | 0 | 0 | 2 |
| 2. 25 - 29 | 0 | 0 | 6 |
| 3. 30 - 34 | 0 | 3 | 15 |
| 4. 35 - 39 | 1 | 4 | 23 |
| 5. 40 - 44 | 0 | 1 | 24 |
| 6. 45 - 49 | 1 | 4 | 30 |
| 7. 50 - 54 | 0 | 1 | 21 |
| 8. 55 - 59 | 0 | 0 | 16 |
| 9. 60 - 64 | 1 | 2 | 11 |
| 10. 65 + | 0 | 1 | 5 |
| Group Totals | 3 | 16 | 153 |
| X WORKSITE OF PRACTICE SETTING AT INTAKE | | | |
| 1. Corporation | 0 | 1 | 1 |
| 3. Dental Private Practice | 1 | 10 | 75 |
| 4. Doctor's Office | 0 | 2 | 11 |
| 5. Group Practice - profit | 2 | 3 | 5 |
| 6. Hospital | 0 | 0 | 1 |
| 7. Lab | 0 | 0 | 1 |
| 8. Other | 0 | 0 | 4 |
| 9. Undetermined | 0 | 0 | 23 |
| 10. Unemployed | 0 | 0 | 32 |
| Group Totals | 3 | 16 | 153 |
| XI SPECIALTIES AT INTAKE | | | |
| 1. General Dentist | 2 | 13 | 72 |
| 2. HMO | 0 | 0 | 1 |
| 3. Medical Surgical | 0 | 0 | 1 |
| 4. Other | 1 | 3 | 46 |
| 5. Undetermined | 0 | 0 | 33 |
| Group Totals | 3 | 16 | 153 |
| XII PRESENTING PROBLEM AT INTAKE | | | |
| 1. Alcohol | 0 | 3 | 30 |
| 2. Alcohol and Mental Illness | 0 | 0 | 7 |
| 3. Alcohol and Mono Drug | 0 | 2 | 21 |
| 4. Alcohol and Poly Drug | 1 | 3 | 19 |
| 5. Alcohol, Mono Drug and Mental Illness | 0 | 1 | 2 |
| 6. Alcohol, Poly Drug and Mental Illness | 2 | 2 | 7 |
| 7. Mental Illness | 0 | 0 | 2 |
| 8. Mono Drug | 0 | 2 | 33 |
| 9. Mono Drug and Mental Illness | 0 | 0 | 7 |
| 10. Poly Drug | 0 | 2 | 15 |
| 11. Poly Drug and Mental Illness | 0 | 1 | 8 |
| 12. Undetermined | 0 | 0 | 2 |
| Group Totals | 3 | 16 | 153 |
| XIII SUBSTANCE USED DURING 12 MONTHS PRIOR TO INTAKE | | | |
| Collection of statistical information for Substance began September 2004 | | | |
| 1. Coumadin | 0 | 0 | 1 |
| 2. Aciphex | 0 | 0 | 1 |
| 3. Advair Diskus | 0 | 0 | 1 |
| 4. Alcohol | 1 | 3 | 60 |
| 5. Aleve | 1 | 1 | 12 |

| | Current Quarter | Fiscal Yr To Date | Program To Date |
|---|--------------------|----------------------|--------------------|
| 6. Alprazolam (Xanax) | 0 | 1 | 4 |
| 7. ASA | 0 | 1 | 3 |
| 8. Aspirin | 0 | 3 | 4 |
| 9. Atenolol (Tenormin) | 0 | 0 | 5 |
| 10. Ativan | 0 | 0 | 3 |
| 11. Benadryl (Diphenhydramine HCL) | 0 | 0 | 3 |
| 12. Benazepril (Lotensin) | 0 | 0 | 2 |
| 13. Benzodiazepenes Unspecified | 0 | 0 | 1 |
| 14. Butalbital (Fiorinal, Esgic) | 0 | 0 | 1 |
| 15. Celexa | 0 | 0 | 1 |
| 16. Chlordiazepoxide (Librium) | 0 | 0 | 1 |
| 17. Claritin | 0 | 1 | 3 |
| 18. Cocaine | 0 | 0 | 8 |
| 19. Codeine (Various Names) | 0 | 0 | 2 |
| 21. Diazepam (Valium) | 0 | 0 | 4 |
| 22. Folic Acid | 0 | 1 | 2 |
| 23. Hydrocodone (Vicodin / Lortabs / Hycodan) | 1 | 1 | 12 |
| 24. Ibuprofen | 1 | 6 | 10 |
| 25. Lexapro | 0 | 1 | 3 |
| 26. Lorazepam (Ativan) | 0 | 0 | 1 |
| 27. Marijuana | 0 | 2 | 10 |
| 28. Maxalt | 0 | 0 | 1 |
| 29. Methadone and/or Metabolite | 0 | 0 | 1 |
| 30. Methamphetamine | 0 | 1 | 11 |
| 31. Morphine | 0 | 0 | 2 |
| 32. Motrin | 0 | 1 | 2 |
| 33. Nazoril | 0 | 0 | 1 |
| 34. None | 0 | 0 | 5 |
| 35. Norco | 1 | 2 | 4 |
| 36. Other Opiates | 0 | 0 | 1 |
| 37. Oxycodone (Oxycontin) | 0 | 0 | 2 |
| 38. Oxycodone (Percodan, Percocet) | 0 | 0 | 2 |
| 39. Percocet | 0 | 0 | 1 |
| 40. Prevacid | 0 | 0 | 1 |
| 41. Undetermined | 0 | 0 | 12 |
| 42. Wellbutrin | 0 | 0 | 2 |
| 43. Zolpidem Tartrate (Ambien) | 0 | 0 | 3 |
| XIV MARITAL STATUS AT INTAKE | | | |
| 1. Divorced | 0 | 5 | 33 |
| 2. Married | 1 | 5 | 63 |
| 3. Remarried | 0 | 0 | 3 |
| 4. Separated | 1 | 2 | 7 |
| 5. Significant Other | 0 | 0 | 3 |
| 6. Single | 1 | 4 | 41 |
| 7. Undetermined | 0 | 0 | 2 |
| 8. Widowed | 0 | 0 | 1 |
| Group Totals | 3 | 16 | 153 |



MEMORANDUM

| | |
|----------------|--|
| DATE | November 14, 2012 |
| TO | Enforcement Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item ENF 6: Update on Implementation of Notice to Consumers of Licensure by the Dental Board (<i>California Code of Regulations, Title 16, § 1065</i>) |

On October 29, 2012, the Office of Administrative Law notified staff that the Board's rulemaking requiring dentists to provide notice to consumers of licensure by the Dental Board was approved and filed with the Secretary of State. This new regulatory requirement becomes effective on November 28, 2012.

This new regulation, required by Business and Professions Code Sections 138 and 1611.3, requires licensed dentists engaged in the practice of dentistry to provide conspicuous notification to consumers that dentists in California are licensed and regulated by the Dental Board of California. The notice is required to be prominently posted in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services. The notice is required to be in at least 48-point type font and include the following statement and information:

NOTICE TO CONSUMERS
Dentists are licensed and regulated
by the Dental Board of California
(877) 729-7789
www.dbc.ca.gov

To implement this new requirement, Board staff has added information to Board's web site notifying all visitors of the new requirement. Additionally staff has sent an email blast to all who have signed up to receive email notifications from the Board. As a courtesy, Board staff has also provided a sign on the Board's web site available for dentists to print out and post in a conspicuous location accessible to public view.

Action Requested:
No action necessary.



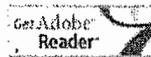
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Information for Licensed Dentists

- [New Requirement: Notice to Consumers of Licensure by the Dental Board](#)
- [Important Notice to All Dentists Regarding Death or Incapacity to Practice](#)
- [Dental License Renewals](#)
- [General Dental License Information](#) (including replacing a license)
- [Continuing Education](#)
- [Registering as a Continuing Education Provider](#)
- [Diversion](#)
- [Licensure by Credential](#)
- [Loan Repayment](#)
- [Name and Address Changes for Licensed Dentists](#)
- [Information from the California Victim Compensation Program](#)
- [Permits for Licensed Dentists](#)
- [Introductory Calibration Training and Refresher courses](#)
- [Request for Certification of California Dental License](#)

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Notice to Consumers of Licensure by the Dental Board

NEW REQUIREMENT (Effective November 28, 2012)

Notice to Consumers of Licensure by the Dental Board

On November 28, 2012 a new regulation, required by Business and Professions Code Sections 138 and 1611.3, will go into effect requiring licensed dentists engaged in the practice of dentistry to provide conspicuous notification to consumers that dentists in California are licensed and regulated by the Dental Board of California. The notice is required to be prominently posted in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services. The notice is required to be in at least 48-point type font and include the following statement and information:

NOTICE TO CONSUMERS
 Dentists are licensed and regulated
 by the Dental Board of California
 (877) 729-7789
www.dbc.ca.gov

The notice may be printed in sign form from the link below. For more information, please contact Wendy Schmidt via email at wendy.schmidt@dca.ca.gov or via telephone at (916) 576-1759.

Notice Sign for Printing

To view the actual regulation, please click [here](#).

FREQUENTLY ASKED QUESTIONS

Where should the signage be posted?

The notice shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services, in which case the notice shall be in at least 48-point type font.

How do I comply if my practice setting is not a traditional dental office?

Dentists are responsible for the implementation of this regulation. This means you must make sure, regardless of practice setting, that the regulation is being complied with. Probably, the easiest way is to make sure the necessary sign is posted in an area where patients are likely to see it, e.g., waiting room, discharge location.

Are there any exceptions to the requirement?

There are no exceptions to this requirement.

Must disclosure be made in other languages?

No.

Can I post the sign or provide the wording for the permissible options in another language?

Yes. Although the sign or other permissible notification must be in English in order to meet the requirements of the regulation, we encourage you to provide that same sign or information in other languages as well if it will better assist your patient population.

Does the regulation apply to hospital and clinic settings?

Yes. Again, this regulation applies to every location where dental work is practiced in California, and that includes hospitals, nursing homes and dental clinics. It is the responsibility of the dentist who practices there to see that this regulation is complied with.

Does the dentist's name have to be disclosed along with the other, mandated information?

No. The only information required is the exact language in the regulation.

Are we still required per Business and Professions Code, Section 1700 (c) to display the name of each person employed in the practice of dentistry?

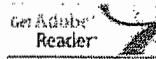
Yes. The new regulation only refers to the Notice to Consumers of Licensure by the Dental Board.

If a California dentist is offering dental services outside of California, is he/she required to provide this notice to out-of-state patients?

No, the Dental Board of California only has jurisdiction over what occurs in California.

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NOTICE OF PUBLIC MEETING – Notice is hereby given that meeting of the Examination Committee of the Dental Board of California will be held as follows:

NOTICE OF EXAMINATION COMMITTEE MEETING

Monday, December 3, 2012

Upon Conclusion of the Enforcement Committee Meeting

Embassy Suites LAX/South

1440 East Imperial Avenue, El Segundo, CA 90245

310-640-3600 or 916-263-2300

EXAMINATION COMMITTEE

Chair – Stephen Casagrande, DDS

Vice Chair – Steven Morrow, DDS

Rebecca Downing, Public Member

Judy Forsythe, RDA

Suzanne McCormick, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

EX 1 - Update on Office of Professional Examination Services (OPES) Occupational Analysis of WREB

EX 2 - Update on Portfolio Licensure Examination for Dentistry

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Committee at a Future Meeting

COMMITTEE MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 20, 2012 |
| TO | Dental Board of California |
| FROM | Karen Fischer, Associate Analyst Dental Board of California |
| SUBJECT | Agenda Item EX 1: Update on the Office of Professional Examination Services (OPES) Occupational Analysis of the Western Regional Examination Board (WREB) Examination |

The Dental Board of California (Board) has contracted with the Department of Consumer Affairs (DCA), Office of Professional Examination Services (OPES) to conduct an occupational analysis of the Western Regional Examination Board (WREB) examination for dentists in order to determine if the examination meets California licensing examination standards.

In accordance with DCA OPES *Licensure Examination Validation Policy 12-01*, the WREB occupational analysis and examination outline should be updated every five to seven years to be considered current. The WREB examination was last evaluated in 2005.

OPES staff received examination documentation from WREB in mid-September, 2012 and is currently in the analysis phase of this evaluation.



MEMORANDUM

| | |
|----------------|--|
| DATE | October 29, 2012 |
| TO | Dental Board of California |
| FROM | Linda Byers, Executive Assistant Dental Board of California |
| SUBJECT | EX 2: Update on Portfolio Licensure Examination for Dentistry |

Dr. Casagrande will provide an update.



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of Licensing, Certification and Permits Committee of the Dental Board of California will be held as follows:

NOTICE OF LICENSING, CERTIFICATION AND PERMITS COMMITTEE MEETING

Monday, December 3, 2012

Upon Conclusion of Examination Committee Meeting

Embassy Suites LAX/South

1440 East Imperial Avenue, El Segundo, CA 90245

310-640-3600 or 916-263-2300

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LCP 1 – Approval of the August 16, 2012 Licensing, Certification and Permits Committee Meeting Minutes

LCP 2 – Dental and Dental Assisting Program Licensure and Permit Statistics

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics

LCP 4 – Update on Implementation of Sponsored Free Health Care Events (*California Code of Regulations, Title 16, §§1023.15, 1023.16, 1023.17, 1023.18 and 1023.19*)

LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

Chair – Thomas Olinger, DDS

Vice Chair – Suzanne McCormick, DDS

Steve Afriat, Public Member

Luis Dominicis, DDS

Judith Forsythe, RDA

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Committee at a Future Meeting

COMMITTEE MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.



LICENSING, CERTIFICATION AND PERMITS COMMITTEE
Meeting Minutes
Thursday, August 16, 2012
Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815
DRAFT

Members Present

Chair – Thomas Olinger, DDS
Vice Chair – Suzanne McCormick, DDS
Steve Afriat, Public Member
Luis Dominicis, DDS
Judith Forsythe, RDA

Members Absent

Staff Present

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Nancy Butler, Supervising Investigator
April Alameda, Investigative Analysis Unit Manager
Dawn Dill, Licensing and Examination Unit Manager
Lori Reis, Complaint and Compliance Unit Manager
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Special Assistant to the Executive Officer
Linda Byers, Executive Assistant
Spencer Walker, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM

Dr. Olinger called the meeting of the Licensing, Certification, and Permits Committee to order at 3:26 p.m. Roll was called and a quorum was established.

LCP 1 - Approval of the May 17, 2012 Licensing, Certification and Permits Committee Meeting Minutes

M/S/C (Olinger/McCormick) to approve the minutes from the May 17, 2012 meeting of the Licensing, Certification, and Permits Committee meeting. The motion passed with one abstention.

LCP 2 – Dental and Dental Assisting Program Licensure and Permit Statistics

Dawn Dill, Manager of the Licensing and Examination Unit, reviewed the licensing statistics provided. She reported that currently of the 44,890 Dental licenses; 37,975 are active, 3,762 are inactive, 2,986 are delinquent and 167 are in the renewal process. Of the 54,060 Registered Dental Assistant (RDA) licenses; 34,073 are active, 10,276 are inactive, 9,142 are delinquent and 569 are in the renewal process. For the 1,598 Registered Dental Assistant in Extended Functions (RDAEF) licenses; 1,286 are active, 120 are inactive, 173 are delinquent and 19 are in the renewal process.

Ms. Dill reported that each month, 1500 letters are sent to Dentists and RDA's with their renewals regarding retroactive fingerprinting. The response has been great with only 140 Dental licenses, 446 RDA licenses, and 19 RDAEF licenses being held for pending fingerprinting.

LCP 3 – General Anesthesia/Conscious Sedation Permit Evaluation Statistics

Jessica Olney, Associate Governmental Program Analyst, reported that the Board's General Anesthesia Permit evaluations are current. The Board sends out notices to permit holders about 2 months before scheduling evaluations. The Board's Conscious Sedation Permit evaluations are still behind due to a lack of evaluators. The last calibration course in May provided several new, qualified evaluators. The Board has received applications from several individuals interested in conducting evaluations for the Board but many have not met the qualification requirements. The number of Board evaluators has remained unchanged because of retirements.

PUBLIC COMMENT

There was no public comment.

The committee meeting adjourned at 3:32 p.m.



MEMORANDUM

| | |
|----------------|---|
| DATE | November 5, 2012 |
| TO | Licensing, Certification and Permits Committee Dental Board of California |
| FROM | Dawn Dill, Manager, Licensing and Examination Unit April Alameda, Acting Manager, Dental Assisting Program |
| SUBJECT | Agenda Item LCP 2 – Dental and Dental Assisting Program Licensure & Permit Statistics |

Following are statistics of current license/permits by type as of November 4, 2012

| License Type | Active | Inactive | Delinquent | Renewal In Process | Total Current Population | Total Cancelled Since Implemented |
|---|---------------|---------------|---------------|--------------------|--------------------------|-----------------------------------|
| Dental License | 38,021 | 3,791 | 3,106 | 215 | 45,133 | 11,993 |
| Registered Dental Assistant (RDA) License | 33,994 | 10,207 | 9,245 | 653 | 54,099 | 33,922 |
| Registered Dental Assistant in Extended Functions (RDAEF) License | 1,284 | 119 | 176 | 21 | 1,600 | 147 |
| Total Licenses | 73,299 | 14,117 | 12,527 | 889 | 100,832 | 46,062 |

New RDAEF licenses issued since January 1, 2010 = 113.

Existing RDAEF licenses enhanced since January 1, 2010 = 133.

| Dental Licenses Issued via Pathway | Total Issued in 2012 | Total Issued in 2011 | Total Issued to Date | Date Pathway Implemented |
|------------------------------------|----------------------|----------------------|----------------------|--------------------------|
| California Exam | 0 | 0 | 53,977 | Prior to 1929 |
| WREB Exam | 643 | 632 | 4,739 | January 1, 2006 |
| Licensure by Residency | 151 | 181 | 867 | January 1, 2007 |
| Licensure by Credential | 139 | 164 | 2,401 | July 1, 2002 |
| LBC Clinic Contract | 0 | 5 | 23 | July 1, 2002 |
| LBC Faculty Contract | 0 | 0 | 3 | July 1, 2002 |

| License/Permit /Certification/Registration Type | Current Active Permits | Delinquent | Total Cancelled Since Implemented |
|--|-------------------------------|-------------------|--|
| Additional Office Permit | 2,052 | 422 | 5,148 |
| Conscious Sedation Permit | 497 | 24 | 297 |
| Continuing Education Registered Provider Permit | 1,325 | 644 | 1,175 |
| Elective Facial Cosmetic Surgery Permit | 21 | 0 | 0 |
| Extramural Facility Registration | *140 | n/a | n/a |
| Fictitious Name Permit | 5,362 | 970 | 3,619 |
| General Anesthesia Permit | 829 | 17 | 749 |
| Mobile Dental Clinic Permit | 23 | 11 | 23 |
| Medical General Anesthesia Permit | 66 | 25 | 131 |
| Oral Conscious Sedation Certification (Adult Only 1,102; Adult & Minors 1,189) | 2,291 | 426 | 122 |
| Oral & Maxillofacial Surgery Permit | 86 | 4 | 11 |
| Referral Service Registration | *285 | n/a | n/a |
| Special Permits | 31 | 13 | 151 |
| Dental Sedation Assistant Permit | 16 | 0 | 0 |
| Orthodontic Assistant Permit | 49 | 1 | 0 |

*Current population numbers for Extramural Facilities and Referral Services are approximated because they are not automated programs.



MEMORANDUM

| | |
|----------------|---|
| DATE | November 9, 2012 |
| TO | Dental Board Members |
| FROM | Jessica Olney, Associate Governmental Program Analyst Dental Board of California |
| SUBJECT | Agenda Item: LCP 3: General Anesthesia/Conscious Sedation/Medical General Anesthesia Evaluation Statistics |

2011-2012 Statistical Overview of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

| | Pass Eval | Fail Eval | Permit Cancelled / Non Compliance | Postpone no evaluators | Postpone by request | Permit Canc by Request |
|------------------|------------|-----------|-----------------------------------|------------------------|---------------------|------------------------|
| October | 16 | 0 | 0 | 2 | 3 | 0 |
| November | 15 | 0 | 0 | 0 | 7 | 0 |
| December | 7 | 0 | 0 | 1 | 2 | 5 |
| January | 12 | 0 | 0 | 1 | 2 | 1 |
| February | 13 | 0 | 0 | 2 | 2 | 1 |
| March | 14 | 0 | 2 | 2 | 2 | 0 |
| April | 14 | 0 | 2 | 3 | 3 | 0 |
| May | 14 | 0 | 0 | 2 | 2 | 0 |
| June | 9 | 0 | 0 | 2 | 2 | 0 |
| July | 10 | 0 | 0 | 1 | 1 | 1 |
| August | 10 | 0 | 0 | 1 | 0 | 4 |
| September | 10 | 0 | 3 | 2 | 4 | 2 |
| October | 18 | 0 | 0 | 1 | 5 | 1 |
| November | 14 | 0 | 0 | 2 | 3 | 0 |
| Total | 176 | 0 | 7 | 22 | 38 | 15 |

*Approximate schedule for October/November

Conscious Sedation Evaluations

| | Pass Eval | Fail Eval | Permit Cancelled / Non Compliance | Postpone no evaluators | Postpone by request | Permit Canc by Request |
|------------------|-----------|-----------|-----------------------------------|------------------------|---------------------|------------------------|
| October | 4 | 1 | 0 | 0 | 0 | 0 |
| November | 9 | 1 | 0 | 0 | 1 | 0 |
| December | 1 | 0 | 1 | 1 | 1 | 0 |
| January | 1 | 0 | 0 | 1 | 2 | 0 |
| February | 3 | 1 | 3 | 4 | 1 | 2 |
| March | 4 | 0 | 1 | 1 | 0 | 2 |
| April | 7 | 0 | 1 | 1 | 1 | 2 |
| May | 5 | 0 | 0 | 0 | 2 | 1 |
| June | 4 | 0 | 2 | 2 | 1 | 1 |
| July | 0 | 0 | 0 | 3 | 2 | 1 |
| August | 2 | 0 | 0 | 3 | 1 | 2 |
| September | 4 | 0 | 1 | 2 | 4 | 1 |
| October | 1 | 0 | 0 | 2 | 1 | 5 |
| November | 9 | 0 | 0 | 0 | 0 | 0 |
| Total | 54 | 3 | 9 | 20 | 17 | 17 |

*Approximate schedule for October/November

There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

| | Pass Eval | Fail Eval | Permit Cancelled / Non Compliance | Postpone no evaluators | Postpone by request | Permit Canc by Request |
|--------------|-----------|-----------|-----------------------------------|------------------------|---------------------|------------------------|
| October | 1 | 0 | 0 | 1 | 1 | 0 |
| November | 1 | 0 | 0 | 0 | 0 | 0 |
| December | 0 | 0 | 0 | 1 | 0 | 0 |
| January | 1 | 0 | 0 | 1 | 0 | 0 |
| February | 0 | 0 | 0 | 1 | 0 | 0 |
| March | 0 | 0 | 0 | 1 | 1 | 0 |
| April | 1 | 0 | 0 | 1 | 0 | 0 |
| May | 1 | 0 | 0 | 1 | 0 | 0 |
| June | 0 | 0 | 0 | 1 | 0 | 0 |
| July | 1 | 0 | 0 | 0 | 0 | 0 |
| August | 1 | 0 | 0 | 0 | 0 | 0 |
| September | 0 | 0 | 1 | 1 | 0 | 0 |
| October | 0 | 0 | 0 | 1 | 1 | 0 |
| November | 1 | 0 | 0 | 0 | 1 | 0 |
| Total | 8 | 0 | 1 | 10 | 4 | 0 |

*Approximate schedule for October/November

Evaluators Approved after May 2012

| Region | GA | CS | MGA |
|---------------------|-----------|-----------|------------|
| Northern California | 1 | 1 | 0 |
| Southern California | 6 | 6 | 0 |

Pending Evaluator Applications*

| Region | GA | CS | MGA |
|---------------------|-----------|-----------|------------|
| Northern California | 0 | 2 | 0 |
| Southern California | 6 | 3 | 0 |

*Deficient, or do not meet 3 year requirement.

Current Evaluators per Region

| Region | GA | CS | MGA |
|---------------------|-----------|-----------|------------|
| Northern California | 158 | 70 | 15 |
| Southern California | 209 | 95 | 14 |



MEMORANDUM

| | |
|----------------|---|
| DATE | November 14, 2012 |
| TO | Licensing, Certification, and Permits Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item LCP 4: Update on Implementation of Sponsored Free Health Care Events (<i>California Code of Regulations, Title 16, §§ 1023.15, 1023.16, 1023.17, 1023.18, and 1023.19</i>) |

On November 7, 2012, the Office of Administrative Law notified staff that the Board's rulemaking regarding sponsored free health care events was approved and filed with the Secretary of State. This new regulatory requirement becomes effective on December 7, 2012.

