



Notice is hereby given that a public meeting of the Licensing and Examination Subcommittee of the Dental Hygiene Committee of California will be held as follows:

LICENSING AND EXAMINATION SUBCOMMITTEE MEETING

Friday, April 20, 2018
Doubletree by Hilton San Diego – Mission Valley
Catalina II
7450 Hazard Center Drive
San Diego, CA 92108
9:00 am - adjournment

Licensing and Examination Subcommittee Members:

Noel Kelsch, RDHAP, Chair
Sandy Klein, Public Member
Nicolette Moultrie, RDH
Evangeline Ward, RDH

Upon Conclusion of the Enforcement Subcommittee

Agenda

LIC 1 – Roll Call

LIC 2 – Public Comment for Items Not on the Agenda

[The DHCC 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 & 11125.7(a))]

LIC 3 – Chairperson's Report

LIC 4 – Approval of the November 17, 2017, Licensing and Examination Subcommittee Meeting Minutes

LIC 5 – Licensure Statistics, Informational Only

LIC 6 – Written Exam Statistics, Informational Only

LIC 7 – Discussion and Possible Action, and Recommendation to the Full Committee on Occupational Analysis and Examination Development for RDH and RDHAP

LIC 8 – Discussion and Possible Action, and Recommendation to the Full Committee on Proposed Revision of Business and Professions Code § 1917(b) – Time Period to Accept Clinical Examination Results for Licensure

LIC 9 – Discussion and Possible Action on Registered Dental Hygienist Scope of Practice in a Public Health Setting – Clarifying Scope

LIC 10 – Future Agenda Items

LIC 11 – Adjournment of the Licensing Subcommittee Meeting

DHCC members who are not members of this subcommittee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at www.dhcc.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Brittany Alicia at (916) 576-5001 or e-mail at: Brittany.alicia@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 2:

Public Comment for Items Not on the Agenda

[The DHCC 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 & 11125.7(a))]



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 3:

**Chairperson's Report
A Verbal Report Will Be Given**



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 4:

**Approval of the November 17, 2017 Licensing
and Examination Subcommittee Meeting
Minutes**



Dental Hygiene Committee Meeting Minutes Licensing and Examination Subcommittee

November 17, 2017

Department of Consumer Affairs
Dental Hygiene Committee of California
2005 Evergreen Street, Hearing Room
Sacramento, CA 95815

DHCC Members Present:

Evangeline Ward, Chairperson, Registered Dental Hygienist (RDH)
Nicolette Moultrie, RDH
Sandra Klein, Public Member
Edcelyn Pujol, Public Member

DHCC Staff Present:

Anthony Lum, Interim Executive Officer
Brittany Alicia, Office Assistant
Nancy Gaytan, Enforcement Analyst
Traci Napper Licensing Program Analyst
Adina Pineschi-Petty, Doctor of Dental Surgery (DDS), Educational Specialist
Michael Santiago, Department of Consumer Affairs (DCA) Legal Counsel for the DHCC

Members Absent:

Gary Shay, Public Member

Public Present:

JoAnn Galliano, RDH, DHCC Educational Consultant
Maureen Titus, California Dental Hygienists' Association (CDHA)
Vickie Kimbrough, Program Director (Taft College) and CDHA
Mary McCune, California Dental Association (CDA)

Roll Call and Establishment of a Quorum

Evangeline Ward, Chairperson of the Licensing and Examination Subcommittee, called the meeting to order at 3:01 p.m. Roll call taken and quorum established with four members present.

Public Comments for Items Not on the Agenda

Katherine Scott, American Board of Dental Examiners (ADEX), stated that at the last meeting questions arose regarding comparisons between the various testing agencies. Kim Laudenslager stated earlier in the meeting that it is difficult to compare testing agencies as some of the information is proprietary information and stated that ADHA does a great summary.

ADEX extended the invitation to an upcoming examination in the fall. ADEX is interested in becoming an approved pathway to licensure for California.

ADEX is an examination for both dentists and dental hygienists. Regarding alternative pathways for licensure, ADEX was actively involved in the Buffalo Model during evaluation for alternative testing for dental licensure in California. The examination is not a one-day examination. Patients are utilized during the testing process and clinical components are evaluated.

No further comments received.

Chairperson's Report

Chair Ward stated there is no chairperson's report.

Approval of the May 16, 2017 Licensing and Examination Subcommittee Minutes

Nicolette Moultrie moved to adopt the May 6, 2017, Licensing and Examination Subcommittee Meeting Minutes.

Second: Edcelyn Pujol

Chair Ward requested comments.

No comments received.