This regulation implements the provisions of Business and Professions Code Section 901 relating to the exemption from licensure for out-of-state licensed dentists to participate in sponsored free health care events in California. This regulation specifies the application and registration requirements, disciplinary actions, recordkeeping requirements and provisions for termination for the exemption of an out-of-state licensed dentist who wishes to participate in a sponsored free health care event. Additionally, the regulation specifies the necessary registration requirements for sponsoring entities to register their events.

To implement this new requirement, Board staff has added information to Board's web site notifying all visitors of the new requirement. Additionally staff has sent an email blast to all who have signed up to receive email notifications from the Board. Registration forms are available on the Board's web site.

Action Requested:

No action necessary.

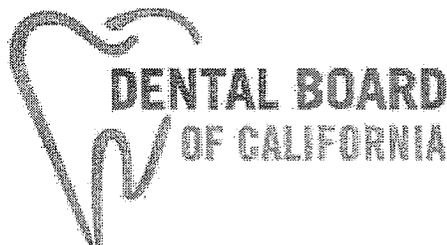


Department of Consumer Affairs
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DENTAL BOARD OF CALIFORNIA

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Welcome to the Dental Board of California



NEW ANNOUNCEMENTS



NEW REGULATION (Effective December 7, 2012)

SPONSORED FREE HEALTH CARE EVENTS

On December 7, 2012 a new regulation, implementing Business and Professions Code Section 901, will go into effect. This regulation governs the requirements and procedures to authorize out-of-state dental practitioners with valid, current, and active licenses to participate in sponsored free health care events in California. For additional information, please click [here](#).

NEW REQUIREMENT (Effective November 28, 2012)

Notice to Consumers of Licensure by the Dental Board

On November 28, 2012 a new regulation, required by Business and Professions Code Sections 138 and 1611.3, will go into effect requiring licensed dentists engaged in the practice of dentistry to provide conspicuous notification to consumers that dentists in California are licensed and regulated by the Dental Board of California. The notice is required to be prominently posted in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services. For additional information, please click [here](#).

THE DENTAL BOARD IS ACCEPTING APPLICATIONS FOR THE POSITION OF EXECUTIVE OFFICER

Click here for more details:

http://jobs.spb.ca.gov/bull2/exemptpdfs/11152012_6.pdf

CURRENTLY RECRUITING DIVERSION EVALUATION COMMITTEE (DEC) MEMBERS!!!!!!

Now accepting applications for both the northern and southern committees. More specifically, one (1) Dental Auxiliary (Dental Assistant or Dental Hygienist) is needed for Southern California and two (2) Dentists are needed for Northern California. These committees assist the Board in evaluating licensees who may be impaired due to the abuse of alcohol or drugs. Each committee is composed of three dentists, one dental auxiliary, one physician or psychologist, and one public member who all have experience or knowledge in the field of chemical dependency. Diversion Committee members are appointed by the Board and serve at the Board's pleasure. In making a determination to apply, the following factors should be considered:

1. **Expertise** - Members must have experience or knowledge in the field of chemical dependency.
2. **Time** - A minimum of 8 days per year will be required for committee meetings. Committee members must also be available for telephone consultation with participants and program staff. Terms are four years.
3. **Reimbursement** - Committee members will be reimbursed for expenses (i.e., transportation, meals, and lodging at the prevailing State rate) and will receive \$100/day for each committee meeting. In addition, members receive the satisfaction of providing valuable service to the public and the dental community.
4. **Responsibilities** - With assistance from other committee members and the clinical case manager, evaluate and determine which applicants will be admitted to the program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of dentistry; and receive and review information pertaining to participants.

Application

If you have any questions regarding the DEC application or the Diversion Program, please contact the Dental Board's Diversion Program Manager, Lori Reis, at 916-263-2216.

NOTICE OF EXISTING LAW RELATING TO THE USE OF BOTOX AND DERMAL FILLERS

The Board has received many inquiries regarding the use of Botox and similar drugs. Under California law, dentistry is defined, in pertinent part, as "diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation..." (Business and Professions Code section 1625). A dentist may, therefore, use any legally prescribed drugs to treat patients as long as the treatment is within the aforementioned scope of practice.

A licensed California dentist who has been granted a permit to perform elective facial cosmetic surgery may utilize Botox and similar drugs purely for cosmetic purposes as long as it is legally prescribed and within the scope of practice for their permit (see Business and Professions Code section 1638.1). Please note that some permit holders may not be authorized to perform all cosmetic surgery procedures within the scope of the elective facial cosmetic surgery permit.

Additionally it should be noted that all procedures authorized under the Elective Facial Cosmetic Surgery permit must be performed in an acute care hospital or a certified surgical center as defined in Business and Professions Code section 1638.1(f).

ALERT - POTENTIAL LICENSE DENIAL OR SUSPENSION FOR FAILURE TO PAY TAXES

Effective July 1, 2012, the Dental Board of California is required to deny an application for licensure or suspend a license/certificate /registration if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (*AB 1424, Perea, Chapter 455, Statutes of 2011*)

Once it has been determined that an applicant or a licensee is on a certified list, the applicant or licensee has 90 days from the issuance of a "Preliminary Notice of the Intent to Suspend or Withhold Issuance or Renewal of the License" to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. Any such person who fails to come into compliance will have his/her license denied or suspended until the Dental Board of California receives a release from the FTB or BOE. The form for requesting a release will be included with the preliminary notice of suspension or denial.

The law prohibits the Dental Board of California from refunding any money paid for the issuance or renewal of a license where the license is denied or suspended as required by AB 1424 for failure to pay taxes.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

Our mission is to protect the health and safety of consumers.

The Board:

- » Licenses qualified dental health care professionals;
- » Takes action to enforce compliance of the Dental Practice Act and State of California laws;
- » Strives to enhance the education of consumers and licensees.



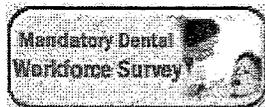
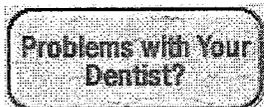
[Dental Practice Act - View Here](#)

[Is Your Dentist Licensed? Check Here](#)



SWINE FLU OUTBREAK: A reminder to all Health Care Providers (from the Center for Disease Control's website)

HIGHLIGHTS



INFORMATION ABOUT

For Consumers For Licensees Applicants About DBC

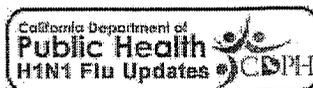
[Is Your Dentist Licensed?](#)

[File a Complaint](#)

[Take Charge of your Dental Care!](#)

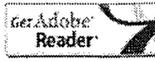
[Dental Material Fact Sheet](#)

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Survey Dentists Registered Dental Assistants Diversion Licensure by Credential Loan Repayment

Sponsored Free Health Care Events

NOTE: This page remains under construction and will be updated as the Board rolls out more information. The Board welcomes you to please check back often.

The Dental Board of California (Board) is pleased to announce that on December 7, 2012 the regulations for out-of-state licensed dentists (DDS) to seek authorization to participate in sponsored free health care events will go into effect. This regulation specifies the requirements and procedures to authorize out-of-state dentists (DDS), who possess valid, current, and active licenses, to participate in sponsored free health care events for uninsured or underinsured people on a short-term voluntary basis in the State of California. This regulation is in accordance with Business and Professions Code Section 901. The following information is meant to serve as a summary of the program and the requirements; however, all interested parties should read the full text of the legislation and the regulations.

ENACTING LEGISLATION:

On September 23, 2010, Governor Arnold Schwarzenegger signed Assembly Bill 2699 (Chapter 270, Statutes of 2010), enacting Business and Professions Code Section 901 ("Section 901"), which took effect January 1, 2011. Section 901 provides an exemption for a health care practitioner, licensed or certified in another state, from the licensing and regulatory requirements of the applicable California healing arts board. To be exempted from California licensure requirements, a health care practitioner must provide services at a sponsored healthcare event to uninsured or underinsured people on a short-term, voluntary basis. Section 901 requires the out-of-state health care practitioner to seek authorization from the applicable healing arts board in California and provides the regulatory framework for the approval of an out-of-state health care practitioner and a sponsoring entity to seek approval from the applicable healing arts boards. However, each individual healing arts board is responsible for promulgating regulations to specify the requirements for the approval of an out-of-state practitioner and a sponsoring entity.

To view Assembly Bill 2699 (Chapter 270, Statutes of 2010), please click [here](#).

GOVERNING BOARD REGULATIONS:

Although AB 2699 became effective in 2011, the program could not be implemented until regulations were in place. The Board has adopted Sections 1023.15, 1023.16, 1023.17, 1023.18 and 1023.19 of Title 16 of the California Code of regulations to implement to provisions of Section 901. Click on this [link](#) to view the regulations. These regulations only apply to out-of-state licensed dentists (DDS). Other health care professionals should check with the appropriate California licensing board for eligibility requirements to participate in free health care events.

SPONSORING ENTITIES

Sponsored events may be sponsored by either a "sponsoring entity" or a local government, or both. Sponsored events provide health care to the public without compensation to health care practitioners and must not exceed 10 calendar days.

A "sponsoring entity" means a non-profit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code or a "community-based organization".

A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

Registration Form: A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event shall register on the "Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form 901-A (DCA/2011). The Board has delegated the registration process for sponsoring entities to the Department of Consumer Affairs.

To register, please download this [form](#).

This form must be completed and submitted by the sponsoring entity at least 90 calendar days prior to the sponsored event.

This form must be submitted to the Department of Consumer Affairs, as indicated on Page 4 of this form.

Local government and sponsoring entities requiring more information about registration for sponsored free health care events should contact the Department of Consumer Affairs at:

Telephone: (916) 574-7800
Fax: (916) 574-8655
Email: ljrdivision@dca.ca.gov

Recordkeeping Requirements: Regardless of where it is located, a sponsoring entity is required to maintain, at a physical location in California, a copy of all records required by Section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner.

These records are required to be maintained for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the Board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity is required to keep a copy of all records required by section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records are required to be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the Board. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Code to any representative of the Board within fifteen (15) calendar days of the request.

Requirement for Prior Board Approval of Out-of-State Volunteer DDS: A sponsoring entity shall not permit an out-of-state volunteer dentist (DDS) to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the Board.

Reporting Requirement: Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity is required to file a report with the Board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but is required to include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

Fingerprinting of Out-of-State DDS Volunteers: Sponsoring entities should be aware that all out-of-state volunteer dentists (DDS) must be fingerprinted before an authorization will be granted by the Board. (See more information, below.)

OUT-OF-STATE DDS VOLUNTEERS

A person who is not licensed to practice dentistry in California but who holds a current, active, and valid license in good standing in another state, district, or territory of the United States to practice dentistry may seek authorization from the Board to provide such health care services at the sponsored event.

Note for California DDS Licensees: A DDS licensed in the State of California may volunteer to provide dental services at a sponsored event if your California license is renewed and current. No further action is required before offering volunteer services.

Application Process and Fees: An out-of-state licensed DDS may request authorization to participate in a sponsored event by submitting to the Board a completed "Request for Authorization to Practice Without a License at a Registered Free Health Care Event," Form DBC-901-B (New 02/2012).

Out-of-state licensed DDSs, who are requesting authorization, are required to also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish identity and to permit the Board to conduct a criminal history record check. The applicant is required to pay any costs for furnishing the fingerprints and conducting the criminal history record check. This requirement applies only to the first application for authorization that is submitted to the board by the applicant.

If the application is approved, the Board will notify both the out-of-state DDS and the sponsoring entity that authorization has been given for the DDS to participate in a specific free health care event; the authorization period may not be for more than 10 days.

An out-of-state DDS must submit a new application and processing fee for each sponsored event at which he or she wants to volunteer.

To apply for authorization, download this [form](#).

This completed form must be submitted by the out-of-state DDS at least 20 calendar days prior to the sponsored event. The form must be submitted to:

Dental Board of California
Attention: Jennifer Jackson, Licensing Unit
2005 Evergreen Street, Suite 1550

Sacramento, CA 95815

Every application form must be accompanied by payment of a non-refundable processing fee of \$30.

Fingerprinting Process and Fees: For consumer protection, California law requires all applicants to undergo a criminal background check. All applicants must submit their fingerprints by either using the Live Scan system or by submitting two "classifiable" sets of fingerprints on cards. Candidates residing in California must utilize the Live Scan system.

Candidates residing out of California may either come to California and utilize the Live Scan system or submit their fingerprints on fingerprint cards. Fingerprint cards will be provided by the Board upon request. If submitting by fingerprint cards, you must include a processing fee of \$49 made to the Dental Board of California. If processing by Live Scan, you will pay the \$49 processing fee directly to the Live Scan agency.

Board regulation requires two "classifiable" sets of fingerprints to complete the application. Classifiable means that the prints can be "read" by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Fingerprints are more likely to be classifiable if they are taken by a large local law enforcement agency such as a police or sheriff department.

After the fingerprint cards are complete, forward the cards and processing fee to:

**Dental Board of California
Attention: J Jackson
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815**

Once received at the Board, the fingerprint cards will be forwarded for processing. The average processing time for fingerprint cards is 30 business days.

Requirement of Notice to Patients: Each out-of-state DDS authorized to participate in a sponsored event and provide dental services at the sponsored event pursuant is required provide a written notice to each patient or prospective patient prior to performing any services. This notice may be in a form of the out-of-state DDS's choosing, but it is required to be in at least 12 point font and include, at a minimum, the following information:

1. The state, district, or territory where the out-of-state practitioner is licensed in good standing;
2. The name of each governmental agency that has issued the out-of-state practitioner a license to practice dentistry and the effective dates of each license;
3. The out-of-state practitioner's license number(s);
4. The dates the out-of-state practitioner is authorized to practice by the board; and,
5. A disclosure that states: "The Dental Board of California has only authorized me to provide services under my license from another state and only at this free health care event for a period not to exceed ten (10) days."

This notice is required to be provided separate and apart from all other notices or authorizations that a patient may be given or required to sign and shall be retained by the patient.

FOR MORE INFORMATION:

Sponsoring entities requiring more information about registration for sponsored free health care events should contact the Department of Consumer Affairs at:

Telephone: (916) 574-7800
Fax: (916) 574-8655
Email: lpdivision@dca.ca.gov

Out-of-state DDS volunteers requiring more information about registration for sponsored free health care events should contact Jennifer Jackson, Licensing Analyst, at:

Telephone: (916) 263-2386
Email: jennifer.jackson@dca.ca.gov

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DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of Dental Assisting Council of the Dental Board of California will be held as follows:

NOTICE OF DENTAL ASSISTING COUNCIL MEETING

Monday, December 3, 2012

Upon Conclusion of the Licensing, Certification and Permits Committee Meeting
Embassy Suites LAX/South
1440 East Imperial Avenue, El Segundo, CA 90245
310-640-3600 or 916-263-2300

DENTAL ASSISTING COUNCIL

Judith Forsythe, RDA – Chair
Denise Romero, RDA – Vice Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Bruce Whitcher, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

DAC 1 - Approval of the August 16, 2012 Dental Assisting Council Meeting Minutes.

DAC 2 - Staff Update Regarding the Dental Assisting Unit

DAC 3 - Report on the November 9, 2012 Special Training Session

DAC 4 - Update Regarding Status of Dental Assisting Programs and Courses

DAC 5 - Dental Assisting Program Licensure and Permit Statistics

DAC 6 - Review and Discussion of the Dental Assisting Program Examination Statistics

DAC 7 - Discussion and Possible Action Regarding the Merits of Retaining a Registered Dental Assistant (RDA) License While Holding a Registered Dental Assistant in Extended Functions (RDAEF) License

DAC 8 – Subcommittee Report and Possible Action Regarding the California Association of Dental Assisting Teacher's (CADAT) Proposed Regulatory Amendments to Radiation Safety Course Requirements

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Committee at a Future Meeting

COMMITTEE MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.



DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

DENTAL ASSISTING COUNCIL
Meeting Minutes
Thursday, August 16, 2012
Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815
DRAFT

Members Present

Judith Forsythe, RDA – Chair
Denise Romero, RDA – Vice Chair
Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Emma Ramos, RDA
Bruce Witcher, DDS

Members Absent

Staff Present

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Nancy Butler, Supervising Investigator
April Alameda, Investigative Analysis Unit Manager
Dawn Dill, Licensing and Examination Unit Manager
Lori Reis, Complaint and Compliance Unit Manager
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant
Spencer Walker, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM

Judith Forsythe, Chair, called the Dental Assisting Council meeting to order at 2:05 p.m. Roll was called and a quorum established.

DAC 1 - Approval of the May 17, 2012 Dental Assisting Council Meeting Minutes

M/S/C (Ramos/Contreras) to approve the May 17, 2012 Dental Assisting Council Meeting minutes. The motion passed unanimously.

DAC 2 - Update Regarding Status of Dental Assisting Programs and Courses

Denise Johnson, Assistant Executive Officer, reported that the Dental Assisting Program has contracted with five additional consultants, to bring the pool of subject matter experts to six, for reviewing course and program applications. The impact of this large pool of consultants will be significant in reducing application processing times, and ultimately eliminate the application backlog altogether. The consultants will begin their initial training in September for stand-alone course applications, and progress to the more complicated RDA program application reviews as more training is scheduled during the fiscal year.

Sharon Langness, Educational Programs Analyst, reviewed the statistics provided pointing out the new column labeled "Denied". She stated that this column will be used for applications that have been cancelled by their initiators. Dr. Witcher asked if withdrawing an application would result in being placed in the "Denied" column or could there be a differentiation by adding a "Withdrawn" column. Ms. Langness said that might be a possibility.

Denise Romero asked if Ms. Langness would give the Council a brief description of the application process. Ms. Langness reported that the application is obtained from our website and sent in with the appropriate fee. She then does an initial review to assure that the application is complete. Once the initial review is complete the application is sent to the consultant for review of curriculum, clarity and completeness. If deficiencies are found a report is sent to Ms. Langness who in turn sends out a deficiency letter to the applicant clarifying what is needed. The applicant has ninety days to send the information back. Once the information is received the consultant performs another review. If there are still deficiencies a second deficiency letter is sent and another ninety days is given for rectification. If, after the ninety day period, there are still deficiencies the Board has the right to either deny the application or if the deficiency is small they can give them more time. That is the typical process for courses and dental assisting programs although the programs are much longer and more complicated.

Ms. Langness reported that with the addition of the new Subject Matter Experts, it is expected that the previous backlog will be significantly reduced if not abolished altogether.

Ms. Langness pointed out that the Orthodontic Assistant Courses are increasing possibly because Orthodontists are discovering that it is far more cost effective to pay the \$300 application fee to get their own course approved and train their own assistants than it would be to pay for their assistants to take a course elsewhere.

Teresa Lua asked why there are so few Oral Sedation Programs.

Dr. Witcher stated that there are only 9 students that have completed the certification which is very complicated and lengthy.

Dr. Earl Johnson, representing the California Association of Orthodontists (CAO), commented that the CAO has created a master template course that fulfills all of the Board

requirements for the Orthodontic Assistant Permit making it easy to apply for course approval.

DAC 3 - Dental Assisting Program Licensure and Permit Statistics

Ms. Forsythe reviewed the statistics provided. Dr. Whitcher pointed out the trend in declining RDA licensees and increasing RDA delinquencies. Dawn Dill, Manager of the Licensing and Examination Unit, stated that once you have been licensed as a Registered Dental Assistant in Extended Functions (RDAEF), there is no reason to renew your RDA license since you can perform all RDA duties under the RDAEF license so those RDA licenses become delinquent. Ms. Forsythe asked if there needs to be a process developed by which an RDA who has become an RDAEF can cancel their RDA license so that it doesn't become delinquent. Ms. Dill replied that it might be possible to develop a form that could be sent with the results of the RDAEF exam so that the RDA license could be cancelled. Spencer Walker, Legal Counsel stated that a regulation would be required to make that change as well as to clarify that both licenses aren't necessary.

Ms. Dill stated that if the RDAEF wants to reinstate their RDA license after 5 years of delinquency when it is cancelled, they can petition the Board for a license reissuance.

Joan Greenfield, representing RDAEF Programs, commented that the question arose surrounding the legality of an RDAEF performing only RDA duties in an office where there are more than 3 RDAEF's (the legal limit that one doctor can supervise). She stated that previous legal counsel advised keeping both licenses current.

Ms. Forsythe asked that an item be placed on the agenda for the Dental Assisting Council meeting to discuss the merits of maintaining both RDAEF and RDA licenses.

DAC 4 - Clarification of Roles and Responsibilities of the Council Pursuant to Business & Professions Code, § 1752.3 Relating to Assigning Specific Procedures for the Registered Dental Assistant (RDA) Practical Examination

Ms. Forsythe reported that the Council is responsible for providing recommendations to the Board on various matters relating to dental assisting. One of the areas the Council must consider are recommendations on the requirements for examination, licensure, permitting, and renewal for Registered Dental Assistants (RDA).

Business and Professions Code (Code) Section 1752.3(b) specifies that the procedures of the RDA practical examination shall be assigned by the Board after considering the recommendations of its Council. Code Section 1752.3(b) further specifies that the practical examinations shall consist of three of the four procedures outlined in the Section and that the procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp.

It is the role and responsibility of the Council to provide a recommendation to the Board as to which procedures should be tested during the RDA practical examination per Code Section 1752.3(b).

DAC 5 - Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant (RDA) Practical Examinations Pursuant to *Business & Professions Code, § 1752.3(b)*

M/S/C (Ramos/Contreras) to recommend that the Board continue examining the same procedures currently being tested for the RDA practical examination which are:

- Place, adjust, and finish a direct provisional restoration on #19 or #30,
- Fabricate and adjust an indirect provisional restoration on #8, and
- Cement an indirect provisional restoration on #8.

The motion passed unanimously.

DAC 6 - Clarification of Roles and Responsibilities of the Council Pursuant to *Business & Professions Code, § 1753.4* Relating to Assigning Specific Procedures for the Registered Dental Assistant in Extended Functions (RDAEF) Examination

Ms. Forsythe reported that the Council is responsible for providing recommendations to the Board on various matters relating to dental assisting. One of the areas the Council must consider are recommendations on the requirements for examination, licensure, permitting, and renewal for Registered Dental Assistants in Extended Functions (RDAEF).

Business and Professions Code (Code) Section 1753.4 contains the provisions relative the Board's RDAEF examination. Code Section 1753.4 specifies that the RDAEF examination consists of two components: (1) a clinical examination and (2) a practical examination.

Subsection 1753.4(a) provides that the first component, the clinical examination, consists of two specific procedures to be performed on a patient provided by the applicant. The statute does not authorize the Board to modify the specific procedures listed in subsection 1753.4(a), therefore, it is unnecessary for the Council to provide recommendations to the Board on this particular component of the RDAEF examination.

Subsection 1753.4(b) provides that the second component, the practical examination, shall consist of two of three procedures listed. The specific procedures of the RDAEF practical examination shall be assigned by the Board after considering recommendations of its Council. The practical examination procedures are required to be completed on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory.

It is the role and responsibility of the Council to provide a recommendation to the Board as to which procedures should be tested during the RDAEF practical examination per Code Section 1753.4(b).

DAC 7 - Discussion and Possible Action to Recommend to the Dental Board the Assignment of Specific Procedures for Registered Dental Assistant Extended Function (RDAEF) Practical and Clinical Examinations Pursuant to *Business & Professions Code, § 1753.4 (b)*

Joan Greenfield, representing RDAEF Programs, commented that it is their hope that the council will retain the same items to validate the safety of the public.

M/S/C (Ramos/Lua) to recommend that the Board continue examining the same procedures currently being tested for the RDAEF practical examination which are:

- Place, condense, and carve an amalgam restoration on #30 MOD, and
- Place and contour a nonmetallic direct restoration on #6 mesial

The motion passed unanimously.

DAC 8 – Report on Final Results of the Survey of Registered Dental Assistants in Extended Functions (RDAEF) Licensees for the Purpose of Analysis of Workforce and Barrier to Care Issues

Denise Johnson reported that the survey information was sent to a total of 1,245 RDAEF licensees, and the Board received 218 responses by May 1, 2012 (approximately 17.5% of the total licensee population).

Of those licensees who participated in the survey, approximately 77% responded that they had not received additional training in the new duties for RDAEF's and approximately 23% responded that they had received the training. Furthermore, approximately 79% responded that they had been licensed before the new duties came into effect on January 1, 2010, while approximately 21% responded they had been licensed after January 1, 2010. The majority of the licensees who participated in the survey answered that they had been licensed for five (5) years or more, while approximately 25% of the population had been licensed for less than five (5) years. Approximately 80% indicated they work in a private practice, 11% indicated they work in a community clinic, 5% indicated they work in an educational program, and 8% were unemployed.

Responses to additional survey questions showed that the licensees perform cord retraction for impressions and final impressions for permanent indirect restorations the most often in their practice. The top three duties performed are cord retraction for impressions, final impression for permanent indirect restoration, and conducting preliminary evaluation of the patient's oral health.

Ms. Johnson reported that the response rate was very high for this survey.

Joan Greenfield commented that according to her calculations, only 45 of the respondents could legally perform the new duties which skew the results. She requested that this be re-configured using the appropriate number.

Teresa Lua commented that the question pertaining to additional education after receiving your RDAEF was confusing because there is no additional training available. Denise Romero responded that the intent was to find out if they were going to pursue getting their RDAEF II.

PUBLIC COMMENT

Lindsay Shuban, California Association of Dental Assisting Teachers (CADAT), asked why items 4 -7 were on this agenda. She also asked what the proper protocol is for placing items on the agenda. She was told that she could discuss these matters with staff.

Joan Greenfield asked that an item be placed on the agenda pertaining to posting practical and written examination results by school or provider.

LaDonna Drury-Klein, CADAT, commented that all vocational programs have examination reporting criteria mandated by an accrediting agency such as the Department of Education, Federal and State. All vocational programs must report examination results by program, whereas previously it was reported by total institution. She commented that 17 programs have been cited by the Board of Education for lack of vocational reporting for their Dental Assisting programs. The programs need the results of the examinations within 30-60 days in order to meet their reporting responsibilities. Ms. Drury-Klein requested that an item be placed on the agenda to address, discuss and possibly take action to establish a firm timeline for reporting to the Institutions, either via the website or directly to the Institution, the examination results.

Spencer Walker, Legal Counsel recommended adding to each committee, an agenda item for requests of future agenda items in addition to Public Comments. This would allow discussion as to whether or not an item should be placed on a future agenda.

The committee adjourned at 2:52 p.m.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 19, 2012 |
| TO | Dental Board of California |
| FROM | Richard DeCuir, Executive Officer Dental Board of California |
| SUBJECT | Agenda Item DAC 2: Staff Update Regarding Dental Assisting Unit |

As you know, Denise Johnson, Assistant Executive Officer has been overseeing the Dental Assisting Unit since March, when one of the Board's managers retired. Because Denise will be retiring in December, I recently assigned April Alameda, Manager of the Investigative Analysis Unit to also assume the duties of Manager of the Dental Assisting Unit. She has been extremely busy getting acquainted with the duties of all staff in the unit, has attended examinations, and is familiarizing herself with the important issues that will go before the Dental Assisting Council.



MEMORANDUM

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|----------------|---|
| DATE | November 15, 2012 |
| TO | Dental Assisting Council Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item DAC 3: Report on the November 9, 2012 Special Training Session |

On November 9, 2012 the members of the Dental Assisting Council attended a one-day special training course in Sacramento. The course was intended to provide our new Dental Assisting Council members with additional background and clarification relating to the functions of the Council.

The training session covered overviews of the Dental Board of California and the Dental Assisting Council, the Board's Dental Assisting Program, and the functions of the Dental Assisting Council. In addition, Council members were trained in the following areas:

- The Board's and the Council's Role in the Protection of the Public
- The Bagley-Keene Open Meeting Act
- Conflicts of Interest
- What is the Difference Between a Statute and a Regulation?
- California's Legislative Process and Council Involvement
- California's Regulatory Process and Council Involvement

All five of the newest members of the Council were in attendance. The training was provided by Board staff, Legal Counsel, and the Board's President, Dr. Whitcher. The training was well received and helped to provide clarity to a series of procedural questions.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 9, 2012 |
| TO | Dental Assisting Council |
| FROM | Sharon Langness, Educational Programs Analyst Dental Assisting Program |
| SUBJECT | Agenda Item DAC 4: Update Regarding Status of Dental Assisting Programs and Courses |

The first table below identifies the number of applications which are currently moving through the approval process. I have provided a second table identifying the total number of applications approved for calendar year 2012. In addition to the tables, I have attached a list of names for the applicants currently moving through the approval process, and a list of applicants which have received approval since the last Board meeting.

| RDA Program | 7 | 0 | 0 | 0 | 1 | 8 |
|---------------------------|-----------|-----------|----------|----------|-----------|-----------|
| Radiation Safety | 3 | 0 | 0 | 0 | 2 | 5 |
| Coronal Polish | 2 | 2 | 0 | 0 | 0 | 0 |
| Pit and Fissure | 3 | 2 | 0 | 0 | 1 | 2 |
| Ultrasonic Scaler | 0 | 0 | 0 | 0 | 0 | 0 |
| Infection Control | 12 | 4 | 0 | 0 | 0 | 8 |
| OA Permit | 15 | 11 | 0 | 0 | 7 | 11 |
| DSA Permit | 6 | 2 | 0 | 0 | 3 | 7 |
| Total Applications | 48 | 21 | 0 | 0 | 14 | 41 |

* Adjustments were made to correct totals from last Board meeting.

| DA Program and Course Applications Approved YTD for 2012 | | | | | | | | | |
|---|---------------------|-------------------------|-----------------------|---------------------------------|--------------------------|--------------------------|------------------------------|----------------------------------|------------------------------------|
| PROGRAM or COURSE TITLE | RDA Program* | Radiation Safety | Coronal Polish | Pit and Fissure Sealants | Ultrasonic Scaler | Infection Control | Orthodontic Assistant | Dental Sedation Assistant | TOTAL APPROVED APPLICATIONS |
| Course Totals | 4 | 2 | 3 | 3 | 0 | 8 | 18 | 3 | 41 |

* These are new Provisional approvals. There was 1 program that qualified for Full approval from Provisional in 2012.

Dental Assisting Courses Moving Through Approval Process

| Provider | App Rec'd | Cashiering | RDA Program | X-Ray | CP | P/F | US | IC | DSA | OA |
|--|--------------------|------------|-------------|-------|----|-----|----|----|-----|----|
| UEI College - Anaheim | 1/31/11 5/13/11 | 2/3/11 | x | | | | | | | |
| UEI College - San Marcos | 2/7/11 5/13/11 | 2/3/11 | x | | | | | | | |
| UEI College - San Bernardino | 2/8/11 5/13/11 | 2/3/11 | x | | | | | | | |
| Make a Smile | 4/4/11 | 4/11/11 | | | | | | x | | |
| Health Quest Academy LLC | 4/26/11 | 4/22/11 | | | | | | x | | |
| Southland Dental/Lin Dental Corp | 5/18/11 | 5/18/11 | | | | | | x | | |
| UEI College - Gardena | 6/6/11 | 6/6/11 | x | | | | | | | |
| North-West College - Glendale | 6/14/11 | 6/13/11 | | x | | | | | | |
| All Stars Orthodontics | 6/21/11 | 6/30/11 | | | | | | | | x |
| UEI College - Riverside | 7/13/11 | 7/19/11 | x | | | | | | | |
| Four-D College - Colton | 7/29/11 | 8/1/11 | x | | | | | | | |
| Redwood City Dental Institute | 10/7/11 | 10/18/11 | | | | | | x | | |
| Dr. Betsy Lindbergh | 11/14/11 | 11/16/11 | | x | | | | | | |
| Ricardo J. Berrios, DDS - Huntington Beach | 12/13/11 | 12/14/11 | | | | | | | x | |
| Robert G. Allen, DDS - Petaluma | 12/12/11 | 12/14/11 | | | | | | | x | |
| Valley School for Dental Assisting Katie Karzen, DDS | 1/17/12 | 1/24/12 | x | | | | | | | |
| Pima Medical Institute - Chula Vista | 2/7/12 | 2/8/12 | | | | | | x | | |
| Marysville Joint Union SD - Marysville | | | | | | | | x | | |
| Career Colleges of America - South Gate Deodre Cotton | 3/13/12 | 3/19/12 | | x | | | | | | |
| Bay Area Center for Oral & Maxillofacial Surgery, Juan F. Luque | 3/22/12 | 4/2/12 | | | | | | | x | |
| Richard L. Jacobson, DMD, MS, Inc. | 4/13/12 | 4/27/12 | | | | | | | | x |
| Andres F. Herrera, DDS A Prof Corp. | 5/2/12 | 5/3/12 | | | | | | | x | |
| Redwood City Dental Institute | 1/23/12 | 6/6/12 | | | | x | | | | |

| Provider | App Rec'd | Cashiering | RDA Program | X-Ray | CP | P/F | US | IC | DSA | OA |
|---|-----------|------------|-------------|-------|----|-----|----|----|-----|----|
| Career Care Institute | 6/5/12 | 6/6/12 | | | | | | x | | |
| Joseph K. Buchanan | 6/4/12 | 6/4/12 | | | | | | | | x |
| Orthoworks Dental Group David Shen, DMD, San Bruno | 7/3/12 | 7/12/12 | | | | | | | | x |
| Nancy L. Gum, DDS, MSD San Jose | 7/11/12 | 7/12/12 | | | | | | | | x |
| Jay R. Wright, DDS, MS, Inc Temecula | 7/11/12 | no fee | | | | | | | | x |
| Jody Thompson & Elena Ortega Lafayette | 7/13/12 | 7/16/12 | | | | | | x | | |
| Dental Courses 4 U Lauri Calanchini, Placerville | 8/27/12 | 9/4/12 | | | | x | | | | |
| Conscious Sedation Consulting, LLC Frank Grimaldi, San Francisco | 9/13/12 | 9/18/12 | | | | | | | x | |
| Michael P. Morrissette, DDS Ventura | 9/24/12 | 9/25/12 | | | | | | | x | |
| International Career College (ICC) Alice Estrella-Gemba, DDS - Anaheim | 10/1/12 | 10/4/12 | | x | | | | | | |
| Shasta Orthodontics Karen M. McCarthy, DDS - Redding | 10/4/12 | no fee | | | | | | | | x |
| San Joaquin Valley College Temecula | 10/1/12 | 10/5/12 | x | | | | | | | |
| Jason Pambrun, DDS Atascadero | 10/18/12 | no fee | | | | | | | | x |
| Bart R. Boulton, DDS Inc Cypress | 10/22/12 | 10/22/12 | | | | | | | | x |
| Brand & Okmin Orthodontics Adam J. Brand, DDS - San Diego | 10/22/12 | 10/22/12 | | | | | | | | x |
| Central Valley Dental Implant Robert E. Bell, DDS - Tulare | 10/23/12 | 10/23/12 | | | | | | | x | |
| Parkside Dental Hengameh Karkhanehchi, DDS - Fairfield | 10/30/12 | 11/1/12 | | | | | | | | x |
| H. S. Mann Kingsburg | 11/1/12 | 11/7/12 | | x | | | | | | |
| Tal D. Jergensen, DDS, Inc Hemet | 11/7/12 | 11/7/12 | | | | | | | | x |

Dental Assisting Courses Approved Since Last Board Meeting

| Provider | Approval Date | RDA Program | X-Ray | CP | P/F | US | IC | DSA | OA |
|--|---------------|-------------|-------|----|-----|----|----|-----|----|
| Charter College - Canyon Country | 11/1/12 | | | x | | | | | |
| Ohanian Dental Corporation - Reseda | 11/1/12 | | | x | | | | | |
| Charter College - Oxnard | 11/1/12 | | | | x | | | | |
| Ohanian Dental Corporation - Reseda | 11/1/12 | | | | x | | | | |
| My Dentist School for Dental Assistants Huntington Park | 9/20/12 | | | | | | x | | |
| Charter College - Oxnard | 9/17/12 | | | | | | x | | |
| Punabi Dental Society - Ontario | 10/8/12 | | | | | | x | | |
| Ohanian Dental Corporation - Reseda | 11/1/12 | | | | | | x | | |
| Linda K. Miyatake, MD, DDS San Mateo | 10/4/12 | | | | | | | x | |
| Hamid C. Hajarjian, MD, DDS Fountain Valley | 10/8/12 | | | | | | | x | |
| Michael John Redmond, DDS San Clemente | 8/20/12 | | | | | | | | x |
| Irvine Orthodontics - Irvine | 9/18/12 | | | | | | | | x |
| Thomas J. Marcel, DDS - Livermore | 9/18/12 | | | | | | | | x |
| Valley School for Dental Assisting Encino | 9/19/12 | | | | | | | | x |
| Raymond G. W. Kubisch, DDS Santa Barbara | 10/10/12 | | | | | | | | x |
| Efstatios Righellis, DDS - Oakland | 11/6/12 | | | | | | | | x |

| Provider | Approval Date | RDA Program | X-Ray | CP | P/F | US | IC | DSA | OA |
|--|---------------|-------------|-------|----|-----|----|----|-----|----|
| Thompson Young Tom, DDS - Pleasanton | 11/7/12 | | | | | | | | x |
| Elite Orthodontics - San Diego | 11/7/12 | | | | | | | | x |
| Andrea DeLurgio, DDS - Citrus Heights | 11/7/12 | | | | | | | | x |
| Pulsipher Orthodontics - San Diego | 11/7/12 | | | | | | | | x |
| Adams and Gimlen Dental Partnership Manhattan Beach | 11/7/12 | | | | | | | | x |



MEMORANDUM

| | |
|----------------|---|
| DATE | November 8, 2012 |
| TO | Dental Assisting Council Dental Board of California |
| FROM | April Alameda, Acting Manager, Dental Assisting Program |
| SUBJECT | Agenda Item DAC 5 – Dental Assisting Program Licensure & Permit Statistics |

Following are statistics of current license/permits by type as of November 4, 2012

| License Type | Active | Inactive | Delinquent | Renewal In Process | Total Current Population | Total Cancelled Since Implemented |
|--|--------|----------|------------|--------------------|--------------------------|-----------------------------------|
| Registered Dental Assistant (RDA) Licenses | 33,994 | 10,207 | 9,245 | 653 | 54,099 | 33,922 |
| Registered Dental Assistant in Extended Functions (RDAEF) Licenses | 1,284 | 119 | 176 | 21 | 1,600 | 147 |
| Total Licenses | 35,278 | 10,326 | 9,421 | 674 | 55,699 | 34,069 |

New RDAEF licenses issued since January 1, 2010 = 113.

Existing AEF licenses enhanced since January 1, 2010 = 133.

| Permit Type | Current Active Permits | Delinquent | Total Cancelled Since Implemented |
|--|------------------------|------------|-----------------------------------|
| Dental Sedation Assistant (DSA) Permit | 16 | 0 | 0 |
| Orthodontic Assistant (OA) Permit | 49 | 1 | 0 |



MEMORANDUM

| | |
|----------------|---|
| DATE | November 4, 2012 |
| TO | Dental Assisting Council Dental Board of California |
| FROM | Dawn Dill, Manager, Licensing and Examination Unit April Alameda, Acting Manager, Dental Assisting Program |
| SUBJECT | Agenda Item DAC 6: Review and Discussion of the Dental Assisting Program Examination Statistics |

Written Examination Statistics for 2012 ALL CANDIDATES

| Written Exam | Total Candidates Tested | % Passed | % Failed |
|---------------------------|-------------------------|----------|----------|
| RDA | 2497 | 62% | 38% |
| RDA Law & Ethics | 2834 | 56% | 44% |
| RDAEF | 98 | 62% | 38% |
| Orthodontic Assistant | 70 | 53% | 47% |
| Dental Sedation Assistant | 5 | 60% | 40% |

Written Examination Statistics for 2012 FIRST TIME CANDIDATES

| Written Exam | Total Candidates Tested | % Passed | % Failed |
|---------------------------|-------------------------|----------|----------|
| RDA | 1880 | 68% | 32% |
| RDA Law & Ethics | 2025 | 60% | 40% |
| RDAEF | 62 | 68% | 32% |
| Orthodontic Assistant | 44 | 52% | 48% |
| Dental Sedation Assistant | 3 | 100% | 0% |

Written Examination Statistics for 2012 REPEAT CANDIDATES

| Written Exam | Total Candidates Tested | % Passed | % Failed |
|---------------------------|-------------------------|----------|----------|
| RDA | 617 | 45% | 55% |
| RDA Law & Ethics | 809 | 45% | 55% |
| RDAEF | 36 | 53% | 47% |
| Orthodontic Assistant | 26 | 54% | 46% |
| Dental Sedation Assistant | 2 | 0% | 100% |

RDA Practical Examination Statistics for 2012 ALL CANDIDATES

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDA – February North | 236 | 86% | 14% |
| RDA – February South | 269 | 78% | 22% |
| RDA – April North | 208 | 84% | 16% |
| RDA – April South | 288 | 76% | 24% |
| RDA – August North | 511 | 93% | 7% |
| RDA – August Central | 115 | 90% | 10% |
| RDA – August South | 560 | 88% | 12% |
| RDA – Nov – North* | 386 | | |
| RDA – Nov – South* | 433 | | |
| Total for Year | 2187 | 85% | 15% |

*Scheduled. Exam results pending – Not included in Total for Year

RDA Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDA – February North | 201 | 86% | 14% |
| RDA – February South | 174 | 91% | 9% |
| RDA – April North | 182 | 85% | 15% |
| RDA – April South | 223 | 74% | 26% |
| RDA – August North | 482 | 94% | 6% |
| RDA – August Central | 111 | 94% | 6% |
| RDA – August South | 513 | 89% | 11% |
| RDA – Nov - North | | | |
| RDA – Nov - South | | | |
| Total for Year | 1886 | 88% | 12% |

RDA Practical Examination Statistics for 2012 REPEAT CANDIDATE

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDA – February North | 35 | 89% | 11% |
| RDA – February South | 95 | 55% | 45% |
| RDA – April North | 26 | 73% | 27% |
| RDA – April South | 65 | 82% | 18% |
| RDA – August North | 29 | 90% | 10% |
| RDA – August Central | 4 | 50% | 50% |
| RDA – August South | 47 | 77% | 23% |
| RDA – Nov - North | | | |
| RDA – Nov - South | | | |
| Total for Year | 301 | 74% | 26% |

RDAEF Clinical/Practical Examination Statistics for 2012 ALL CANDIDATES

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDAEF – June North | 45 | 78% | 22% |
| RDAEF – June South | 28 | 50% | 50% |
| RDAEF – October South | 27 | 74% | 26% |
| Total for Year | 100 | 67% | 33% |

RDAEF Clinical/Practical Examination Statistics for 2012 FIRST TIME CANDIDATES

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDAEF – June North | 34 | 88% | 12% |
| RDAEF – June South | 22 | 50% | 50% |
| RDAEF – October South | 8 | 100% | 0% |
| Total for Year | 64 | 79% | 21% |

RDAEF Clinical/Practical Examination Statistics for 2012 REPEAT CANDIDATES

| Practical/Clinical Exam Type | Candidates Tested | % Passed | % Failed |
|-------------------------------------|--------------------------|-----------------|-----------------|
| RDAEF – June North | 3 | 33% | 62% |
| RDAEF – June South | 6 | 50% | 50% |
| RDAEF – October South | 19 | 63% | 37% |
| Total for Year | 28 | 49% | 51% |

Update on the Dental Assisting Program Written examinations:

The updated RDA Written examination was implemented in March 2012.

The updated RDA Law and Ethics examination was implemented in November 2012. Currently the examination results are being withheld from the candidates until the examination has been validated by the Department of Consumer Affairs, Office of Professional Examination Services. The normal validation period is approximately 30 days or the first 100 candidates.

The Orthodontic Assistant written examination is in the final stages of being updated. There will be an item bank of approximately 130 questions and multiple versions of the examination will be tested. The anticipated implementation of the examination should be before the end of the year.

Staff has contacted the Department of Consumer Affairs, Office of Professional Examination Services (OPES) to begin the process to review and possibly update the Registered Dental Assistant in Extended Functions and the Dental Sedation Assistant written examinations.



MEMORANDUM

| | |
|----------------|--|
| DATE | November 13, 2012 |
| TO | Dental Assisting Council, Dental Board of California |
| FROM | April Alameda, Acting Manager, Dental Assisting Program Dental Board of California |
| SUBJECT | Agenda Item DAC 7: Discussion and Possible Action regarding the Merits of Retaining a Registered Dental Assistant (RDA) License While Holding a Registered Dental Assistant in Extended Functions (RDAEF) License |

During the review of the dental assisting licensure and examination statistics at the August 2012 meeting, a question arose as to why there appeared to be trend of declining Registered Dental Assistant (RDA) licensees and an increase in RDA license renewal delinquencies. Staff explained that once a RDA becomes licensed as a Registered Dental Assistant in Extended Functions (RDAEF), it is no longer necessary for the licensee to maintain the RDA license since those duties are included within the scope of practice of a RDAEF. Therefore, RDAEF's tend to allow their RDA licenses to go delinquent rather than renewing. If a license is delinquent for five (5) years, then the license goes into a cancelled status. The Council Chair asked if a process could be developed by which a RDA may cancel their license rather than have it fall to a delinquent status. Staff informed the Council that it may be possible to include a form with the results of a RDAEF exam so that a RDA license could be cancelled. Legal Counsel clarified that a regulation would be required to make that change as well as to clarify that maintaining both licenses is not necessary. Staff has added this issue to the list of needed future regulatory proposals.

Following this discussion, a member of the public inquired about the legality of a RDAEF performing only RDA duties in an office where there are more than three (3) RDAEF's. Business and Professions Code (Code) Section 1753.7 specifies that, as of January 1, 2010, a licensed dentist may simultaneously utilize in their practice no more than three (3) RDAEF's or Registered Dental Hygienists in Extended Functions (RDHEF). Staff consulted with Board Legal Counsel and determined the following:

- (1) Since Code Section 1753 authorizes the Board to license as a RDAEF a person who is currently licensed as a RDA or has completed the requirements for licensure as a RDA, and does not require a RDAEF to

maintain the RDA license if the RDAEF license was issued based on possession of a RDA license at the time the application for a RDAEF license was made, a RDAEF may cancel his or her RDA license and still perform the duties of a RDA, as provided in Code Section 1752.4. This finding is predicated on the fact that licensure as a RDA is not required to obtain a license as a RDAEF. It is at the discretion of the licensee if they wish to maintain the RDA license after being licensed as a RDAEF.

- (2) Furthermore, if a dentist simultaneously utilizes four RDAEF's in their office, the dentist would be in violation of Business and Professions Code section 1753.7, even if one of them also holds an RDA license and only performs the duties of an RDA.

For example, if a dentist simultaneously utilizes four (4) RDAEF's in their office and one of them also holds a RDA license and performs only RDA duties, the RDAEF who also holds a RDA license cannot say that he or she is performing the duties under his or her RDA license only. Since both licenses authorize the performance of RDA duties, the duties would actually be performed under both licenses. This is why the dentist would be in violation of the statute.

From an enforcement point of view, if a RDAEF, who also holds a RDA license and only performs RDA duties, causes an injury to a patient, both licenses would be subject to discipline. If the RDA license is only disciplined, the RDAEF would still be able to perform the duties of a RDA, thus creating a public protection issue.



MEMORANDUM

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|----------------|---|
| DATE | November 30, 2012 |
| TO | Dental Assisting Council, Dental Board of California |
| FROM | Sarah Wallace, Legislative and Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item DAC 8: Subcommittee Report and Possible Action Regarding the California Association of Dental Assisting Teacher's (CADAT) Proposed Regulatory Amendments to Radiation Safety Course Requirements |

At the August 2012 meeting, the Board President appointed a two-person subcommittee to review proposed regulatory amendments to dental assisting courses provided by the California Association of Dental Assisting Teachers (CADAT). Since the last meeting, CADAT submitted proposed regulatory amendments to the California Code of Regulations, Title 16, Sections 1014 and 1014.1 relative to radiation safety course requirements.

Staff and the subcommittee, Anne Contreras and Emma Ramos, have conducted a preliminary review of the proposal and have noted some initial comments. The proposal and subcommittee/staff comments are included for review. The subcommittee and staff will continue reviewing the proposal and will be setting up a meeting with CADAT representatives to review and comments and concerns. Additionally, Board Legal Counsel will be conducting a review for compliance with existing law and the Administrative Procedure Act. Staff anticipates a final proposal will be available for the Council's review at the February Board meeting.

The document that contains CADAT's proposed regulatory amendments shows changes to the original regulatory language with underline for additions and strike-out for deletions in black font. Additionally, CADAT has provided justification, rational, and benefits for each proposed change noted in red font. Subcommittee comments have been provided in blue font, while staff's questions and concerns have been provided in green font.

The subcommittee and staff will provide additional information at the Board meeting.

CADAT'S PROPOSED REGULATORY AMENDMENTS TO RADIATION SAFETY COURSE REQUIREMENTS

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS DIVISION 10. DENTAL BOARD OF CALIFORNIA CHAPTER 1. GENERAL PROVISIONS APPLICABLE TO ALL LICENSEES ARTICLE 3.1 RADIATION SAFETY COURSES

Section 1014. Approval of Radiation Safety Courses; Approval; Continued Approved Status for Stand-Alone Courses in Radiation Safety; Curriculum Requirements; Issuance of Certification

(a) A California Radiation Safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and these stand-alone courses which continuously maintain a high quality standard of instruction where protection of the public is the principal focus.

CADAT - Justification:

- (a) The word California is added to specify that the course should be a CA course and not a course recognized in another state that may also offer a Radiation Safety course;
- (b) Radiation Safety course providers should reapply for approval biannually consistent with continuing education providers to ensure the program continues to comply with the Radiation Safety curriculum requirements and issuance of certification.

CADAT - Rationale:

Provides the board the opportunity to review courses biannually and withdraw approval if applicable.

CADAT - Benefit: The consumer and students enrolled in the course can be assured the program is in compliance and following the guidelines for a Radiation Safety course as outline herein.

Board Staff Comments:

Board staff recommends defining "programmatic curricula". This term is vague and a definition would provide clarity to readers.

(b) A Radiation Safety course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval of any such course. ~~Approval may be granted after~~ thorough evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the board's requirements. ~~The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.~~

CADAT - Justification:

(a) The addition of Section 1070 which pertains to the course qualification requirements should be referenced; (b) Radiation Safety course providers are not approved by the Commission unless part of an entire program of study for dentistry or dental hygiene required to be Commission accredited.

CADAT - Rationale:

Provides clarity and consistency with newly established regulations for education.

CADAT - Benefit:

The clarity of the proposed language offers clear guidelines for reviewers, applicants and providers.

Council Subcommittee Comments:

The subcommittee questioned how this requirement would affect stand-alone courses if they are not included with a program course. Additionally, the subcommittee commented that this may affect the on-the-job training individuals that seek their x-ray licenses. The subcommittee would like additional clarification regarding the Commission's accreditation of radiation safety courses for dentists and hygienists versus dental assistants.

Board Staff Comments:

Board staff recommends specifying the application form name in the regulatory text. Otherwise, it is probable that the Office of Administrative Law will disapprove the regulation because the form has not been specified.

- (1) All stand-alone course providers of Radiation Safety courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board [insert form number] that is hereby incorporated by reference and accompanied by a fee consistent with B&P Code 1725(o). The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.
- (2) To renew its provider status, and in addition to a renewal application, a stand-alone course provider shall submit a biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, competencies used for evaluation, a report of current faculty and instructional staff with copies of teacher credentials and verification of teacher qualifications, a report of all locations used for instruction, and all other supporting documentation necessary to demonstrate compliance with current course regulations.
- (3) Current RDA programs approved by the board are exempt from submitting Radiation Safety biennial reporting but will retain all required records set in this Section as part of the RDA program records, unless the program or institution is offering a stand-alone course in the subject area.

CADAT - Justification:

(a) The addition of proposed subsections 1 – 3 above help ensure provider compliance through reporting consistent with CCR 1016 – 1017 for continuing education course providers; (b) Radiation Safety course providers have not been assessed for compliance with educational regulations since initial approval; the absence of monitoring of providers has led to a wide range of inconsistencies amongst providers of courses; (c) fees associated with initial application and biennial review application are currently enacted with CE providers as defined in B&P Code 1725(o).

CADAT - Rationale:

Provides clarity and consistency with newly established regulations for courses; lack of adherence to current educational regulations and the absence of provider monitoring has led to concerns of the validity of the certification process, patient protection during radiation exposures by students in courses and the overall competence of course completers by unmonitored providers.

CADAT - Benefit:

The clarity of the proposed language offers clear guidelines for both board SMEs/course evaluators and providers.

Council Subcommittee Comments:

The subcommittee would like more information regarding the inconsistencies between radiation safety course providers as explained in the justification. Additionally, the subcommittee questioned why the renewal requirement would be applicable to stand-alone courses and not the educational programs since curriculum in programs can change every two years to stay up to date with state changes.

The subcommittee questioned if the reporting of all locations used for instruction include all private practices where applicants are taking radiographs as part of the course.

Board Staff Comments:

Board staff recommends specifying the application form name in the regulatory text. Additionally, Board staff recommends establishing the fee amount to be specified in the regulation.

(c) Upon review, audit or investigation, the Board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording (allowing) a reasonable provider the opportunity to respond within 30 days. Approval may be withdrawn for failure to comply with the board's regulations, standards or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment, or for violation or non-compliance of this Section and all applicable requirements. The board shall be notified, by report, of all providers whose approved status has been withdrawn and such action noticed accordingly via the board's website.

(1) An audit of a provider of a Radiation Safety course may include an on-site visit. If an audit is conducted, the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

- (B) Course content outlines and examination records;
- (C) Educational objectives or outcomes;
- (D) Competency forms for each participant;
- (E) Evidence of registration documents and protocols used for participant registration;
- (F) Attendance records and rosters;
- (G) Copies of all course completion certification cards issued to participants;
- and
- (H) Copies of safety and final exams.

All course provider records described in this Article shall be retained for a period of no less than four years.

CADAT - Justification:

(a) The addition of proposed amendments above help ensure provider compliance through reporting consistent with CCR 1016 – 1017 for continuing education course providers.

CADAT - Rationale:

Provides clarity and consistency with newly established regulations for courses; lack of adherence to current educational regulations and the absence of provider monitoring has led to concerns of the validity of the certification process, patient protection during radiation exposures by students in courses and the overall competence of course completers by unmonitored providers.

CADAT - Benefit:

The clarity of the proposed language offers clear guidelines for both board SMEs/course evaluators and providers.

Council Subcommittee Comments:

The subcommittee questioned if these provisions would be applicable to programs as well as stand-alone courses.

~~(d) The processing times for radiation safety course approval are set forth in Section 1061.~~

CADAT - Justification:

Lack of necessity.

~~Section 1014.1. Requirements for Radiation Safety Courses.~~

~~A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.~~

~~(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.~~

~~(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:~~

- ~~(1) Providing daily guidance of didactic, laboratory and clinical assignments;~~
- ~~(2) Maintaining all necessary records, including but not limited to the following:
 - ~~(A) Copies of current curriculum, course outline and objectives;~~
 - ~~(B) Faculty credentials;~~
 - ~~(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.~~~~
- ~~(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;~~
- ~~(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;~~
- ~~(5) Informing the board of any significant revisions to the curriculum or course~~

~~outlines.~~

~~(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:~~

- ~~(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;~~
- ~~(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;~~
- ~~(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.~~

~~(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.~~

- ~~(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is~~

~~equipped with the appropriate position-indicating devices for each technique being taught.~~

~~(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.~~

~~(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.~~

~~(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.~~

~~(1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.~~

~~(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.~~

~~(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:~~

~~(A) Radiation physics and biology~~

~~(B) Radiation protection and safety~~

~~(C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs~~

~~(D) Radiograph exposure and processing techniques using either manual or automatic methods~~

~~(E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity~~

~~(F) Intraoral techniques and dental radiograph armamentaria, including holding devices~~

~~(G) Interproximal examination including principles of exposure, methods of retention and evaluation~~

~~(H) Intraoral examination including, principles of exposure, methods of retention and evaluation~~

~~(I) Identification and correction of faulty radiographs~~

~~(J) Supplemental techniques including the optional use of computerized digital radiography~~

~~(K) Infection control in dental radiographic procedures~~

~~(L) Radiographic record management.~~

~~Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.~~

~~(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.~~

~~(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;~~

~~(2) Two bitewing series, consisting of at least 4 radiographs each;~~

~~(3) Developing or processing, and mounting or sequencing of exposed radiographs;~~

~~(4) Student and instructor written evaluation of radiographs.~~

~~(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:~~

~~(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.~~

~~(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;~~

~~(3) Student and instructor written evaluation of radiographs.~~

~~(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).~~

~~(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.~~

~~(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.~~

~~Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.~~

CADAT - Justification:

Repealing Section 1014.1 to allow all educational requirements to be contained in Section 1014. This format is consistent with the format used in recent regulatory language for other courses, most recently Infection Control education course.

CADAT - Rationale:

Provides clarity and consistency with newly established regulations for courses.

CADAT - Benefit:

The clarity of the proposed language offers clear guidelines for the board, course evaluators and providers.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in Radiation Safety to secure and maintain approval by the board. The curriculum content pertaining to radiation safety and radiography techniques offered by a school or program approved by the board or Commission on Dental Accreditation for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from the program in dentistry, dental hygiene and dental assisting. Programs in dentistry, dental hygiene or dental assisting approved by the board or the Commission prior to the effective date of these regulations shall submit to the board a completed "Notice of Compliance with New Requirements for Instruction in California Radiation Safety", [insert form number] hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

CADAT - Justification:

(a) Existing regulatory language from 1014.1 is retained with amendments; (b) proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting where curriculum for required certification is incorporated into a full program of instruction; Notice of Compliance by existing programs and courses provides a record for the board upon review or audit.

CADAT - Rationale:

Provides clarity and consistency with current educational regulations.

CADAT - Benefit:

The clarity of the proposed language offers clear guidelines for the board, course evaluators and providers.

(e) Adequate provisions for the instructor supervision and operation of the course or program of instruction in Radiation Safety shall be made in compliance with Sections 1070 and 1070.1.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides enforcement support for staff

and course reviewers upon review or audit to ensure compliance with related sections previously not referenced in this Section.

CADAT - Rationale:

Provides direction to current and new providers and is consistent with current educational regulations in related subjects.

1. In addition, all faculty and instructional staff shall have been licensed to include a Radiation Safety Certificate for a minimum of two years, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology course specific to radiation safety which shall include curriculum addressing clinical evaluation, and clinical criteria, course outline development, test construction, and developing student learning outcomes.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) proposed language pertaining to teaching qualifications is consistent with national standards for educational programs in dental disciplines.

CADAT - Rationale:

Provides direction and enforcement support for staff and course reviewers upon review or audit to ensure compliance to current and new providers and is consistent with current educational regulations in related subjects.

CADAT – Benefit:

The clarity of the proposed language provides clear guidelines for the board, course evaluators and providers to use upon initial application and continued application for provider status.

Council Subcommittee Comments:

The subcommittee commented that this proposed provision will be beneficial because there are many inconsistencies with instructors grading to minimum standards. This would assure that all instructors for radiology must follow the same minimum standards as approved by the board and ensure that instructors receive the same education and training necessary to teach the course.

2. Consistent with Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section 30305(b)(4), deliberate exposure of an individual to the useful beam for training or demonstration purposes shall not be permitted unless there is also a medical or dental indication for the exposure and the exposure is prescribed by a physician or dentist. Dental assisting programs and stand-alone courses in Radiation Safety shall not be required to employ a dentist or physician for the purposes of oversight during laboratory or clinical instruction but must seek permission or prescription by a licensed dentist for each patient utilized during clinical experiences. Additionally, all radiology students in a

dental assisting or registered dental assisting program or Radiation Safety course must be at least 18 years of age. Dental radiographs may be prescribed for pregnant patients with careful adherence to the US Department of Health and Human Services, Food and Drug Administration (FDA) selection criteria guidelines. All patient's used for clinical radiographic experiences must complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records. If the patient presented for exposure is a minor, proper consent from the parent or legal guardian must be obtained prior to the dentist authorization.

CADAT - Justification:

(a) Proposed language provides information for educational providers absent from existing regulations and is consistent with the stated requirements of the radiology health and safety codes; (b) programs and courses have for many years requested staff clarification of the health and safety codes as it pertains to the educational environment with mixed results – the proposed language provides clear requirements; (c) lack of regulation pertaining to patient selection standards has led to sub-standard criteria and lack of patient and operator protection.

CADAT - Rationale:

Pertaining to clinical supervision: As indicated above, the proposed language provides direction to current and new providers and allows faculty and staff of educational programs to oversee the instruction of students in a manner consistent with all other subjects taught within a program of instruction. The health and safety regulations sited in Section 30305 require the exposure as prescribed by a dentist and does not require the physical presence of one. Prior assessment of the faculty supervision issue was addressed by COMDA yet no language exists in regulation to provide clarity consistent with opinion currently provided to educators. Currently, programs obtain a prescription or permission letter from a licensed dentist, or the patient's dentist of record, allowing the student to perform exposures. Educators need for the regulations to reflect this practice as acceptable.

Pertaining to patient selection and operator criteria: The current lack of regulatory language pertaining to student operators has led to user confusion and safety concerns. Consistent with safety standards, the age limit for the student participating in the course of study ensures standard application of safety measures. In addition, national standards used in dental disciplines relating to radiation safety encourage the use of a variety of radiographic experiences whenever possible. CADAT proposes that under the supervision of qualified faculty and staff of courses or programs students should be able to experience procedures involving mixed dentition or edentulous patients as well as permanent dentitions wherever possible. Clear language addressing these issues will be very helpful for school and programs to use to establish their patient selection criteria.

CADAT - Benefit:

The clarity of the proposed language provides incredibly beneficial teaching opportunities for the schools, programs and providers of the subject area and does not limit the instructional staff to only dentists.

Council Subcommittee Comments:

The subcommittee recommended that pregnant patients be required to provide legal documentation from their physician that it is safe to receive x-rays and the documentation should be placed in their patient record. The subcommittee also recommended that pregnant patients should not be considered because of liability issues. Taking necessary x-rays on pregnant patients should be limited to only one if necessary with prior doctor approval. The regulations should specify that pregnant patients should not be used for a full mouth series because of radiation exposure.

The subcommittee commented that that x-ray patients should be 18 years of age or older to assure that the patients have their second molars present. If a child is too young, the patient could be exposed to too much radiation. Alternatively, perhaps the regulation could specify the number of child patients and adult patients so that the student would have experience with working on patients with mixed dentition and permanent dentition.

(f) In addition to the requirements of Section 1070, a course in Radiation Safety shall be of sufficient duration for the student to develop minimum competency in all aspects of the subject area, but in no event less than 36 hours, including at least 16 hours of didactic instruction, at least 12 hours of laboratory instruction performed specifically on X-ray training mannequins, and at least eight hours of clinical instruction. Of the 16 hours of didactic instruction, no less than two hours shall be dedicated to a review of the board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and no less than two hours shall be dedicated to a review of the Dental Practice Act specific to the allowable duties and functions of all applicable dental disciplines, the obtaining of a license or permit to practice, and all applicable patient safety requirements.

1. Prior to patient exposure, the student must provide proof of completion of board-approved coursework totaling eight hours in infection control and two hours in Dental Practice Act whose curriculum shall be consistent with the educational requirements set forth in Cal. Code of Regs., Title 16, Article 4, Section 1016. Stand-alone course providers shall ensure compliance by obtaining and retaining records of course completion from the student at the time of course enrollment. Students of dental assisting and registered dental assisting programs shall have completed instruction in each of the two required areas prior to beginning laboratory or clinical instruction in the subject area as part of an organized program of instruction.

CADAT - Justification:

(a) Proposed language provides information for educational providers absent from existing regulations and is consistent with the stated requirements of the dental assisting program regulations already approved; (b) programs and courses have not been required to increase instructional hours to include new technologies or advances

in radiology – the proposed language provides clearer requirements while continuing to address patient safety during clinical exposures.

CADAT - Rationale:

Additional time in didactic instruction is necessary to address technologies, techniques, safety measures, personal protective equipment and a review of infection control and OSHA, particularly for those who are newly entered into the profession. ADA Guidelines in the Use of Radiographs (JADA Vol. 137, Sept. 2006) recommend the addition of training in infection control procedures because radiographic operators are subjected to occupational exposure to bloodborne pathogens. Based on the curriculum criteria currently required of providers, CADAT believes that the lack of quality didactic instruction is contributing to an ill-prepared and unsafe operators at the end of the course.

CADAT - Benefits:

More didactic and classroom time will lead to improved student learning outcomes. Providers enrolling students without required pre-requisites is inconsistent with the requirements of other certification courses – the proposed language will benefit the board staff and reviewers in assessing compliance by courses and programs upon audit or review.

2. Consistent with Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section 30305(b)(2), faculty and instructional staff shall provide California radiation health and safety rules to each student operating X-ray equipment including any restrictions of the operating technique required for the safe operation of the particular X-ray apparatus, and require that each student demonstrate competence with these safety rules by written examination prior to operating X-ray equipment in either laboratory or clinical assignments.

Council Subcommittee Comments:

The subcommittee questioned if these provisions would be applicable to the x-ray unit or Nomad portable units. Additionally, the subcommittee questioned if students would be able to complete their 12 hours of laboratory instruction specifically on x-ray training mannequins along with their 16 hours of didactic instruction.

3. A written safety exam as described in subsection(m) and a comprehensive final exam shall be successfully completed by each student prior to the completion of the course or program of instruction. All written examinations shall be issued and administered in a manner consistent with all licensing examinations administered by the state or national testing boards. Each student must successfully pass the radiation safety and final exams prior to completion of the course and may use a current passing score from the DANB radiation certification examination in lieu of a comprehensive final exam.
4. A detailed course outline shall be established and maintained consistent with Section 1070(i) and shall be provided to students prior to the start of instruction.

CADAT - Justification:

(a) Proposed language provides information for educational providers absent from existing regulations and is consistent with national requirements for dental disciplines in radiation safety; (b) programs and courses have not been required to administer examinations in a manner consistent with standardized testing – specifically, those providers offering open-book or oral testing reviews as opposed to traditional testing mechanisms using appropriate psychometrics has led to lack of proven competency testing prior to exposures on mannequins or patients; (c) COMDA established criteria years ago requiring examination of radiation safety theory prior to progressing to mannequin and clinical patient exposures – absent from the regulations for many years, the proposed language provides a standardized criteria for patient safety and operator protection PRIOR to continued competency performances. Health and Safety Code 30305(a)(5)(b1-2) addresses the educator must provide safety rules to each operator under their instruction.

CADAT - Rationale:

CADAT believes that the lack of quality didactic instruction in Radiation Safety for both patients and operators has led to ill-prepared clinicians upon entering into the dental workplace. Safety measures and compliance with safety standards are not enforced without specific educational requirements.

Council Subcommittee Comments:

The subcommittee agreed that quality didactic instruction would provide better patient protection.

Board Staff Comments:

Board staff expressed concern with the provision that would allow students to use a current passing score from the DANB radiation certification examination in lieu of a comprehensive final examination. The Board does not currently recognize any DANB certifications and this proposal is inconsistent with other Board dental assisting regulations.

(g) Providers of Radiation Safety courses and programs of instruction in dental assisting shall issue wall certificates of completion and/or board-approved Course Completion Certification cards to each student as follows:

(1) For stand-alone courses in Radiation Safety, wall certificates of course completion shall be issued to demonstrate compliance with educational requirements in the subject area and shall include the providers name, board-approved course provider number, total hours of instruction completed, and certification signature indicating successful completion of a board-approved course of instruction.

(A) In addition, Course Completion Certification Cards **insert form number** hereby incorporated by reference shall be issued to each participant upon successful completion of the course. Each card shall transmit to the board the name, address, and date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Programs in dentistry and dental hygiene approved by the

Commission shall be exempt from this requirement unless offering a stand-alone certification course.

- (2) Programs in dental assisting and registered dental assisting approved by the board or Commission shall issue wall certificates of completion in Radiation Safety to students successfully completing and graduating from the program for use by the graduate to demonstrate to an employer their ability to legally perform X-ray exposures in the event the graduate does not obtain licensure.
- (A) Certificates of program completion or diplomas from a dental assisting or registered dental assisting program approved by the board shall be deemed “all inclusive” for the purposes of applying for the RDA licensure examination; however, Course Completion Cards may also be issued to program graduates in the event the graduate does not file for examination by the formal education pathway. Programs shall be identified on the card using their DA or RDA program provider number issued by the board.
- (B) Completion of some or all of the curriculum in California Radiation Safety as part of a total program of instruction for dental assisting or registered dental assisting approved by the board where the student does not successfully complete and graduate from the program does not allow for certification in Radiation Safety unless the institution is approved as a stand-alone provider in the subject area. In such case, all documentation requirements of a stand-alone provider shall be adhered to.

CADAT - Justification:

(a) Proposed language provides clarifying information for educational providers absent from existing regulations and is consistent with the stated requirements of the dental assisting program regulations already approved; (b) courses have not been required to issue proof of educational compliance for those newly entering the workforce where programs have been required to issue specific documentation – the proposed requirement provides consistency for both programs and course providers; (c) language addresses DA and RDA program certificate issuance that is considered “programmatically” and where lack of regulatory language has led to staff interpretation of the intent of a program.

CADAT - Rationale:

In the past, the use of Course Completion Cards issued by COMDA provided proof to not only employers but also the necessary certifications for the Board to evaluate an examination candidate’s application for licensure. By establishing the past practice again, the board and workforce will have the documentation needed to show educational requirements have been met by a board-approved provider or school.

CADAT - Benefits:

The clarity and necessity of the proposed language provides clear guidelines for the board, course evaluators, providers and workforce to use upon completion of certification requirements. The issuance of board-approved cards for certification will assist in making all providers more accountable to ensure course completers are adequately prepared and credentialed to enter into the workplace.

(h) In addition to the requirements of Section 1070, there shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography

operatories, developing or processing facilities as defined in subdivision (2) below, and viewing spaces for mounting, recording and evaluating radiographs. Adequate cleaning, disinfecting and sterilizing facilities shall be provided in accordance with Section 1070 and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

- (1) A radiographic operatory shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:
 - (A) One functioning radiography (X-ray) machine which is adequately filtered and collimated that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);
 - (B) One X-ray training mannequin head designed for instruction in radiographic techniques per X-ray unit;
 - (C) One film view box per operatory;
 - (D) One lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit;
- (2) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility and where such equipment may be located in the operatory area where exposures will occur.
- (3) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

CADAT - Justification:

(a) Proposed language provides information for educational providers absent from existing regulations and is more consistent with national standards for instruction in the subject area, allowing for more modernized equipment options; (b) programs and courses have not been required to use training mannequins specifically designed for instruction in radiography causing schools and course providers to differ in meeting their obligation— the proposed requirement provides consistency for both programs and courses; (c) the proposed language provides clarity and necessity for board staff and program evaluators to utilize during site visits and course approvals.

CADAT - Rationale:

Clarification was needed to ensure equipment usage by providers and schools was consistent. Proposed language allows for a wide variety of modern and emerging technologies for both traditional and non-traditional imaging.

CADAT - Benefits:

Broadened language for equipment will ensure that all providers and schools have the opportunity to meet requirements with or without the incorporation of modern technologies, allowing for programs without funding to continue to operate using more traditional equipment and those with the ability to purchase advanced technologies to do without consequence.

Council Subcommittee Comments:

The subcommittee questioned that if a pregnant student would be allowed to take x-rays during the radiation course.

(i) As part of an organized program of instruction, sufficient time shall be available for all students to obtain applicable theory in didactic instruction, laboratory, and preclinical/clinical instruction and experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides enforcement support for staff and course reviewers upon review or audit to ensure compliance with related sections previously not referenced in this Section.

CADAT - Rationale:

Provides direction to current and new providers and is consistent with current educational regulations in related subjects.

(j) Didactic Instruction: Areas of didactic instruction shall include at least the following as they relate to exposure, processing and evaluation of dental radiographs:

- (1) Radiation physics and biology
- (2) Radiation protection and safety
- (3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs (D) Radiograph exposure and processing techniques including exposure guidelines for ALARA and recommendations for exposure by the American Dental Association
- (4) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity
- (5) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors
- (6) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation
- (7) Proper use of patient protection devices and personal protective equipment for operator use
- (8) Identification and correction of faulty radiographs
- (9) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging which may include panographs or cone-beam imaging

- (10) Infection control procedures contained in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and Cal-DOSH Bloodborne Pathogens Standards
- (11) Radiographic records management
- (12) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures
- (13) Identification of various extra oral techniques, machine types, and uses
- (14) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs
- (15) Review of general provisions of the California Dental Practice Act

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides minimal amendments to existing curriculum in programs and courses with some modernization of topic areas.

CADAT - Rationale:

Provides direction to current and new providers and is more consistent with current national standards for education in the subject area.

CADAT - Benefits:

Minimal changes to curriculum that provide some clarification while including emerging technologies newly adopted into the workplace.

(k) Laboratory Instruction: Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training mannequin head only, at least the procedures set forth below:

- (1) Two full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings;
- (2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;
- (3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;
- (4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of re-exposures necessary for successful completion of a series to minimum competency.
 - (A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.
 - (B) In accordance with the requirements of Section 1070, students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.
 - (C) Notwithstanding Section 1070.1, there shall be no more than six students per instructor during laboratory instruction and experiences.

(D) Successful completion of all laboratory competencies must occur prior to clinical instruction and experiences.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides minimal amendments to existing laboratory curriculum in programs and courses with some modernization of topic areas; (c) makes student/teacher ratios for laboratory consistent with Health and Safety standards for radiology and reduces the number of students per instructor from seven to six for more consistency with all other certifications involving patient-based procedures.

CADAT - Rationale:

Provides direction to current and new providers and is more consist with current national standards for education in the subject area.

CADAT - Benefits:

Minimal changes to lab instruction that provide some clarification while including emerging technologies newly adopted into the workplace.

(I) Clinical Instruction and Evaluation: As part of an organized program of instruction clinical instruction shall include clinical performances on human subjects as set forth below and only after each patient has met the requirements as set forth in Section (e)(2) herein:

- (1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings utilizing either traditional films or computerized digital radiographic equipment, if utilized by the program or course, or a combination of both. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period, and shall in no event exceed three re-exposures per subject per series.
- (2) Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;
- (3) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.
- (4) One full-mouth clinical series shall serve a final clinical examination.
 - (A) In accordance with the requirements of Section 1070, students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.
 - (B) Notwithstanding Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides minimal amendments to

existing curriculum in programs and courses with some modernization of topic areas;(c) makes student/teacher ratios for clinical consistent with Health and Safety standards for radiology and reduces the number of students per instructor from seven to six for more consistency with all other certifications involving patient-based procedures.

CADAT - Rationale:

Provides clearer direction to current and new providers and is more consist with current national standards for education in the subject area; provides enforcement support for staff and course reviewers for use during course review or audit to ensure compliance in areas previously not addressed in this Section.

CADAT - Benefits:

Minimal changes to curriculum that provide more specific direction for the user.

(m) Successful completion of a written examination in radiation health and safety must occur prior to laboratory and clinical instruction and experiences. At minimum, the written examinations for Radiation Safety shall include questions specific to items addressed in the State Radiation Health and Safety Rules (Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section 30305, 30306 and 30311), and shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.

CADAT - Justification:

(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides enforcement support for staff and course reviewers upon review or audit to ensure compliance with related sections previously not referenced in this Section.

CADAT - Rationale:

Provides more clarity and direction to current and new providers and is consist with current educational regulations in related subjects. Examination content provides specific direction to educators preparing and administering the examinations with clarification as to the content needed to be covered in the course of instruction and testing.

(n) Extramural dental facilities may be utilized by a program or course for the purposes of radiographic laboratory and clinical competencies provided the faculty or instructional staff is present at all times. There shall be a written contract of affiliation with each clinical facility utilized by a course or program. Such contract shall describe the settings in which extramural dental facility will be used, cancellation terms and conditions, and shall provide that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed. Such clinical facilities shall be subject to the same requirements as those specified herein.

(1) If an extramural dental facility is utilized, students shall be provided with planned, supervised clinical instruction by faculty or instructional staff at all times. Didactic and laboratory instruction shall be performed by program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

- (2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites.
- (3) Programs and courses using extramural faculty for a Radiation Safety course shall provide to the board, upon request or renewal of provider status, if applicable, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

CADAT - Justification:

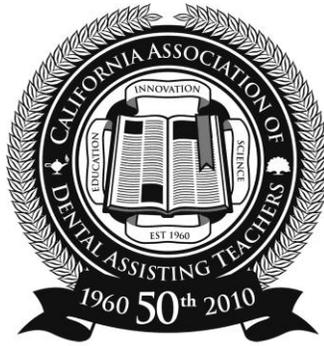
(a) Proposed language is consistent with the format used in recent regulatory language for educational programs in dental assisting; (b) provides minimal amendments to existing programs or courses utilizing extramural facilities (EMFs) for instruction.

CADAT - Rationale:

Provides more clarity and direction to current and new providers and is applicable to current educational environments using EMFs. The proposed language establishes more defined parameters for schools and institutions.

CADAT - Benefits:

Elimination of the guesswork in defining what an EMF is and how supervision can and should be addressed. Supervision is an open-issue at present and CADAT believes this language will help to alleviate some of the confusion with these regulations.



October 22, 2012

Ms. Sarah Wallace
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815-3831

Dear Ms. Wallace:

Please find attached the proposed regulations with justification statements for Cal. Code of Regs. Section 1014 and 1014.1 submitted by the California Association of Dental Assisting Teachers. We appreciate the opportunity to work with you on this very important project affecting numerous schools and programs in the State.

Please note the following:

- The format used for current regulations pertaining to certifications in subjects such as coronal polishing and infection control was never applied to Radiation Safety language. CADAT is proposing that CCR Section 1014.1 be repealed and the relevant language from the Section be incorporated into existing Section 1014. Therefore, you will note the striking of all existing language from Section 1014.1 and, where incorporated, language is reiterated in Section 1014 by underlining as new language.
- The renewal application process proposed in CCR Section 1014(b)(1) is consistent with the regulatory language in CCR Sections 1016 and 1017. The draft "Application for Provider Renewal" referenced in proposed language is attached and is consistent with the application form utilized by the Board for CE provider renewal. Once reviewed and a regulatory package developed, a form number will need to be inserted into the proposed language.
- The "Notice of Compliance" referenced in proposed CCR Section 1014(d) is consistent with the notice adopted by regulation in November 2011. The draft notice is attached and once reviewed, a form number will need to be inserted into the proposed language.
- The "Course Completion Card" referenced in proposed language CCR Section 1014(g)(1)(A) was developed with Board staff one year ago but not adopted into regulatory language. The document has been revised to address proposed changes in the regulations and is attached for

inclusion in the draft document. Once reviewed, a form number will need to be issued and inserted into the proposed language.

To assist with the review and comment process, CADAT has incorporated page line numbers; please reference the page number and line number when communicating any questions or comments you may have as to the proposed language.

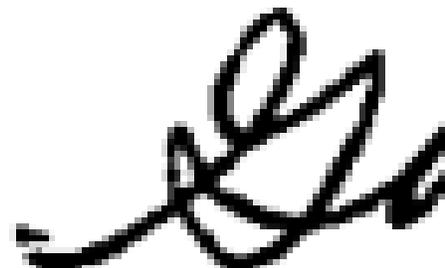
CADAT recognizes that the needs of dental assisting educational programs and courses may not be consistent with the needs of dental schools and dental hygiene schools, nor are those disciplines held to the same educational regulations as our profession. As such, CADAT is prepared to discuss the option of separating out the educational requirements in Radiation Safety for stand-alone course providers and dental assisting educational programs from the current general provisions of Sections 1014 and 1014.1. Should that be the case, we would suggest bringing our proposed language forward as part of the other dental assisting-related educational regulatory Sections beginning with Section 1070 et.al.

Please let us know if there are any issues requiring clarification prior to the advancement of the proposed language which we anticipate will be placed on the Dental Assisting Council agenda for December 2012.

Respectfully,

Lorraine Gagliardi, CDA, RDA, RDH, Ed.D
Director – Council on Regulatory and Statutory Affairs

Cc: Ms. Michele Jawad, CDA, RDA, BS, MA – Council Member
Ms. Lindsay Shubin, RDA, AS – Council Member
CADAT Executive Board



1 Article 3.1 – Radiation Safety Courses

2 CCR § 1014:

3 **Approval of Radiation Safety Courses – Approval; Continued Approved Status for Stand-Alone Courses**
4 **in Radiation Safety; Curriculum Requirements; Issuance of Certification**

5
6 (a) A California Radiation Safety course is one which has as its primary purpose providing theory and
7 clinical application in radiographic techniques. A single standard of care shall be maintained and the
8 board shall approve and continue to approve only programmatically and these stand-alone courses
9 which continuously maintain a high quality standard of instruction where protection of the public is the
10 principal focus.

11
12 *Justification: (a) The word California is added to specify that the course should be a CA course and not a*
13 *course recognized in another state that may also offer a Radiation Safety course; (b) Radiation Safety*
14 *course providers should reapply for approval biannually consistent with continuing education providers*
15 *to ensure the program continues to comply with the Radiation Safety curriculum requirements and*
16 *issuance of certification.*

17 *Rationale: Provides the board the opportunity to review courses biannually and withdraw approval if*
18 *applicable.*

19 *Benefit: The consumer and students enrolled in the course can be assured the program is in compliance*
20 *and following the guidelines for a Radiation Safety course as outline herein.*

21
22 (b) A Radiation Safety course provider applying for initial approval shall submit to the board an
23 application and other required documents and information on forms prescribed by the board.
24 Consistent with Section 1070, the board may approve or deny approval of any such course. Approval
25 may be granted after evaluation of all components of the course has been performed and the report of
26 such evaluation indicates that the course meets the board's requirements. ~~The board may, in lieu of~~
27 ~~conducting its own investigation, accept the findings of any commission or accreditation agency~~
28 ~~approved by the board and adopt those findings as its own.~~

29
30 *Justification: (a) The addition of Section 1070 which pertains to the course qualification requirements*
31 *should be referenced; (b) Radiation Safety course providers are not approved by the Commission unless*
32 *part of an entire program of study for dentistry or dental hygiene required to be Commission accredited.*

33 *Rationale: Provides clarity and consistency with newly established regulations for education.*

34 *Benefit: The clarity of the proposed language offers clear guidelines for reviewers, applicants and*
35 *providers.*

36
37 (1) All stand-alone course providers of Radiation Safety courses shall seek renewal as a registered
38 course provider every two years by submitting a provider renewal application prescribed by the
39 board [insert form number] that is hereby incorporated by reference and accompanied by a fee
40 consistent with B&P Code 1725(o). The applicant or, if the applicant is not an individual but
41 acting on behalf of a business entity, the individual authorized by the business to act on its

1 behalf shall certify that the provider will only offer the course and issue certificates of
2 completion to participants that meet the requirements of the course as defined herein.

3 (2) To renew its provider status, and in addition to a renewal application, a stand-alone course
4 provider shall submit a biennial report prescribed by the board which shall include, at minimum,
5 copies of current course outlines, competencies used for evaluation, a report of current faculty
6 and instructional staff with copies of teacher credentials and verification of teacher
7 qualifications, a report of all locations used for instruction, and all other supporting
8 documentation necessary to demonstrate compliance with current course regulations.

9 (3) Current RDA programs approved by the board are exempt from submitting Radiation Safety
10 biennial reporting but will retain all required records set in this Section as part of the RDA
11 program records, unless the program or institution is offering a stand-alone course in the
12 subject area.

13
14 *Justification: (a) The addition of proposed subsections 1 – 3 above help ensure provider compliance*
15 *through reporting consistent with CCR 1016 – 1017 for continuing education course providers; (b)*
16 *Radiation Safety course providers have not been assessed for compliance with educational regulations*
17 *since initial approval; the absence of monitoring of providers has led to a wide range of inconsistencies*
18 *amongst providers of courses; (c) fees associated with initial application and biennial review application*
19 *are currently enacted with CE providers as defined in B&P Code 1725(o).*

20 *Rationale: Provides clarity and consistency with newly established regulations for courses; lack of*
21 *adherence to current educational regulations and the absence of provider monitoring has led to concerns*
22 *of the validity of the certification process, patient protection during radiation exposures by students in*
23 *courses and the overall competence of course completers by unmonitored providers.*

24 *Benefit: The clarity of the proposed language offers clear guidelines for both board SMEs/course*
25 *evaluators and providers.*

26
27 (c) Upon review, audit or investigation, the Board may withdraw its approval of a course at any time,
28 after giving the course provider written notice setting forth its reason for withdrawal and after affording
29 a reasonable provider the opportunity to respond within 30 days. Approval may be withdrawn for failure
30 to comply with the board's regulations, standards or for fraud, misrepresentation or violation of any
31 applicable federal or state laws relating to the operation of radiographic equipment, or for violation or
32 non-compliance of this Section and all applicable requirements. The board shall be notified, by report, of
33 all providers whose approved status has been withdrawn and such action noticed accordingly via the
34 board's website.

35
36 (1) An audit of a provider of a Radiation Safety course may include an on-site visit. If an audit is
37 conducted, the provider shall submit to the board the following information and
38 documentation:

39 (A) All faculty and staff documentation;

40 (B) Course content outlines and examination records;

41 (C) Educational objectives or outcomes;

42 (D) Competency forms for each participant;

- 1 (E) Evidence of registration documents and protocols used for participant registration;
- 2 (F) Attendance records and rosters;
- 3 (G) Copies of all course completion certification cards issued to participants; and
- 4 (H) Copies of safety and final exams.

5

6 All course provider records described in this Article shall be retained for a period of no less than four
7 years.

8

9 *Justification: (a) The addition of proposed amendments above help ensure provider compliance through*
10 *reporting consistent with CCR 1016 – 1017 for continuing education course providers.*

11 *Rationale: Provides clarity and consistency with newly established regulations for courses; lack of*
12 *adherence to current educational regulations and the absence of provider monitoring has led to concerns*
13 *of the validity of the certification process, patient protection during radiation exposures by students in*
14 *courses and the overall competence of course completers by unmonitored providers.*

15 *Benefit: The clarity of the proposed language offers clear guidelines for both board SMEs/course*
16 *evaluators and providers.*

17

18 ~~(d) The processing times for radiation safety course approval are set forth in Section 1061.~~

19

20 *Justification: Lack of necessity.*

21

22 **~~Section 1014.1 Requirements for Radiation Safety Courses.~~**

23 ~~A radiation safety course shall comply with the requirements set forth below in order to secure and~~
24 ~~maintain approval by the board. The course of instruction in radiation safety and radiography~~
25 ~~techniques offered by a school or program approved by the board for instruction in dentistry, dental~~
26 ~~hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or~~
27 ~~program has submitted evidence satisfactory to the board that it meets all the requirements set forth~~
28 ~~below.~~

29 ~~(a) Educational Level. The course shall be established at the postsecondary educational level or a level~~
30 ~~deemed equivalent thereto by the board.~~

31 ~~(b) Program Director. The program director, who may also be an instructor, shall actively participate in~~
32 ~~and be responsible for at least all of the following:~~

33 ~~(1) Providing daily guidance of didactic, laboratory and clinical assignments;~~

34 ~~(2) Maintaining all necessary records, including but not limited to the following:~~

35 ~~(A) Copies of current curriculum, course outline and objectives;~~

36 ~~(B) Faculty credentials;~~

37 ~~(C) Individual student records, which shall include pre-clinical and clinical evaluations,~~
38 ~~examinations and copies of all successfully completed radiographic series used toward~~
39 ~~course completion. Records shall be maintained for at least five years from the date of~~
40 ~~course completion.~~

41 ~~(3) Issuing certificates to each student who has successfully completed the course and~~
42 ~~maintaining a record of each certificate for at least five years from the date of its issuance;~~

1 ~~(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the~~
2 ~~social security number and, where applicable, license number of each student who has~~
3 ~~successfully completed the course;~~

4 ~~(5) Informing the board of any significant revisions to the curriculum or course outlines.~~

5 ~~(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably~~
6 ~~qualified through academic preparation, professional expertise, and/or appropriate training, as provided~~
7 ~~herein. Each faculty member shall possess the following qualifications:~~

8 ~~(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered~~
9 ~~dental assistant, registered dental assistant in extended functions, registered dental hygienist in~~
10 ~~extended functions, or registered dental hygienists in alternative practice issued by the board;~~

11 ~~(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the~~
12 ~~education, background, and occupational experience and/or teaching expertise necessary to~~
13 ~~perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation~~
14 ~~shall have completed a two-hour methodology course which shall include clinical evaluation~~
15 ~~criteria, course outline development, process evaluation, and product evaluation;~~

16 ~~(3) Shall have either passed the radiation safety examination administered by the board or~~
17 ~~equivalent licensing examination as a dentist, registered dental hygienist, registered dental~~
18 ~~assistant, registered dental assistant in extended functions, registered dental hygienist in~~
19 ~~extended functions, or registered dental hygienists in alternative practice or, on or after January~~
20 ~~1, 1985, shall have successfully completed a board approved radiation safety course.~~

21 ~~(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture~~
22 ~~classrooms, radiography operatories, developing or processing facilities, and viewing spaces for~~
23 ~~mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all~~
24 ~~disinfection and sterilization procedures specified by board regulations shall be followed.~~

25 ~~(1) A radiographic operatory shall be deemed adequate if it fully complies with the California~~
26 ~~Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is~~
27 ~~properly equipped with supplies and equipment for practical work and includes for every seven~~
28 ~~students at least one functioning radiography machine which is adequately filtered and~~
29 ~~collimated in compliance with Department of Health Services regulations and which is equipped~~
30 ~~with the appropriate position indicating devices for each technique being taught.~~

31 ~~(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based~~
32 ~~upon the number of students, to accommodate students' needs in learning processing~~
33 ~~procedures and is properly equipped with supplies and equipment for practical work using~~
34 ~~either manual or automatic equipment.~~

35 ~~(3) X-ray areas shall provide protection to patients, students, faculty and observers in full~~
36 ~~compliance with applicable statutes and regulations.~~

37 ~~(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical~~
38 ~~experience to achieve minimum competence in the various protocols used in the application of dental~~
39 ~~radiographic techniques.~~

40 ~~(1) A detailed course outline shall be provided to the board which clearly states curriculum~~
41 ~~subject matter and specific instructional hours in the individual areas of didactic, laboratory, and~~
42 ~~clinical instruction.~~

1 ~~(2) General program objectives and specific instructional unit objectives shall be stated in~~
2 ~~writing, and shall include theoretical aspects of each subject as well as practical application. The~~
3 ~~theoretical aspects of the program shall provide the content necessary for students to make~~
4 ~~judgments regarding dental radiation exposure. The course shall assure that students who~~
5 ~~successfully complete the course can expose, process and evaluate dental radiographs with~~
6 ~~minimum competence.~~

7 ~~(3) Objective evaluation criteria shall be used for measuring student progress toward attainment~~
8 ~~of specific course objectives. Students shall be provided with specific unit objectives and the~~
9 ~~evaluation criteria that will be used for all aspects of the curriculum including written, practical~~
10 ~~and clinical examinations.~~

11 ~~(4) Areas of instruction shall include at least the following as they relate to exposure, processing~~
12 ~~and evaluations of dental radiographs:~~

13 ~~(A) Radiation physics and biology~~

14 ~~(B) Radiation protection and safety~~

15 ~~(C) Recognition of normal anatomical landmarks and abnormal conditions of the oral~~
16 ~~cavity as they relate to dental radiographs~~

17 ~~(D) Radiograph exposure and processing techniques using either manual or automatic~~
18 ~~methods~~

19 ~~(E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of~~
20 ~~the oral cavity~~

21 ~~(F) Intraoral techniques and dental radiograph armamentaria, including holding devices~~

22 ~~(G) Interproximal examination including principles of exposure, methods of retention~~
23 ~~and evaluation~~

24 ~~(H) Intraoral examination including, principles of exposure, methods of retention and~~
25 ~~evaluation~~

26 ~~(I) Identification and correction of faulty radiographs~~

27 ~~(J) Supplemental techniques including the optional use of computerized digital~~
28 ~~radiography~~

29 ~~(K) Infection control in dental radiographic procedures~~

30 ~~(L) Radiographic record management.~~

31
32 ~~Students may be given the opportunity to obtain credit by the use of challenge examinations and other~~
33 ~~methods of evaluation.~~

34 ~~(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a~~
35 ~~student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure~~
36 ~~has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more~~
37 ~~than 6 students per instructor during laboratory instruction.~~

38 ~~(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must~~
39 ~~be bitewings; no more than one series may be completed using computer digital radiographic~~
40 ~~equipment;~~

41 ~~(2) Two bitewing series, consisting of at least 4 radiographs each;~~

42 ~~(3) Developing or processing, and mounting or sequencing of exposed radiographs;~~

1 ~~(4) Student and instructor written evaluation of radiographs.~~

2 ~~(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an~~
3 ~~organized program of instruction, to obtain clinical competency in radiographic techniques. There shall~~
4 ~~be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include~~
5 ~~clinical experience on four patients with one of the four patients used for the clinical examination.~~
6 ~~Clinical experience shall include:~~

7 ~~(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least~~
8 ~~18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film.~~
9 ~~No more than three series may be completed using computer digital radiographic equipment.~~
10 ~~Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only~~
11 ~~be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject.~~
12 ~~All clinical procedures on human subjects shall be performed under the supervision of a licensed~~
13 ~~dentist in accordance with section 106975 of the Health and Safety Code.~~

14 ~~(2) Developing or processing, and mounting or sequencing of exposed human subject~~
15 ~~radiographs;~~

16 ~~(3) Student and instructor written evaluation of radiographs.~~

17 ~~(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a~~
18 ~~course. Such contract shall describe the settings in which the clinical training will be received and shall~~
19 ~~provide that the clinical facility has the necessary equipment and accessories appropriate for the~~
20 ~~procedures to be performed and that such equipment and accessories are in safe operating condition.~~
21 ~~Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).~~

22 ~~(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum~~
23 ~~competence in the radiation safety techniques, but shall in no event be less than 32 clock hours,~~
24 ~~including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least~~
25 ~~12 hours of clinical instruction.~~

26 ~~(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The~~
27 ~~certificate shall specify the number of course hours completed. A student shall be deemed to have~~
28 ~~successfully completed the course if the student has met all the course requirements and has obtained~~
29 ~~passing scores on both written and clinical examinations.~~

30
31 ~~Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656,~~
32 ~~Business and Professions Code; and Section 106975, Health and Safety Code.~~

33
34 *Justification: Repealing Section 1014.1 to allow all educational requirements to be contained in Section*
35 *1014. This format is consistent with the format used in recent regulatory language for other courses,*
36 *most recently Infection Control education course.*

37 *Rationale: Provides clarity and consistency with newly established regulations for courses.*

38 *Benefit: The clarity of the proposed language offers clear guidelines for the board, course evaluators and*
39 *providers.*

40
41 (d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a
42 course in Radiation Safety to secure and maintain approval by the board. The curriculum content

1 pertaining to radiation safety and radiography techniques offered by a school or program approved by
2 the board or Commission on Dental Accreditation for instruction in dentistry, dental hygiene or dental
3 assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory
4 to the board that it meets all the requirements set forth below and shall not be subject to biennial
5 renewal unless offering a stand-alone course aside from the program in dentistry, dental hygiene and
6 dental assisting. Programs in dentistry, dental hygiene or dental assisting approved by the board or the
7 Commission prior to the effective date of these regulations shall submit to the board a completed
8 “Notice of Compliance with New Requirements for Instruction in California Radiation Safety”,
9 [Insert form number] hereby incorporated by reference, within ninety (90) days of the effective date of
10 these regulations.

11
12 *Justification: (a) Existing regulatory language from 1014.1 is retained with amendments; (b) proposed*
13 *language is consistent with the format used in recent regulatory language for educational programs in*
14 *dental assisting where curriculum for required certification is incorporated into a full program of*
15 *instruction; Notice of Compliance by existing programs and courses provides a record for the board upon*
16 *review or audit.*

17 *Rationale: Provides clarity and consistency with current educational regulations.*

18 *Benefit: The clarity of the proposed language offers clear guidelines for the board, course evaluators and*
19 *providers.*

20
21 (e) Adequate provisions for the instructor supervision and operation of the course or program of
22 instruction in Radiation Safety shall be made in compliance with Sections 1070 and 1070.1.

23
24 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
25 *educational programs in dental assisting; (b) provides enforcement support for staff and course reviewers*
26 *upon review or audit to ensure compliance with related sections previously not referenced in this Section.*

27 *Rationale: Provides direction to current and new providers and is consistent with current educational*
28 *regulations in related subjects.*

- 29
30 1. In addition, all faculty and instructional staff shall have been licensed to include a Radiation
31 Safety Certificate for a minimum of two years, and shall have the education, background,
32 and occupational experience and/or teaching expertise necessary to perform, teach, and
33 evaluate dental radiographs. Prior to instruction, all faculty and instructional staff shall
34 complete a two-hour methodology course specific to radiation safety which shall include
35 curriculum addressing clinical evaluation, and clinical criteria, course outline development,
36 test construction, and developing student learning outcomes.

37
38 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
39 *educational programs in dental assisting; (b) proposed language pertaining to teaching qualifications is*
40 *consistent with national standards for educational programs in dental disciplines.*

1 *Rationale: Provides direction and enforcement support for staff and course reviewers upon review or*
2 *audit to ensure compliance to current and new providers and is consist with current educational*
3 *regulations in related subjects.*

4 *Benefit: The clarity of the proposed language provides clear guidelines for the board, course evaluators*
5 *and providers to use upon initial application and continued application for provider status.*
6

- 7 2. Consistent with Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section
8 30305(b)(4), deliberate exposure of an individual to the useful beam for training or
9 demonstration purposes shall not be permitted unless there is also a medical or dental
10 indication for the exposure and the exposure is prescribed by a physician or dentist.
11 Dental assisting programs and stand-alone courses in Radiation Safety shall not be
12 required to employ a dentist or physician for the purposes of oversight during
13 laboratory or clinical instruction but must seek permission or prescription by a licensed
14 dentist for each patient utilized during clinical experiences. Additionally, all radiology
15 students in a dental assisting or registered dental assisting program or Radiation Safety
16 course must be at least 18 years of age. Dental radiographs may be prescribed for
17 pregnant patients with careful adherence to the US Department of Health and Human
18 Services, Food and Drug Administration (FDA) selection criteria guidelines. All patient's
19 used for clinical radiographic experiences must complete a health history form with
20 consent acknowledging the procedure is being performed by a student with permission
21 by a licensed dentist or the patient's dentist of record. Such documentation shall be
22 maintained in the student records. If the patient presented for exposure is a minor,
23 proper consent from the parent or legal guardian must be obtained prior to the dentist
24 authorization.
25

26 *Justification: (a) Proposed language provides information for educational providers absent from existing*
27 *regulations and is consistent with the stated requirements of the radiology health and safety codes; (b)*
28 *programs and courses have for many years requested staff clarification of the health and safety codes as*
29 *it pertains to the educational environment with mixed results – the proposed language provides clear*
30 *requirements; (c) lack of regulation pertaining to patient selection standards has led to sub-standard*
31 *criteria and lack of patient and operator protection.*

32 *Rationale: Pertaining to clinical supervision: As indicated above, the proposed language provides*
33 *direction to current and new providers and allows faculty and staff of educational programs to oversee*
34 *the instruction of students in a manner consistent with all other subjects taught within a program of*
35 *instruction. The health and safety regulations sited in Section 30305 require the exposure as prescribed by*
36 *a dentist and does not require the physical presence of one. Prior assessment of the faculty supervision*
37 *issue was addressed by COMDA yet no language exists in regulation to provide clarity consistent with*
38 *opinion currently provided to educators. Currently, programs obtain a prescription or permission letter*
39 *from a licensed dentist, or the patient's dentist of record, allowing the student to perform exposures.*
40 *Educators need for the regulations to reflect this practice as acceptable.*

1 *Pertaining to patient selection and operator criteria: The current lack of regulatory language pertaining*
2 *to student operators has led to user confusion and safety concerns. Consistent with safety standards, the*
3 *age limit for the student participating in the course of study ensures standard application of safety*
4 *measures. In addition, national standards used in dental disciplines relating to radiation safety*
5 *encourage the use of a variety of radiographic experiences whenever possible. CADAT proposes that*
6 *under the supervision of qualified faculty and staff of courses or programs students should be able to*
7 *experience procedures involving mixed dentition or edentulous patients as well as permanent dentitions*
8 *wherever possible. Clear language addressing these issues will be very helpful for school and programs*
9 *to use to establish their patient selection criteria.*

10 *Benefit: The clarity of the proposed language provides incredibly beneficial teaching opportunities for*
11 *the schools, programs and providers of the subject area and does not limit the instructional staff to only*
12 *dentists.*

13
14 (f) In addition to the requirements of Section 1070, a course in Radiation Safety shall be of sufficient
15 duration for the student to develop minimum competency in all aspects of the subject area, but in no
16 event less than 36 hours, including at least 16 hours of didactic instruction, at least 12 hours
17 of laboratory instruction performed specifically on X-ray training mannequins, and at least eight hours of
18 clinical instruction. Of the 16 hours of didactic instruction, no less than two hours shall be dedicated to a
19 review of the board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section
20 1005) and no less than two hours shall be dedicated to a review of the Dental Practice Act specific to the
21 allowable duties and functions of all applicable dental disciplines, the obtaining of a license or permit to
22 practice, and all applicable patient safety requirements.

- 23 1. Prior to patient exposure, the student must provide proof of completion of board-approved
24 coursework totaling eight hours in infection control and two hours in Dental Practice Act
25 whose curriculum shall be consistent with the educational requirements set forth in Cal.
26 Code of Regs., Title 16, Article 4, Section 1016. Stand-alone course providers shall ensure
27 compliance by obtaining and retaining records of course completion from the student at the
28 time of course enrollment. Students of dental assisting and registered dental
29 assisting programs shall have completed instruction in each of the two required areas prior
30 to beginning laboratory or clinical instruction in the subject area as part of an organized
31 program of instruction.

32
33 *Justification: (a) Proposed language provides information for educational providers absent from existing*
34 *regulations and is consistent with the stated requirements of the dental assisting program regulations*
35 *already approved; (b) programs and courses have not been required to increase instructional hours to*
36 *include new technologies or advances in radiology – the proposed language provides clearer*
37 *requirements while continuing to address patient safety during clinical exposures.*

38 *Rationale: Additional time in didactic instruction is necessary to address technologies, techniques, safety*
39 *measures, personal protective equipment and a review of infection control and OSHA, particularly for*
40 *those who are newly entered into the profession. ADA Guidelines in the Use of Radiographs (JADA Vol.*
41 *137, Sept. 2006) recommend the addition of training in infection control procedures because*
42 *radiographic operators are subjected to occupational exposure to bloodborne pathogens. Based on the*

1 curriculum criteria currently required of providers, CADAT believes that the lack of quality didactic
2 instruction is contributing to an ill-prepared and unsafe operators at the end of the course.

3 *Benefits: More didactic and classroom time will lead to improved student learning outcomes. Providers
4 enrolling students without required pre-requisites is inconsistent with the requirements of other
5 certification courses – the proposed language will benefit the board staff and reviewers in assessing
6 compliance by courses and programs upon audit or review.*

- 7 2. Consistent with Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section
8 30305(b)(2), faculty and instructional staff shall provide California radiation health and
9 safety rules to each student operating X-ray equipment including any restrictions of the
10 operating technique required for the safe operation of the particular X-ray apparatus,
11 and require that each student demonstrate competence with these safety rules by
12 written examination prior to operating X-ray equipment in either laboratory or clinical
13 assignments.
- 14 3. A written safety exam as described in subsection(m) and a comprehensive final exam shall
15 be successfully completed by each student prior to the completion of the course or program
16 of instruction. All written examinations shall be issued and administered in a manner
17 consistent with all licensing examinations administered by the state or national testing
18 boards. Each student must successfully pass the radiation safety and final exams prior to
19 completion of the course and may use a current passing score from the DANB radiation
20 certification examination in lieu of a comprehensive final exam.
- 21 4. A detailed course outline shall be established and maintained consistent with Section
22 1070(i) and shall be provided to students prior to the start of instruction.

23
24 *Justification: (a) Proposed language provides information for educational providers absent from existing*
25 *regulations and is consistent with national requirements for dental disciplines in radiation safety; (b)*
26 *programs and courses have not been required to administer examinations in a manner consistent with*
27 *standardized testing – specifically, those providers offering open-book or oral testing reviews as opposed*
28 *to traditional testing mechanisms using appropriate psychometrics has led to lack of proven competency*
29 *testing prior to exposures on mannequins or patients; (c) COMDA established criteria years ago requiring*
30 *examination of radiation safety theory prior to progressing to mannequin and clinical patient exposures*
31 *– absent from the regulations for many years, the proposed language provides a standardized criteria for*
32 *patient safety and operator protection PRIOR to continued competency performances. Health and Safety*
33 *Code 30305(a)(5)(b1-2) addresses the educator must provide safety rules to each operator under their*
34 *instruction.*

35 *Rationale: CADAT believes that the lack of quality didactic instruction in Radiation Safety for both*
36 *patients and operators has led to ill-prepared clinicians upon entering into the dental workplace. Safety*
37 *measures and compliance with safety standards are not enforced without specific educational*
38 *requirements.*

39
40 (g) Providers of Radiation Safety courses and programs of instruction in dental assisting shall issue wall
41 certificates of completion and/or board-approved Course Completion Certification cards to each student
42 as follows:

1 (1) For stand-alone courses in Radiation Safety, wall certificates of course completion shall be
2 issued to demonstrate compliance with educational requirements in the subject area and
3 shall include the providers name, board-approved course provider number, total hours of
4 instruction completed, and certification signature indicating successful completion of a
5 board-approved course of instruction.

6 (A) In addition, Course Completion Certification Cards[insert form number] hereby
7 incorporated by reference shall be issued to each participant upon successful
8 completion of the course. Each card shall transmit to the board the name, address, and
9 date of birth of each course completer, all provider information, date(s) of the course,
10 course approval code issued by the board, and certification by signature verifying
11 completion requirements. Programs in dentistry and dental hygiene approved by the
12 Commission shall be exempt from this requirement unless offering a stand-alone
13 certification course.

14 (2) Programs in dental assisting and registered dental assisting approved by the board or
15 Commission shall issue wall certificates of completion in Radiation Safety to students
16 successfully completing and graduating from the program for use by the graduate to
17 demonstrate to an employer their ability to legally perform X-ray exposures in the event the
18 graduate does not obtain licensure.

19 (A) Certificates of program completion or diplomas from a dental assisting or registered
20 dental assisting program approved by the board shall be deemed “all inclusive” for the
21 purposes of applying for the RDA licensure examination; however, Course Completion
22 Cards may also be issued to program graduates in the event the graduate does not file
23 for examination by the formal education pathway. Programs shall be identified on the
24 card using their DA or RDA program provider number issued by the board.

25 (B) Completion of some or all of the curriculum in California Radiation Safety as part of a
26 total program of instruction for dental assisting or registered dental assisting approved
27 by the board where the student does not successfully complete and graduate from the
28 program does not allow for certification in Radiation Safety unless the institution is
29 approved as a stand-alone provider in the subject area. In such case, all documentation
30 requirements of a stand-alone provider shall be adhered to.

31
32 *Justification: (a) Proposed language provides clarifying information for educational providers absent*
33 *from existing regulations and is consistent with the stated requirements of the dental assisting program*
34 *regulations already approved; (b) courses have not been required to issue proof of educational*
35 *compliance for those newly entering the workforce where programs have been required to issue specific*
36 *documentation – the proposed requirement provides consistency for both programs and course*
37 *providers; (c) language addresses DA and RDA program certificate issuance that is considered*
38 *“programmatic” and where lack of regulatory language has led to staff interpretation of the intent of a*
39 *program.*

40 *Rationale: In the past, the use of Course Completion Cards issued by COMDA provided proof to not only*
41 *employers but also the necessary certifications for the Board to evaluate an examination candidate’s*
42 *application for licensure. By establishing the past practice again, the board and workforce will have the*

1 *documentation needed to show educational requirements have been met by a board-approved provider*
2 *or school.*

3 *Benefits: The clarity and necessity of the proposed language provides clear guidelines for the board,*
4 *course evaluators, providers and workforce to use upon completion of certification requirements. The*
5 *issuance of board-approved cards for certification will assist in making all providers more accountable to*
6 *ensure course completers are adequately prepared and credentialed to enter into the workplace.*

7
8 (h) In addition to the requirements of Section 1070, there shall be a sufficient number of safe, adequate,
9 and educationally conducive lecture classrooms, radiography operatories, developing or processing
10 facilities as defined in subdivision (2) below, and viewing spaces for mounting, recording and evaluating
11 radiographs. Adequate cleaning, disinfecting and sterilizing facilities shall be provided in accordance
12 with Section 1070 and all disinfection and sterilization procedures specified in the Board's Minimum
13 Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in
14 instruction and followed during all laboratory and clinical experiences.

15
16 (1) A radiographic operatory shall be deemed adequate if it is properly equipped with supplies
17 and equipment for practical work and includes, for every six students, at least the following:

18 (A) One functioning radiography (X-ray) machine which is adequately filtered and
19 collimated that is equipped with the appropriate position-indicating devices for
20 each technique being taught, and is properly registered and permitted in
21 compliance with the Department of Health Services and the California Radiation
22 Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section
23 30100);

24 (B) One X-ray training mannequin head designed for instruction in radiographic
25 techniques per X-ray unit;

26 (C) One film view box per operatory;

27 (D) One lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either
28 attached or detached from the apron, per X-ray unit;

29 (2) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs
30 in learning and is properly equipped with supplies and equipment for practical work which
31 may include processing and viewing equipment or any combination thereof. Such facility
32 requirements may be deemed met if computer-based equipment for digital radiographic
33 procedures is solely or in part utilized within the program or course facility and where such
34 equipment may be located in the operatory area where exposures will occur.

35 (3) X-ray exposure areas shall provide protection to patients, students, faculty and observers in
36 full compliance with applicable statutes and regulations.

37
38 *Justification: (a) Proposed language provides information for educational providers absent from existing*
39 *regulations and is more consistent with national standards for instruction in the subject area, allowing*
40 *for more modernized equipment options; (b) programs and courses have not been required to use*
41 *training mannequins specifically designed for instruction in radiography causing schools and course*
42 *providers to differ in meeting their obligation— the proposed requirement provides consistency for both*

1 *programs and courses; (c) the proposed language provides clarity and necessity for board staff and*
2 *program evaluators to utilize during site visits and course approvals.*

3 *Rationale: Clarification was needed to ensure equipment usage by providers and schools was consistent.*
4 *Proposed language allows for a wide variety of modern and emerging technologies for both traditional*
5 *and non-traditional imaging.*

6 *Benefits: Broadened language for equipment will ensure that all providers and schools have the*
7 *opportunity to meet requirements with or without the incorporation of modern technologies, allowing*
8 *for programs without funding to continue to operate using more traditional equipment and those with*
9 *the ability to purchase advanced technologies to do without consequence.*

10
11 (i) As part of an organized program of instruction, sufficient time shall be available for all students to
12 obtain applicable theory in didactic instruction, laboratory, and preclinical/clinical instruction and
13 experience to achieve minimum competence in the various protocols and procedures used in the
14 application of dental radiographic techniques and radiation safety.

15
16 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
17 *educational programs in dental assisting; (b) provides enforcement support for staff and course*
18 *reviewers upon review or audit to ensure compliance with related sections previously not referenced in*
19 *this Section.*

20 *Rationale: Provides direction to current and new providers and is consistent with current educational*
21 *regulations in related subjects.*

22
23 (j) Didactic Instruction: Areas of didactic instruction shall include at least the following as they relate to
24 exposure, processing and evaluation of dental radiographs:

- 25 (1) Radiation physics and biology
- 26 (2) Radiation protection and safety
- 27 (3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and
28 abnormal conditions of the oral cavity as they relate to dental radiographs (D) Radiograph
29 exposure and processing techniques including exposure guidelines for ALARA and
30 recommendations for exposure by the American Dental Association
- 31 (4) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the
32 oral cavity
- 33 (5) Intraoral techniques and dental radiograph armamentaria, including holding devices and
34 image receptors
- 35 (6) Intraoral and extraoral examination including principles of exposure, methods of retention
36 and evaluation
- 37 (7) Proper use of patient protection devices and personal protective equipment for operator
38 use
- 39 (8) Identification and correction of faulty radiographs
- 40 (9) Introduction to contemporary exposure techniques including the use of computerized
41 digital radiography and extraoral imaging which may include panoramographs or cone-beam
42 imaging

1 (10) Infection control procedures contained in the Board’s Minimum Standards for Infection
2 Control(Cal. Code of Regs., Title 16, Section 1005) and Cal-DOSH Bloodborne Pathogens
3 Standards

4 (11) Radiographic records management

5 (12) Identification and recognition of common errors in techniques and processing for intra and
6 extra oral exposures

7 (13) Identification of various extra oral techniques, machine types, and uses

8 (14) Introduction to techniques and exposure guidelines for special exposures to include, but
9 not limited to pediatric, edentulous, partially edentulous, endodontic and patients with
10 special needs

11 (15) Review of general provisions of the California Dental Practice Act

12
13 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
14 *educational programs in dental assisting; (b) provides minimal amendments to existing curriculum in*
15 *programs and courses with some modernization of topic areas.*

16 *Rationale: Provides direction to current and new providers and is more consist with current national*
17 *standards for education in the subject area.*

18 *Benefits: Minimal changes to curriculum that provide some clarification while including emerging*
19 *technologies newly adopted into the workplace.*

20
21 (k) Laboratory Instruction: Sufficient hours of laboratory instruction and experiences shall ensure that a
22 student successfully completes, on an x-ray training mannequin head only, at least the procedures set
23 forth below:

24
25 (1) Two full mouth periapical series, consisting of at least 18 radiographs each, four of which
26 must be bitewings;

27 (2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

28 (3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;

29 (4) Completion of student and instructor written evaluation of radiographs identifying errors,
30 causes of errors, corrections and, if applicable, the number of re-exposures necessary for
31 successful completion of a series to minimum competency.

32 (A) A laboratory procedure has been successfully completed only if each series of
33 radiographs is evaluated and deemed to be of diagnostic quality.

34 (B) In accordance with the requirements of Section 1070, students shall be provided
35 with written competencies identifying specific objective evaluation criteria and
36 performance objectives for all laboratory experiences.

37 (C) Notwithstanding Section 1070.1, there shall be no more than six students per
38 instructor during laboratory instruction and experiences.

39 (D) Successful completion of all laboratory competencies must occur prior to clinical
40 instruction and experiences.

1 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
2 *educational programs in dental assisting; (b) provides minimal amendments to existing laboratory*
3 *curriculum in programs and courses with some modernization of topic areas; (c) makes student/teacher*
4 *ratios for laboratory consistent with Health and Safety standards for radiology and reduces the number*
5 *of students per instructor from seven to six for more consistency with all other certifications involving*
6 *patient-based procedures.*

7 *Rationale: Provides direction to current and new providers and is more consist with current national*
8 *standards for education in the subject area.*

9 *Benefits: Minimal changes to lab instruction that provide some clarification while including emerging*
10 *technologies newly adopted into the workplace.*

11
12 (l) Clinical Instruction and Evaluation: As part of an organized program of instruction clinical instruction
13 shall include clinicalperformances on human subjects as set forth below and only after each patient has
14 met the requirements as set forth in Section (e)(2) herein:

15
16 (1) Successful completion of a minimum of four full mouth periapical series, consisting of at
17 least 18 radiographs each, four of which must be bitewings utilizing either traditional
18 films or computerized digital radiographic equipment, if utilized by the program or
19 course, or a combination of both. All exposures made on human subjects shall only be
20 made using diagnostic criteria established during the clinical instructional period, and
21 shall in no event exceed three re-exposures per subject per series.

22 (2) Successful developing or processing, and mounting or sequencing of exposed human
23 subject radiographs;

24 (3) Completion of student and instructor written evaluations of each radiographic series
25 identifying errors, causes of error, and correction and, if applicable, the number of re-
26 exposures necessary for successful completion of a series to clinical competency.

27 (4) One full-mouth clinical series shall serve a final clinical examination.

28 (A) In accordance with the requirements of Section 1070, students shall be provided
29 with written competencies identifying specific objective evaluation criteria and
30 performance objectives for all clinical experiences.

31 (B) Notwithstanding Section 1070.1, there shall be no more than six studentsper
32 instructor during clinical instruction and experiences.

33
34 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
35 *educational programs in dental assisting; (b) provides minimal amendments to existing curriculum in*
36 *programs and courses with some modernization of topic areas;(c) makes student/teacher ratios for*
37 *clinical consistent with Health and Safety standards for radiology and reduces the number of students*
38 *per instructor from seven to six for more consistency with all other certifications involving patient-based*
39 *procedures.*

40 *Rationale: Provides clearer direction to current and new providers and is more consist with current*
41 *national standards for education in the subject area; provides enforcement support for staff and course*

1 *reviewers for use during course review or audit to ensure compliance in areas previously not addressed in*
2 *this Section.*

3 *Benefits: Minimal changes to curriculum that provide more specific direction for the user.*
4

5 (m) Successful completion of a written examination in radiation health and safety must occur prior to
6 laboratory and clinical instruction and experiences. At minimum, the written examinations for Radiation
7 Safety shall include questions specific to items addressed in the State Radiation Health and Safety
8 Rules (Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4, Section 30305, 30306 and 30311),
9 and shall be constructed and administered in a manner consistent with all licensing examinations
10 administered by the state or national testing boards.

11
12 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
13 *educational programs in dental assisting; (b) provides enforcement support for staff and course*
14 *reviewers upon review or audit to ensure compliance with related sections previously not referenced in*
15 *this Section.*

16 *Rationale: Provides more clarity and direction to current and new providers and is consist with current*
17 *educational regulations in related subjects. Examination content provides specific direction to educators*
18 *preparing and administering the examinations with clarification as to the content needed to be covered*
19 *in the course of instruction and testing.*
20

21 (n) Extramural dental facilities may be utilized by a program or course for the purposes of radiographic
22 laboratory and clinical competencies provided the faculty or instructional staff is present at all times.
23 There shall be a written contract of affiliation with each clinical facility utilized by a course or program.
24 Such contract shall describe the settings in which extramural dental facility will be used, cancellation
25 terms and conditions, and shall provide that the clinical facility has the necessary equipment and
26 armamentaria appropriate for the procedures to be performed. Such clinical facilities shall be subject to
27 the same requirements as those specified herein.

28
29 (1) If an extramural dental facility is utilized, students shall be provided with planned,
30 supervised clinical instruction by faculty or instructional staff at all times. Didactic and
31 laboratory instruction shall be performed by program or course faculty or instructional staff
32 and shall not be provided in an extramural dental facility.

33 (2) The program or course director, or a designated faculty member, shall be responsible for
34 selecting extramural clinical sites.

35 (3) Programs and courses using extramural faculty for a Radiation Safety course shall provide to
36 the board, upon request or renewal of provider status, if applicable, copies of all contracts
37 of affiliation and documentation demonstrating compliance with this Section.
38

39 *Justification: (a) Proposed language is consistent with the format used in recent regulatory language for*
40 *educational programs in dental assisting; (b) provides minimal amendments to existing programs or*
41 *courses utilizing extramural facilities (EMFs) for instruction.*

- 1 *Rationale: Provides more clarity and direction to current and new providers and is applicable to current*
- 2 *educational environments using EMFs. The proposed language establishes more defined parameters for*
- 3 *schools and institutions.*
- 4 *Benefits: Elimination of the guesswork in defining what an EMF is and how supervision can and should*
- 5 *be addressed. Supervision is an open-issue at present and CADAT believes this language will help to*
- 6 *alleviate some of the confusion with these regulations.*

Dental Board of California

2005 Evergreen Street, Suite 1550, Sacramento, California 95815

P (916) 263-2300 | F (916)263-2140 | www.dbc.ca.gov



Application for Renewal – Stand-Alone Course Provider

An application for provider renewal of a stand-alone certification course in Infection Control, Radiation Safety, Coronal Polishing, Pit and Fissure Sealants or Ultrasonic Scaling for Orthodontic Cement Renewal is required biennially with supporting documentation. A non-refundable application fee of \$300 must be enclosed with each renewal application and report. Required documentation is detailed on page 2 of the application.

| | | | | | | | | | |
|--|---|--|---|--|-----|--|----|--|----|
| Non-Refundable Fee Application: \$300 for each provider renewal application. | For Office Use Only Rec # _____ Fee Paid: _____ Date Cashiered: _____ | | Date Received: _____ Date Reviewed: _____ Date Renewal Notification Issued: _____ | | | | | | |
| | For Office Use Only Reviewed By: _____ Provider Code: _____ Course Type Being Renewed: | | | | | | | | |
| | IC | | CP | | P/F | | US | | RS |

Provider Data:

| | | | |
|---|--|---|--|
| 1. Current Course Provider Number: | | 2. Date of Initial Approval of Course: | |
| 3. Name of Provider Business or Entity: | | | |
| 4. Street Address: | | | |
| 5. City, State, Zip Code: | | | |
| 6. Name of Course Director: | | | |
| 7. Telephone Number (Include area code): | | 8. Fax Number (Include area code): | |
| 9. Type of Provider: (check one) | | | |
| <input type="checkbox"/> Institutional School | <input type="checkbox"/> Private Business | <input type="checkbox"/> Dental Society | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Educational Institute | <input type="checkbox"/> Dental Specialty Group | <input type="checkbox"/> Other |
| FEIN or SSN # | | Corporation # | |

Documentation Requirements:

1. Submit a list detailing each course offered during the renewal period that includes the following data and supporting documentation:
 - Date(s) of each course offered
 - Name(s) of instructor(s) for each course offered
 - Number of students enrolled in each course offered
 - Number of hours taught in didactic, laboratory/preclinical and clinical instruction with a list of student/teacher ratios for each area of instruction
 - Copy of course roster from each course date with student's name, when the student started and completed the course, and the date of certificate issuance including wall certificates and Course Completion Cards as required by applicable regulation
2. Submit a listing of all faculty/instructional staff used to teach the course including the course director with the following data and supporting documentation:
 - Name and credentials including license numbers for each instructor including the course director
 - Date of hire of each instructor of the course
 - Copies of all licenses and certificates as required by regulation to teach the course including methodology certification, licenses, permits, and CPR (if applicable)
 - Description of each instructor's qualifications, experience and background in the subject area being taught
3. If applicable, submit a listing of each facility used during the renewal period for clinical instruction and experiences if other than the principal location of the business or entity.
4. Provide a sample of the wall certificate of completion issued to the student upon course completion.
5. Provide a sample of a completed board-approved Course Completion Card issued to the student upon course completion.
6. Provide a copy of each of the following required documents (CCR §1070) currently being used by the course:
 - A copy of the detailed course outline stating all the required elements as defined in CCR §1070(i)
 - A copy of each of competency (evaluation) forms used in the course for laboratory and clinical experiences in each required area as defined by the regulations for the specific course of study
 - A copy of the written standards of performance objectives and evaluation criteria issued to each student prior to performance evaluation
 - A copy of the courses written laboratory and clinical protocols for infection control
 - A copy of the courses current protocols for ensuring all required pre-requisites have been met prior to the start of instruction; protocols shall include the specific documents required at the time of course enrollment and the manner in which the provider retains the records in the event of an audit
7. Provide a copy of all instructional materials issued to students and used for instruction in the subject area
8. Provide a description of the written evaluation method used for measuring theoretical competency including the number of questions, the type of questions, the method of administration, the required pass rate, and the point of issuance within the total course of instruction

Certification:

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered for certification meet the current requirements set forth by the Board.

Signature of Course Director

Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination Board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the name(s) and address(es) submitted may, under limited circumstances, be made public.

RADIATION SAFETY (X-RAY) – CERTIFICATE OF COURSE COMPLETION

Type or Print Data

| | | | |
|----------------------------------|--|---|--|
| Participant Name: | | Date of Birth: (MM/DD/YYYY) | |
| Street Address: | | <i>I hereby certify under penalty of perjury under the laws of the State of California that the bearer of this card successfully completed a stand-alone course in Radiation Safety as required by CCR §1014 that included at least 36 hours of instruction involving no less than sixteen (16) hours of didactic, twelve (12) hours of laboratory, and eight (8) hours of clinical instruction and experiences involving at least four (4) patients and has demonstrated minimum proficiency and clinical competency in this function.</i> | |
| City/Zip: | | | |
| Signature of Course Participant: | | | |
| Name of Course Provider: | | | |
| Street Address: | | | |
| City/Zip: | | | |
| Date(s) of Course: | | | |
| | | _____ Signature of Course Instructor | _____ Provider Stamp or School Seal |
| | | _____ Signature of Course Director | |
| | | _____ Signature of Course Director | |

This card is to be completed by course provider and issued to student upon course completion.

NOTICE: Course Completion Certification cards are to be used as proof of completion of a Board-approved course when issued to the Dental Board of California as part of an application for licensure and may be used as notification of certification to an employer.

For Office Use Only:

| Date Received: | Date Recorded: | File #: | Recorded By: |
|----------------|----------------|---------|--------------|
| | | | |

Dental Board of California * 2005 Evergreen Street, Suite 1550 * Sacramento, CA 95815

RADIATION SAFETY (X-RAY) – CERTIFICATE OF COURSE COMPLETION

Type or Print Data

| | | | |
|----------------------------------|--|--|--|
| Participant Name: | | Date of Birth: (MM/DD/YYYY) | |
| Street Address: | | <i>I hereby certify under penalty of perjury under the laws of the State of California that the bearer of this card successfully completed a stand-alone course in Radiation Safety as required by CCR §1014 that included at least 36 hours of instruction involving no less than eight (8) hours of didactic, twelve (12) hours of laboratory, and eight (8) hours of clinical experiences involving at least four (4) patients and has demonstrated minimum proficiency and clinical competency in this function.</i> | |
| City/Zip: | | | |
| Signature of Course Participant: | | | |
| Name of Course Provider: | | | |
| Street Address: | | | |
| City/Zip: | | | |
| Date(s) of Course: | | | |
| | | _____ Signature of Course Instructor | _____ Provider Stamp or School Seal |
| | | _____ Signature of Course Director | |
| | | _____ Signature of Course Director | |

This card is to be completed by course provider and issued to student upon course completion.

NOTICE: Course Completion Certification cards are to be used as proof of completion of a Board-approved course when issued to the Dental Board of California as part of an application for licensure and are not intended to be used as notification of certification to an employer.

For Office Use Only:

| Date Received: | Date Recorded: | File #: | Recorded By: |
|----------------|----------------|---------|--------------|
| | | | |

Dental Board of California * 2005 Evergreen Street, Suite 1550 * Sacramento, CA 95815

Performing X-Ray Functions: Completion of a Board-approved certification course allows you to perform the function as an unlicensed dental healthcare worker and will meet application requirements for those seeking to obtain a license as a Registered Dental Assistant. Dental radiographs (x-rays) are an allowable duty of an unlicensed dental assistant under general supervision of a licensed dentist.

Unlicensed Assistants: As the bearer of this card, it is your responsibility to submit the original card (no copies) to the Dental Board of California at the time of application for examination to become a Registered Dental Assistant. Instructions for application completion, filing, and mailing of certification documents can be found on the application for examination available through the Dental Board or on-line at www.dbc.ca.gov. It is not the course provider's responsibility to submit certification course cards to the Board.

Provider Responsibilities: This card is to be used by stand-alone course providers. Approved providers are required by law to ensure all participants have met mandatory pre-requisites prior to enrollment in a certification course. Upon conclusion of each course, a Report of Participant Course Completion must be filed with the Board within 30 days. Wall-sized certificates of course completion should be issued to all participants to meet employment requirements.

Dental Board of California * 2005 Evergreen Street, Suite 1550 * Sacramento, CA 95815

RHS Cert – Rev. 10/2012

Performing X-Ray Functions: Completion of a Board-approved certification course allows you to perform the function as an unlicensed dental healthcare worker and will meet application requirements for those seeking to obtain a license as a Registered Dental Assistant. Dental radiographs (x-rays) are an allowable duty of an unlicensed dental assistant under general supervision of a licensed dentist.

Unlicensed Assistants: As the bearer of this card, it is your responsibility to submit the original card (no copies) to the Dental Board of California at the time of application for examination to become a Registered Dental Assistant. Instructions for application completion, filing, and mailing of certification documents can be found on the application for examination available through the Dental Board or on-line at www.dbc.ca.gov. It is not the course provider's responsibility to submit certification course cards to the Board.

Provider Responsibilities: This card is to be used by stand-alone course providers. Approved providers are required by law to ensure all participants have met mandatory pre-requisites prior to enrollment in a certification course. Upon conclusion of each course, a Report of Participant Course Completion must be filed with the Board within 30 days. Wall-sized certificates of course completion should be issued to all participants to meet employment requirements.

Dental Board of California * 2005 Evergreen Street, Suite 1550 * Sacramento, CA 95815

RHS Cert – Rev. 10/2011



90-DAY NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED PROVIDERS - RADIATION SAFETY CERTIFICATION COURSES

To maintain approval by the Board, the Course Director of each California Radiation Safety certification course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1041 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any certification or Course Completion Card issued to a student graduating from such a course will not be recognized by the Board until such time as the course certifies compliance with all new educational requirements.

I, (enter full name),

the Course Director for _____
(enter full name of institution or program)

DO HEREBY CERTIFY:

- 1) That I have read the attached regulations pertaining to the approval and renewal of the certification course in Radiation Safety for which I/the institution/business entity/organization is currently approved, including Sections 1014, 1070 and 1070.1 of Title 16 of the California Code of Regulations,
- 2) That I have the authority to sign this notice on behalf of the educational institution, program or business entity, and,
- 3) That the institution, business entity, group or organization adopted all the necessary changes to the current course to comply with these new regulations as of the date indicated below with my signature.

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Director

Date

Printed Name of Course Director: _____ Name of Educational Institution, Business Entity, Organization or

Group: Address of Educational Institution or Program:

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.2. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

REGULATIONS PERTAINING TO THE APPROVAL AND CONTINUED APPROVAL OF COURSE IN RADIATION

Title 16 of the California Code of Regulations

CCR §1070:

General Provisions Governing All Dental Assistant Educational Programs and Courses

- (a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the Board as provided in this article.
- (2) The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluations shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval and denial of approval.
- (3) Program and course records shall be subject to inspection by the Board at any time.
- (4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this article or any other requirement in the Act.
- (5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.
- (6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reason therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reason therefore shall be provided to the program by the Board in writing within 90 days after such action.
- (b) The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:
- (1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.
- (2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.
- (3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.
- (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.
- (d) No faculty or instructional staff members shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not be required to have held such permit for two years in order to instruct in the subject area.

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.

(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentarium shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(2) Clinical instructions shall be of sufficient duration to allow the procedure to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedure they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate spaces shall be provided for handling, processing and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that student's complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.

(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instructions shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.

(3) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers whom they provide instruction, evaluation and oversight of the student in the clinical setting. Orientations shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes a written affirmation of compliance with the regulations of this Article.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

CCR §1070.1:

Educational Program and Course Definitions and Instructor Ratios

As used in this article, the following definitions shall apply:

- (a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.
- (b) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.
- (c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.
- (d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.
- (e) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.
- (f) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

CCR §1014:

Radiation Safety Courses – Approval; Continued Approved Status for Stand-Alone Courses in Radiation Safety; Curriculum Requirements; Issuance of Certification



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Legislative and Regulatory Committee of the Dental Board of California will be held as follows:

NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING

Monday, December 3, 2012

Upon Conclusion of the Dental Assisting Council Meeting

Embassy Suites LAX/South

1440 East Imperial Avenue, El Segundo, CA 90245

310-640-3600 or 916-263-2300

**LEGISLATIVE & REGULATORY
COMMITTEE**

Chair – Fran Burton, Public Member

Vice Chair – Steve Afriat, Public Member

Stephen Casagrande, DDS

Huong Le, DDS

Steve Morrow, DDS

Thomas Olinger, DDS

CALL TO ORDER

ROLL CALL AND ESTABLISHMENT OF QUORUM

LEG 1 - Approval of the August 16, 2012 Legislative and Regulatory Committee Meeting Minutes

LEG 2 - 2013 Tentative Legislative Calendar – Information Only

LEG 3 – End of 2-Year Legislative Session Summary

LEG 4 – Discussion and Possible Action Regarding Omnibus Bill Proposals for 2013

LEG 5 – Discussion and Possible Action Regarding the Need for Revision of the Mobile Dental Clinic Registration Form as it Pertains to Mobile Clinics Operated by Dental Schools

LEG 6 - Discussion of Prospective Legislative Proposals:

Stakeholders Are Encouraged to Submit Proposals in Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

FUTURE AGENDA ITEMS

Stakeholders Are Encouraged to Propose Items for Possible Consideration by the Committee at a Future Meeting

COMMITTEE MEMBER COMMENTS FOR ITEMS NOT ON THE AGENDA

Note: The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Government Code § 11125 and 11125.7(a).)

ADJOURNMENT

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's web site at www.dbc.ca.gov. The meeting facilities are accessible to individuals with physical disabilities. Please make any request for accommodations to Richard DeCuir at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, no later than one week prior to the day of the meeting.



LEGISLATIVE AND REGULATORY COMMITTEE

Meeting Minutes

Thursday, August 16, 2012

Department of Consumer Affairs
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

DRAFT

Members Present

Vice Chair – Steve Afriat, Public Member
Huong Le, DDS
Steve Morrow, DDS
Thomas Olinger, DDS

Members Absent

Chair – Fran Burton, Public Member
Stephen Casagrande, DDS

Staff Present

Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Nancy Butler, Supervising Investigator
April Alameda, Investigative Analysis Unit Manager
Dawn Dill, Licensing and Examination Unit Manager
Lori Reis, Complaint and Compliance Unit Manager
Jocelyn Campos, Enforcement Coordinator
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Special Assistant to the Executive Officer
Linda Byers, Executive Assistant
Spencer Walker, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM

Steve Afriat, Vice-Chair, called the meeting to order at 3:00 p.m. Roll was called and a quorum established.

LEG 1 - Approval of the May 17, 2012 Legislative and Regulatory Committee Meeting Minutes

M/S/C (Le/Olinger) to approve the minutes of the May 17, 2012 meeting of the Legislative and Regulatory Committee of the Dental Board of California (Board). The motion passed with one abstention.

LEG 2 - 2012 Tentative Legislative Calendar – Information Only

Mr. Afriat reviewed pertinent items on the Legislative calendar. Sarah Wallace, Legislative and Regulatory Analyst, pointed out that August 18, 2012 is the last day for fiscal committees

to meet and report bills to the floor and August 31, 2012 is the last day for each house to pass bills.

LEG 3 - Discussion and Possible Action on the Following Legislation:

Ms. Wallace reported that the Board is currently tracking 38 bills, the majority of which pertain to the Administrative Procedure Act, government accountability, and military licensing. The majority are bills that should be watched at this time. In the interest of time the Committee only discussed the following five bills that are the most relevant to the Board's programs.

AB 1588 (Atkins) Professions and Vocations: Reservist Licensees

Ms. Wallace reported that this bill would require boards within the Department of Consumer Affairs to waive the renewal fees and continuing education requirements of any licensee or registrant who is a reservist called to active duty. At the May 2012 meeting the Board took a position of "Support if Amended". The Board requested amendments to this bill to clarify that only those licensees with current and active licenses may apply and to establish the parameters by which the waiver would be obtained. Additionally, the Board requested amendments to provide express rulemaking authority to implement the provisions of the bill. After the May meeting, the author accepted all of the Board's proposed amendments. The Board mailed a letter of support in July. No further action was taken on this bill.

AB 1976 (Logue) Licensure and Certification: Military Experience

Ms. Wallace reported that this bill would establish the Veterans Health Care Workforce Act of 2012 and imposes requirements on healing arts boards within the Department of Consumer Affairs and on the Department of Public Health to facilitate the licensing or certification of veterans with appropriate health-care related education, training, or experience. The Board's existing licensure requirements would allow most, if not all, military officers who serve as Dentists to become licensed in the State of California. Enlisted soldiers trained as "Dental Specialists" would qualify for licensure as Registered Dental Assistants with the work experience gained during military service. Ms. Wallace reported that this bill has not been amended since April 2011. The Board took a "watch" position on this bill at the May 2012 meeting. Dr. Morrow asked if these qualified veterans would still have to take the appropriate examinations. Ms. Wallace responded yes, the work experience would merely qualify them to take the examination for licensure. M/S/C (Morrow/Le) recommended the Board change to a position of "support". Dr. Morrow stated that the questions the Board posed have been answered. Ms. Wallace stated that it would promote entry into the workforce. Dr. Morrow stated that the examination assures competency. The motion passed unanimously.

SB 694 (Padilla) Dental Care

Ms. Wallace reported that this bill is sponsored by The Children's Partnership and is intended to begin addressing the lack of dental health care access in California, especially its impact on children. This bill was held in the Assembly Appropriations Suspense file on August 16, 2012. As a result, it is unlikely the bill will move forward.

The sponsors of the bill will be in contact with Board staff to provide further information once they are able to determine the bill's future. Board staff will continue to share any information with the Board.

The committee recommended maintaining a "watch" position on this bill in light of these events.

SB 1202 (Leno) Dental Hygienists

Ms. Wallace reported that this bill makes a number of changes to the provisions of the Dental Practice Act governing the licensure and regulation of dental hygienists by the Dental Hygiene Committee of California (DHCC). Dr. Olinger asked if the provision in this bill that would allow a Registered Dental Hygienist in Advanced Practice (RDHAP) to operate a mobile dental hygiene clinic would expand their scope of practice. Dr. Morrow stated that he does not think that changing location of practice would change the scope of practice. Dr. Olinger stated that it was his understanding that the DHCC is not allowed to promulgate regulations relating to scope of practice. He stated that he would oppose this bill if it included changes to the RDHAP scope of practice. Mr. Afriat asked Ms. Wallace to seek clarification from the author before the fall Board meeting as to Dr. Olinger's question regarding scope of practice. The Board took a "watch" position on this bill at its May 2012 meeting.

SB 1575 (Senate B.P. & E.D. Committee) Professions and Vocations

Ms. Wallace reported that this bill makes several non-controversial, minor, non-substantive, or technical changes to various provisions of the Business and Professions Code (Code) pertaining to healing arts boards within the Department of Consumer Affairs. Specifically, this bill makes changes to provisions within the Dental Practice ACT relating to the Dental Board of California (Board) and the Dental Hygiene Committee of California (DHCC). Ms. Wallace stated that the Board took a position of "Oppose unless Code sections 1715.5 and 1950.5 are Amended" at its May 2012 meeting. Since the May meeting, the Senate Committee on Business, Professions, and Economic Development worked with Board staff and both sections were amended. M/S/C (Afriat/Morrow) to recommend changing the Board's position to "watch". The motion passed unanimously.

LEG 4 - Update Regarding Delegation of Authority to Accept the Findings of any Commission or Accreditation Committee Approved by the Board and Adopt Those Findings as its Own for Foreign Dental Schools

Ms. Wallace reported that at the February 25, 2011 meeting, the Board voted to seek statutory amendments to California Business and Professions Code Section 1636.4 to accept the findings of any commission or accreditation agency and adopt those findings as its own for foreign dental schools. The Board proposed to add the following language to Section 1636.4:

The board may, in lieu of conducting its own independent investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

This language would allow the Board to defer to commissions or accreditation agencies that are equipped with the experience, education, and resources necessary to conduct evaluations of foreign dental schools.

Board staff delayed seeking an author to carry the proposed amendments until the review and approval process of University De La Salle Bajio School of Dentistry's renewal application had been completed. Now that the renewal application has received Board approval, staff will move forward with seeking an author for the Board's proposed statutory amendments.

This was an informational item only. No further action was taken.

LEG 5 – Discussion Regarding the Need for Background Checks of Out-of-State and Foreign Trained Dental School Instructors

Dr. Morrow reported that there is a concern that the faculty in dental schools who are licensed out-of-state, and who do not have a special permit from the Board, are not required to register with the Board or receive adequate background checks. He stated that this means that the Dental Board has no knowledge of these individuals; the status of their license, or any information regarding their background. Dr. Morrow requested that the Board better manage its risk by knowing every dentist that is practicing dentistry including those individuals that are teaching in our universities and dental schools. He feels that the public interest is best served by knowing that these individuals hold valid, current licenses and by having a background check on record. M/S/C (Morrow/Olinger) recommend that staff review the feasibility of proposing statutory or regulatory change to require that dentists who are exempt from licensure in the state of California for purposes of performing as an instructor or clinician in a dental school, register with the Dental Board and provide specified information. Dr. Earl Johnson, staff at UCSF, commented that he thinks that this is a good idea. The motion passed unanimously.

LEG 6 - Discussion of Prospective Legislative Proposals: Stakeholders Are Encouraged to Submit Proposals in Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

The committee did not receive any legislative proposals for future meetings.

PUBLIC COMMENT

Dr. Earl Johnson, representing the California Association of Orthodontists, commented that he really likes the layout of the legislative bills and analyses. He would also like to see copies of any letters sent to the author of a bill regarding amendments that the Board requests.

Mr. Afriat requested that the agenda include an item for “Board Member Comments” for items not on the agenda. Spencer Walker, legal counsel, stated that the Board may add it to the agenda, but there could not be any discussion. Mr. Afriat stated that he understood but it would give Board Members an opportunity to either direct staff on a public comment or initiate their own comments and allow the Board to direct items to staff. Mr. Walker stated that the president would have to give the direction. Mr. Afriat agreed and said that it would be a broader item than just future agenda items wherein the Board could direct staff to conduct research or other pertinent requests.

The Committee adjourned at 3:25 p.m.



MEMORANDUM

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| DATE | November 14, 2012 |
| TO | Legislative and Regulatory Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item LEG 2: 2013 Tentative Legislative Calendar – Information Only |

To date, the Legislature has not released the 2013 Tentative Legislative Calendar. If the calendar is released prior to the Board meeting, staff will hand-carry copies to the meeting. If the calendar is not released prior to the Board meeting, staff will email all Board members and Dental Assisting Council members electronic copies once the calendars are made available.

Action Requested:
No action necessary.



MEMORANDUM

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| DATE | November 20, 2012 |
| TO | Legislative and Regulatory Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item LEG 3: End of 2-Year Legislative Session Summary |

Background:

Throughout 2011 and 2012, the Legislative and Regulatory Committee and the Board have been tracking several bills impacting the Dental Board of California, the Administrative Procedure Act, government accountability, and military licensing. Board members and staff have actively partaken in the 2011-12 Legislative Session by attending hearings, communicating with Legislators and their staff, and taking positions on proposed bills. The bills that the Committee and the Board have followed include:

- AB 1088 (Eng): State Agencies: Collection of Demographic Data
- AB 1424 (Perea): Franchise Tax Board: Delinquent Tax Debt
- AB 1453 (Monning) Health Care Coverage: Essential Health Benefits
- AB 1588 (Atkins) Professions And Vocations: Reservist Licensees
- AB 1896 (Chesbro): Tribal Health Programs: Health Care Practitioners
- AB 1904 (Block): Professions And Vocations: Military Spouses
- AB 2041 (Swanson): Regulations: Adoption: Disability Access
- AB 2570 (Hill): Licensees: Settlement Agreements
- SB 540 (Price): Dentistry
- SB 541 (Price): Regulatory Boards: Expert Consultants
- SB 943 (Senate Business, Professions and Economic Development Committee): Healing Arts
- SB 951 (Hernandez): Health Care Coverage: Essential Health Benefits
- SB 1099 (Wright): Regulations
- SB 1202 (Leno): Dental Hygienists
- SB 1520 (Calderon): State Government: Administrative Efficiency
- SB 1575 (Senate Business, Professions and Economic Development Committee): Professions And Vocations

A summary of these bills is included for the Committee's and Board's information.

2011-12 TWO-YEAR LEGISLATIVE SUMMARY

AB 1088 Eng (Chapter 689, Statutes of 2011)
STATE AGENCIES: COLLECTION OF DEMOGRAPHIC DATA
AB 1088 requires every state agency, board, or commission that directly or by contract, collects demographic data as to the ancestry or ethnic origin of Californians shall use additional separate collection categories and tabulations for each major Asian groups, including, but not limited to, Bangladeshi, Fijian, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, and Tongan Asian Indian, Bangladeshi, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Vietnamese, Fijian, Native Hawaiian, Guamanian (also known as Chamorro), Samoan, and Tongan. This information shall be included in every demographic report on ancestry or ethnic origins of Californians that it publishes or releases on or after July 1, 2012, and be available to the public in accordance with state and federal law. A state agency shall, within 18 months after the United States Census is released to the public; update their data collection to reflect the additional Asian groups and additional Native Hawaiian and Pacific Islander groups as they are reported by the United States Census Bureau.

This bill further requires the State Department of Health Care Services, the State Department of Public Health, the Department of Industrial Relations, and the Department of Fair Employment and Housing to make this information publicly available, except for personal identifying information, which shall be deemed confidential, by posting the data on the Internet Website of the agency on or before July 1, 2012, and annually thereafter. This would not prevent any other state agency from posting the information on their Internet Web site.

AB 1424 Perea (Chapter 455, Statutes of 2011)
FRANCHISE TAX BOARD: DELINQUENT TAX DEBT
AB 1424 requires the State Board of Equalization, quarterly, and the Franchise Tax Board, at least twice each calendar year, to make available a list of the 500 largest tax delinquencies in excess of \$100,000. This bill requires the Franchise Tax Board to include additional information on the list with respect to each delinquency, including the type, status, and license number of any occupational or professional license held by the person or persons liable for payment of the tax and the names and titles of the principal officers of the person liable for payment of the tax if that person is a limited liability company or corporation. This bill requires a person whose delinquency appeared on either list and whose name has been removed, as provided, to comply with the terms of the arranged resolution, and would authorize the State Board of Equalization and the Franchise Tax Board, if the person fails to

comply with the terms of the arranged resolution, to add the person's name to the list without providing prior written notice, as provided.

This bill requires a state governmental licensing entity, other than the Department of Motor Vehicles, State Bar of California, and Alcoholic Beverage Control Board, as provided, that issues professional or occupational licenses, certificates, registrations, or permits, to suspend, revoke, and refuse to issue a license if the licensee's name is included on either list of the 500 largest tax delinquencies described above. This bill would not include the Contractors' State License Board in the definition of "state governmental licensing entity." This bill also requires those licensing entities to collect the social security number or federal taxpayer identification number of each individual applicant of that entity for the purpose of matching those applicants to the names on the lists of the 500 largest tax delinquencies, and would require each application for a new license or renewal of a license to indicate on the application that the law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with a board and requires the licensee to pay his or her state tax obligation and that his or her license may be suspended if the state tax obligation is not paid. This bill authorizes the State Board of Equalization and the Franchise Tax Board to disclose to state governmental licensing entities identifying information, as defined, of persons on the list of the 500 largest tax delinquencies, as specified. This bill authorizes a motor carrier permit of a licensee whose name is on the certified list of tax delinquencies to be suspended, as provided. The bill requires the State Board of Equalization and the Franchise Tax Board to meet certain requirements and would make related changes.

AB 1453

Monning (Chapter 854, Statutes of 2012)

HEALTH CARE COVERAGE: ESSENTIAL HEALTH BENEFITS

AB 1453 requires an individual or small group health care service plan contract issued, amended, or renewed on or after January 1, 2014, to cover essential health benefits, which would be defined to include the health benefits covered by particular benchmark plans. The bill prohibits treatment limits imposed on these benefits from exceeding the corresponding limits imposed by the benchmark plans and would generally prohibit a plan from making substitutions of the benefits required to be covered. The bill specifies that these provisions apply regardless of whether the contract is offered inside or outside the Exchange but would provide that they do not apply to grandfathered plans, specialized plans, or Medicare supplement plans, as specified. The bill prohibits a health care service plan from issuing, delivering, renewing, offering, selling, or marketing a plan contract as compliant with the federal essential health benefits requirement satisfies the bill's requirements. The bill authorizes the Department of Managed Health Care to adopt emergency regulations implementing these provisions until March 1, 2016, and would enact other related provisions. These provisions are only implemented to the extent essential health benefits are required pursuant to PPACA. The bill provides that it shall become operative only if SB 951 is also enacted.

- AB 1588 Atkins (Chapter 742, Statutes of 2012)
PROFESSIONS AND VOCATIONS: RESERVIST LICENSEES
AB 1588 requires boards within the Department of Consumer Affairs, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. The bill, except as specified, prohibits a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. The bill requires a licensee or registrant to meet certain renewal requirements within a specified time period after being discharged from active duty service prior to engaging in any activity requiring a license. The bill requires a licensee or registrant to notify the board of his or her discharge from active duty within a specified time period.
- AB 1896 Chesbro (Chapter 119, Statutes of 2012)
TRIBAL HEALTH PROGRAMS: HEALTH CARE PRACTITIONERS
Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services. A tribal health program is defined as an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service.

AB 1896 codifies that federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.
- AB 1904 Block (Chapter 399, Statutes of 2012)
PROFESSIONS AND VOCATIONS: MILITARY SPOUSES
AB 1904 This bill requires boards within the Department of Consumer Affairs to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.
- AB 2041 Swanson (Chapter 723, Statutes of 2012)
REGULATIONS: ADOPTION: DISABILITY ACCESS
AB 2041 requires an agency that proposes specified types of regulations to include within the notice of proposed action a specified statement regarding the availability of narrative descriptions for persons with visual or other specified disabilities.

AB 2570

Hill (Chapter 561, Statutes of 2012)

LICENSEES: SETTLEMENT AGREEMENTS

AB 2570 prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs, or an entity or person acting as an authorized agent of a licensee, from including or permitting to be included a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the department, board, bureau, or program, except as specified. A licensee in violation of these provisions would be subject to disciplinary action by the board, bureau, or program. The bill also prohibits a board, bureau, or program from requiring its licensees in a disciplinary action that is based on a complaint or report that has been settled in a civil action to pay additional moneys to the benefit of any plaintiff in the civil action.

This bill authorizes a board, bureau, or program within the Department of Consumer Affairs to adopt a regulation exempting agreements to settle certain causes of action from these provisions.

SB 540

Price (Chapter 385, Statutes of 2011)

DENTISTRY

SB 540 extends the operation the Dental Board of California until January 1, 2016, and specifies that the board would be subject to review by the appropriate policy committees of the Legislature. The bill changes the membership of the board to include one additional public member, to be appointed by the Governor. The bill creates a Dental Assisting Council of the board, to be appointed by the board, to consider matters relating to dental assistants and make recommendations to the board and standing committees of the board, as specified. This bill contains other related provisions and other existing laws.

SB 541

Price (Chapter 339, Statutes of 2011)

REGULATORY BOARDS: EXPERT CONSULTANTS

SB 541, sponsored by the Medical Board of California and the Contractors State License Board, is an urgency measure that authorizes any board, within the Department of Consumer Affairs, the State Board of Chiropractic Examiners, and the Osteopathic Medical Board of California to enter into an agreement with an expert consultant to do any of the following:

- Provide an expert opinion on enforcement-related matters, including providing testimony at an administrative hearing.
- Assist the board as a subject matter expert in examination development, examination validation, or occupational analyses.
- Evaluate the mental or physical health of a licensee or an applicant for a license as may be necessary to protect the public health and safety.

An executed contract between a board and an expert consultant shall be exempt from the State Contract Act. Each board is required to establish

policies and procedures for the selection and use of expert consultants. Nothing in this bill should be construed to expand the scope of practice of an expert consultant providing services pursuant to this section.

SB 943 Senate Business, Professions and Economic Development Committee
(Chapter 350, Statutes of 2011)

HEALING ARTS

SB 943 makes several non-controversial, minor, non-substantive or technical changes to various miscellaneous provisions pertaining to healing arts boards of the Department of Consumer Affairs and professions regulated under the Business and Professions Code, including the Dental Hygiene Committee of California.

SB 951 Hernandez (Chapter 866, Statutes of 2012)

HEALTH CARE COVERAGE: ESSENTIAL HEALTH BENEFITS

SB 951 requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2014, to cover essential health benefits, which would be defined to include the health benefits covered by particular benchmark plans. The bill prohibits treatment limits imposed on these benefits from exceeding the corresponding limits imposed by the benchmark plans and would generally prohibit an insurer from making substitutions of the benefits required to be covered. The bill specifies that these provisions apply regardless of whether the policy is offered inside or outside the Exchange but would provide that they do not apply to grandfathered plans or plans that cover excepted benefits, as specified. The bill prohibits a health insurer, when issuing, delivering, renewing, offering, selling, or marketing a policy, from indicating or implying that the policy covers essential health benefits unless the policy covers essential health benefits as provided in the bill. The bill authorizes the Department of Insurance to adopt emergency regulations implementing these provisions until March 1, 2016, and enact other related provisions. These provisions are only implemented to the extent essential health benefits are required pursuant to PPACA. The bill provides that it shall become operative only if AB 1453 is also enacted.

SB 1099 Wright (Chapter 295, Statutes of 2012)

REGULATIONS

SB 1099 makes the following changes to the Administrative Procedure Act:

- Provides that a regulation or order of repeal is effective on January 1, April 1, July 1, or October 1, as specified, subject to certain exceptions, including, but not limited to, specified regulations adopted by the Fish and Game Commission.
- Requires the Office of Administrative Law to provide on its Internet Web site a list of, and a link to the full text of, each regulation filed with the Secretary of State that is pending effectiveness, as specified.

- Requires a state agency to post on its Internet Web site each regulation that is filed with the Secretary of State, as specified, and to send to the Office of Administrative Law the Internet Web site link of the regulation. The bill does not apply to a state agency that does not maintain an Internet Web site.

SB 1202

Leno (Chapter 331, Statutes of 2012)

DENTAL HYGIENISTS

SB 1202 makes changes to the Dental Practice act as it relates to the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Dental Hygiene Committee of California. This bill eliminates the good standing requirement and would instead authorize any dental hygiene program accredited by the commission to be approved by the Committee. The bill authorizes the Committee to withdraw or revoke program approval if the commission intends to withdraw or has withdrawn approval. This bill additionally requires an applicant for licensure as a registered dental hygienist to satisfactorily complete Committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. The bill authorizes the Committee to issue a special permit to a registered dental hygienist licensed in another state authorizing him or her to teach in a dental hygiene college without being licensed by this state if certain requirements are met, including, but not limited to, the completion of educational requirements and the payment of an application fee, subject to a biennial renewal fee. This bill requires that proof of prior experience to have been obtained at least 5 years immediately preceding the applicant's date of application and would expand that proof relating to disciplinary action to include any other state where the applicant was previously issued any professional or vocational license. This bill prohibits an examinee for a registered dental hygiene license who either fails to pass the clinical examination after 3 attempts or fails to pass the clinical examination because he or she imposed gross trauma on a patient from being eligible for further reexamination until the examinee completes specified remedial education. This bill requires a registered dental hygienist in alternative practice to register his or her place or places of practice, within a specified timeframe, with the executive officer. The bill requires a registered dental hygienist in alternative practice to receive permission from the committee, subject to a biennial renewal fee, to have an additional place of practice. The bill authorizes a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic under certain circumstances if various requirements are met, including the payment of a fee not to exceed \$250, pursuant to regulations adopted by the committee. This bill increases the respective maximum fee amounts within which the committee shall establish fee amounts for an original license and the biennial renewal fee for such a license, and would also increase the maximum fee amount for curriculum review and site evaluation for specified educational programs, as specified. The bill defines the term "extramural dental facility" and also establishes a fee for certification of

licensure and registration of an extramural dental facility. This bill requires the committee to grant or renew approval of only those educational programs that meet the standard described above and, where appropriate, meet the minimum standards set by the commission or an equivalent body, as determined by the committee. The bill requires a new educational program for registered dental hygienists, as defined, to also submit a feasibility study demonstrating a need for a new educational program and would require a new educational program to apply to the committee for specified approval prior to seeking initial accreditation from the commission or an equivalent body, as determined by the committee. This bill also makes various technical, non-substantive, and conforming changes.

SB 1520

Calderon (Chapter 766, Statutes of 2012)

STATE GOVERNMENT: ADMINISTRATIVE EFFICIENCY

The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. The act requires each agency that proposes to adopt, amend, or repeal any major regulation, as defined, on or after November 1, 2013, to prepare a standardized economic impact analysis. The act requires an agency that seeks to adopt, amend, or repeal a major regulation to release a notice of proposed action that includes, among other things, the standardized economic impact analysis. The act requires an agency to file with the office, when it files the notice of proposed action, an initial statement of reasons that includes, among other things, the standardized economic impact analysis for each major regulation proposed on or after January 1, 2013. SB 1520 instead requires that the statement of reasons include a standardized impact analysis for each major regulation proposed on or after November 1, 2013.

SB 1575

Senate Business, Professions and Economic Development Committee (Chapter 799, Statutes of 2012)

PROFESSIONS AND VOCATIONS

This bill makes several non-controversial, minor, non-substantive, or technical changes to various provisions of the Business and Professions Code (Code) pertaining to healing arts boards within the Department of Consumer Affairs. Specifically, this bill makes changes to provisions within the Dental Practice relating to the Dental Board of California (Board) and the Dental Hygiene Committee of California (DHCC).

This bill codifies a federal requirement concerning the licensing of health care professionals employed by a tribal health program, by specifying that a person who possesses a current, valid license as a health care practitioner in any other state and is employed by a tribal health program is exempt from the licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services. This provision contains technical clean-up language to

amend recently chaptered legislation (AB 1896, Chesbro, Chapter 119, Statutes of 2012) to provide better public protection.

This bill revises eligibility requirements for a person applying for a special permit with the Board to allow for alternative eligibility for a person who completes an advanced education program accredited by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the Board.

This bill deletes obsolete references in Code section 1715.5. When enacted into law, Code Section 1715.5 applied to the Board and the Committee on Dental Auxiliaries (COMDA). Subdivision (f) specifies that if COMDA ceases to exist, the responsibility of collecting licensure data shall be transferred to the successor entity or entities responsible for licensing registered dental hygienists and registered dental assistants. Since the enactment of AB 269, COMDA has been abolished; the responsibility of regulating the practice of dental assisting has been placed on the Dental Board and the responsibility of regulating the practice of dental hygiene has been placed on the DHCC. These amendments clarify the Board's role in the collection of the specified information.

This bill adds Code Section 1902.2 to specify requirements for the reporting of licensure data relative to dental hygienists. This clarifies that the DHCC is the entity responsible for collecting licensure data for dental hygienists. If possible, the Board may wish to consider proposing technical clean-up language to Code Section 1715.5 to clarify that the Board is the entity responsible for collecting licensure data for dentists and dental assistants.

This bill repeals Code Section 1909.5 and deletes the requirement that courses for instruction for direct supervision duties added to the scope of practice of dental hygiene on or after July 1, 2009, shall be submitted by the DHCC for approval by the Dental Board.

This bill makes technical amendments to Code Section 1934 to specify that licensees are required to notify the DHCC within 30 days if a licensee changes their physical address of record or e-mail address.

This bill adds Code Section 1942 to define "extramural dental facility" and specify requirements for the registration of extramural dental facilities in relation to dental hygiene educational programs. This proposed language emulates the Board's regulatory language contained in Cal. Code of Regs., Title 16, Sections 1070.1(c) and 1025(d).

This bill amends Code Section 1950.5 relating to unprofessional conduct. This bill would add Code Section 1958.1 to authorize the DHCC deny, revoke, or suspend a license of an individual who is required to register as a sex offender.

Action Requested:
No action necessary.



MEMORANDUM

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| DATE | November 19, 2012 |
| TO | Legislative & Regulatory Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item LEG 4: Discussion and Possible Action Regarding Omnibus Bill Proposals for 2013 |

Background:

The Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2013; one bill will be designated for health care board and bureau legislation and the other will be for non-health care board and bureau legislation. The Committee plans to introduce the bills for introduction in early January 2013 and has requested that board and bureau proposals be submitted to the Committee on or before December 10th for inclusion in the introduced version of the bill. Omnibus bill proposals should be non-controversial and are intended to be used for clean up.

Committee staff will review the proposals and consult with the Republican caucus and their staff, as well as Committee member offices to determine if the proposals are suitable for inclusion in the omnibus bills. Boards and bureaus will be notified by January 23rd of the Committee's decision to include proposals.

2013 Omnibus Bill Proposal:

After consultation with Board managers, current Legal Counsel, and past Legal Counsel, staff has determined that Business and Professions Code (Code) Section 1613 regarding the Board's Seal should be amended. Currently the provision refers to the "Board of Dental Examiners" when it should refer to the "Dental Board of California". Additionally, the Board may consider amendments that address persons who use the Board's logo without consent. Staff has prepared the following amendment options for the Board's consideration:

Code Section 1613 Current Language:

§ 1613. Seal

The board shall have and use a seal bearing the name "Board of Dental Examiners of California."

Proposed Revision Option 1:

§ 1613. Seal

The board shall have and use a seal bearing the name “~~Board of Dental Examiners~~ Dental Board of California.”

Proposed Revision Option 2:

§ 1613. Seal

The board shall have and use a seal bearing the name “~~Board of Dental Examiners~~ Dental Board of California.” It is unlawful for any person, firm, corporation, or association that is a nongovernmental entity to solicit information, or to solicit the purchase of or payment for a product or service, or to solicit the contribution of funds or membership fees, by means of any solicitation, including a mailing, electronic message, or Internet Web site that contains a seal, insignia, trade or brand name, or any other term or symbol that reasonably could be interpreted or construed as implying a connection, approval, or endorsement by the Dental Board of California unless the following requirement has been met: the nongovernmental entity has an expressed connection with, or the approval or endorsement of, the Dental Board of California, if permitted by other provisions of law.

Board Action Requested:

After consideration of the proposed amendments, staff requests the Board accept, reject, or modify the recommendation. If the Board approves a proposal, direct staff to prepare the proposal for submission to the Committee for inclusion in the 2013 healing arts board omnibus bill.



MEMORANDUM

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| DATE | November 15, 2012 |
| TO | Legislative and Regulatory Committee Members, Dental Board of California |
| FROM | Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California |
| SUBJECT | Agenda Item LEG 5: Discussion and Possible Action Regarding the Need for Revision of the Mobile Dental Clinic Registration Form as it Pertains to Mobile Dental Clinics Operated by Dental Schools |

Background:

At its August 2012 meeting, the Board reviewed a proposal from the California Dental Association relative to amending the current regulations regarding mobile dental clinics. At the conclusion of the Board's discussion, Dr. Morrow commented that there is another section within the Board's regulations relating to mobile dental clinics that may require amendments.

California Code of Regulations, Title 16, Section 1026 provides for the registration of mobile dental clinics operated by an approved dental school for instruction in dentistry. Currently, the Board does not have a unique form used for the purposes of registering mobile dental clinics operated by dental schools. Dental schools must register their mobile dental clinics by submitting the enclosed application.

The enclosed application does not clearly provide a mechanism for dental schools to register mobile dental clinics with the Board. In the past, staff has required the dental schools to register their mobile dental clinics under the name of a faculty member who holds a valid and active license in the State of California. This creates a potential problem in the event the designated faculty member ceases employment with the dental school. Additionally, the designated faculty member would be liable for the mobile dental clinic should the Board need to seek disciplinary action.

Staff recommends that the Board seek regulatory action to clarify the registration requirements for mobile dental clinics operated by approved dental schools and develop a new form, as part of the regulatory action, which is unique for this purpose.

Action Requested:

Direct staff to add this issue to the list of needed regulatory actions for the Board's consideration when determining the regulatory priorities for fiscal year 2013/2014.



APPLICATION FOR MOBILE DENTAL CLINIC PERMIT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, and truthfully, and accurately. **ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL.** The Dental Practice Act provides that a willfully false statement in a material regard is a **MISDEMEANOR**. If the space for any answer is insufficient, the applicant may complete his or her answer on a rider signed by him or her and specifying the number of the question to which it relates.

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| OFFICE USE ONLY | |
| Receipt No.: _____ | ATS#: _____ |
| Date Filed: _____ | Fee Paid: _____ |
| Permit No.: _____ | Issue Date: _____ |
| Exp. Date: _____ | Denial Date: _____ |

Non-refundable fee: \$100.00

| | | |
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| Complete this section if applying as a licensed dentist | | |
| 1. Name (last, first, middle) | | |
| 2. Mailing Address of record for Mobile Clinic: | | |
| | | ,CA. |
| Number and Street | City | Zip |
| Telephone Number | CA dental license number | Social Security Number |

| | | |
|--|--------------------------|------------------------|
| 3. Complete this section if applying as a property and casualty insurer | | |
| Name of Business _____ | | |
| Business address: | | |
| | | ,CA. |
| Number and Street | City | Zip |
| Telephone Number | CA dental license number | Social Security Number |

4. Does the clinic have a written procedure of emergency follow-up care for patients treated in the Mobile Dental Clinic? The procedure should include arrangements for treatment in a dental care facility that is permanently established in the area. Yes No

5. Does the clinic have communication facilities in the Mobile Dental Clinic that will enable the operator to contact necessary parties in the event of a medical/dental emergency? Yes No

6. Does the Mobile Dental Clinic conform to all applicable federal, state, and local laws dealing with radiographic equipment, flammability, construction, sanitation and zoning, and posses all applicable county and city licenses or permits to operate a Mobile Dental Clinic? Yes No

7. Does the Mobile Dental Clinic have the following:

- 1. An access ramp or lift if services are provided to disabled persons? Yes No
- 2. An adequate, properly functioning sterilization system? Yes No
- 3. Access to an adequate supply of potable water, including hot water? Yes No
- 4. Ready access to toilet facilities? Yes No
- 5. A covered galvanized, stainless steel, or other non-corrosive metal container for deposit of refuse and waste materials? Yes No

Licensee Applicants

I am the applicant for a Mobile Dental Clinic permit; I have carefully read the questions in the foregoing applicants, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature

Date

Property and casualty insurer applicants

The company named herein is the applicant for a Mobile Dental Clinic permit; as the authorizing official of said company, I have carefully read the questions in the foregoing applicant, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Printed Name

Title

Contact telephone number(s)

Signature

Date

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may be made public.

Mobile Dental Clinic Permits

Business and Professions Code, Section 1658.8

"Notwithstanding any other provision of this chapter, a licensed dentist may operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to Business and Professions Code, [Section 1650](#), if both of the following requirements are met:

- (a) The licensee's registered place of practice has been rendered and remains unusable due to loss or calamity.
- (b) The licensee's insurer registers the unit with the board in compliance with [Section 1657](#). "

Permits cannot be transferred.

Business and Professions Code, Section 1625

"Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

- (a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.
- (b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.
- (c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.
- (d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.
- (e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed. "

Business and Professions Code, Section 1650

"Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the Executive Officer of the State Board of Dental Examiners, or, if he or she has more than one place of practice, all of the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board. A person licensed by the board shall register with the executive officer within 30 days after the date of his or her license."

Business and Professions Code, Section 1657

"(a) A licensed dentist may operate one mobile dental clinic or unit registered as a dental office or facility. The mobile dental clinic or unit shall be registered and operated in accordance with regulations established by the board, provided these regulations are not designed to prevent or lessen competition in service areas. A mobile dental clinic or unit registered and operated in accordance with the board's regulations and that has paid the fees established by the board, including a mobile dental unit registered for the purpose specified in subdivision (d), shall otherwise be exempted from this article and Article 3.5 (commencing with Section 1658). (b) A mobile service unit, as defined in subdivision

(b) of Section [1765.105](#) of the Health and Safety Code, and a mobile unit operated by an entity that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code, are exempt from this article and Article 3.5 (commencing with Section 1658). Notwithstanding this exemption, the

owner or operator of the mobile unit shall notify the board within 60 days of the date on which dental services are first delivered in the mobile unit, or the date on which the mobile unit's application pursuant to Section [1765.130](#) of the Health and Safety Code is approved, whichever is earlier.

(c) A licensee practicing in a mobile unit described in subdivision (b) is not subject to subdivision (a) as to that mobile unit.

(d) Notwithstanding [Section 1625](#), a licensed dentist shall be permitted to operate a mobile dental unit provided by his or her property and casualty insurer as a temporary substitute site for the practice registered by him or her pursuant to [Section 1650](#) as long as both of the following apply:

(1) The licensed dentist's registered place of practice has been rendered and remains unusable due to loss or calamity.

(2) The licensee's insurer registers the unit with the board in compliance with subdivision (a)."

Health and Safety Code, Section 1765.105

"As used in this chapter, the following definitions shall apply:

(a) "Parent facility" means a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, or a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2.

(b) (1) "Mobile service unit" or "mobile unit" means a special purpose commercial coach as defined in Section 18012.5, or a commercial coach as defined in Section 18001.8, that provides services as set forth in Section 1765.110, and meets any of the following criteria:

(A) Is approved pursuant to this chapter by the state department as a service of a licensed health facility, as defined in Section 1250.

(B) Is approved by the state department pursuant to this chapter as a service of a licensed clinic, as defined in Section 1200.

(C) Is licensed pursuant to this chapter by the state department as a clinic, as defined in Section 1200.

(D) Is licensed pursuant to this chapter as an "other" type of approved mobile unit by the state department. "Other" types of approved mobile units shall be limited to mobile units performing services within new health facility or clinic licensure categories created after the effective date of this chapter. The State Department of Health Services shall not create a new health facility or clinic licensure category under this subparagraph absent a legislative mandate.

(2) "Mobile service unit" or "mobile unit" does not mean a modular, relocatable, or transportable unit that is designed to be placed on a foundation when it reaches its destination, nor does it mean any entity that is exempt from licensure pursuant to Section 1206."

Health and Safety Code, Section 1765.130

(a) Any applicant under this chapter shall file with the state department an application. The application shall be on forms prescribed and furnished by the state department that shall contain any information as may be required by the state department for the proper administration and enforcement of this chapter.

(b) An applicant health facility or clinic pursuant to this chapter shall submit an application to the licensing and certification district office of the state department stating with specificity all of the following:

(1) The proposed service to be provided.

- (2) The expected hours and days of operation.
- (3) The type and the manufacturer of the mobile unit contemplated.
- (4) The proposed area or areas where the mobile unit will be providing services.
- (c) An applicant for licensure as an independently licensed clinic under this chapter shall submit a verified application to the state department on the appropriate forms for the type of clinic for which it wishes to obtain licensure.
- (d) Prior to granting approval to an applicant parent facility for operation of a mobile unit under the parent facility's existing licensure pursuant to this chapter, or prior to granting license for an independent mobile unit, the state department shall conduct an onsite inspection, including, but not limited to, a review of policies and procedures.
- (e) Supplemental services offered via mobile units shall be listed by the state department as an approved or supplemental service on the license of the parent facility.
- (f) Licenses issued by the state department authorizing operation of a mobile unit as an addition to existing parent facility licensure shall be posted at the parent facility. Licenses authorizing operation of a clinic as a mobile unit shall be posted at the administrative headquarters of the licensee. A true copy of the license shall be posted within the mobile unit."

Applying for a Mobile Dental Permit

The requirements for a mobile dental permit include, but may not be limited to:

1. A completed application form with fee
2. Non-refundable application fee: \$100



MEMORANDUM

| | |
|----------------|--|
| DATE | October 29, 2012 |
| TO | Dental Board of California |
| FROM | Linda Byers, Executive Assistant Dental Board of California |
| SUBJECT | LEG 6: Discussion of Prospective Legislative Proposals |

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.