Vote: The motion to adopt the May 16, 2017, Licensing and Examination Subcommittee Meeting Minutes.

Vote: Pass (4:0).

Name	Aye	Nay	Abstain
Evangeline Ward	X		
Nicolette Moultrie	X		
Sandra Klein	X		
Edcelyn Pujol	X		

Licensure Statistics

Traci Napper, Licensing Program Analyst, presented licensure statistics. BreEZe allows DHCC staff the ability to monitor licensing statistics. As of March 29, 2017, the DHCC has 18,121 active licensees, 2,116 inactive licensees, and 3,046 delinquent licensees.

The Subcommittee expressed their concerns regarding the delinquent license status. Mr. Lum stated that there are many explanations for delinquent licenses. DHCC staff notified each licensee by mail of delinquent status, and advised the licensee of the process to restore a license to active status.

Written Examination Statistics

Ms. Napper presented California Law and Ethics Written Examination statistics. 70% of registered dental hygienist (RDH) examinees and 75% of registered dental hygienist in alternative practice (RDHAP) examinees earned passing scores.

Nicolette Moultrie stated that at the May 6, 2017 meeting, the subcommittee asked about RDHAP low passage rates.

Ms. Napper stated RDHAP licensure had a reduction in applications. In addition, candidates may not have scheduled their law and ethics examination.

Chair Ward questioned as to the amount of time between failure and retake status, as well as to tracking ability to identify these statistics.

Ms. Napper stated based on telephone calls received, candidates request to retake the examination immediately. The reexamination application may take 15-days to process from the date the application is received.

Public Comment: Vickie Kimbrough stated she requested the failure rate at the last DHCC meeting, focusing on data for California graduates compared to out of state graduates. She is of the belief that the reason for failures is due to the ethics portion of the examination. If data could be disseminated, the educators can alter the curriculum to better serve the students. In addition, educators could create a course for out of state students.

Chair Ward questioned the delay for students taking the Ethics Exam.

Ms. Napper stated she was not aware of the request for statistics on the RDHAP candidate's failure rate. She requested clarification if the Subcommittee was directing staff to provide attempt data for the Law and Ethics examination, as well to the candidate's length of time for examination attempts after completion of the program.

Chair Ward stated that she would like this information as a future agenda item.

Chair Ward requested questions or comments.

No comments received.

Discussion and Possible Action, and Recommendation to the Full Committee on Revision of the Certification of Licensure Form Sent to Other States and Jurisdictions

Anthony Lum, Interim Executive Officer, reported that over the past several months, staff has received requests for license certifications from other states (AZ, PA, MN, etc.) for California licensees attempting to obtain a dental hygiene license in their state. However, most of the states will no longer accept the information that is contained in the current Certification of Licensure form that the DHCC sends to other states and jurisdictions.

DHCC licensees pay a \$25 fee for this certification. Staff revised the Certification of Licensure Form certification form to capture the individual's licensing information and convey the information to the receiving entity in a format that is easily understood. A sample of the revised form and the current form was provided as a part of meeting materials for comparison.

Comment: Nicolette Moultrie stated that previous graduates applying for licensure in other states are requesting certification of education in Soft Tissue Curettage, Nitrous Oxide Oxygen, and Local Anesthesia (SLN). As she was not the program director when they graduated, the SLN may not be a part of their education transcript. Ms. Moultrie questioned if there is a way that the State can verify that the licensees have taken the course.

Mr. Lum stated there are ways for the DHCC to verify that a licensee has certification in the SLN. Staff can verify by the BreZE system, order the licensing file, or verify the certification cards issued. The DHCC has experienced this issue concerning a few licensees that took the SLN course by previously approved providers, but as the provider no longer exists, it can no longer be verified.

Ms. Moultrie questioned if staff could change the word "qualification" to "certification", as the DHCC is certifying that the licensee is permitted to perform the duties and satisfy the requirement from other states. Ms. Moultrie thanked DHCC staff for the new form as it will assist in her certifications.

Vicki Kimbrough questioned “N/A” under “License discipline”. If there is no discipline on the license, could it state “none” instead of “N/A”. Mr. Lum responded the change can be made if the subcommittee recommends the change to the full Committee.

Ms. Moultrie stated that the terminology should mirror the BreEZe system.

Motion: Sandra Klein moved to adopt the revised License Certification form.

Second: Edcelyn Pujol

Chair Ward requested discussion or comments.

No further comments received.

***Vote: Motion to adopt the revisions to the Certification of Licensure form.
Pass (4:0).***

Name	Aye	Nay	Abstain
Evangeline Ward	X		
Nicolette Moultrie	X		
Sandra Klein	X		
Edcelyn Pujol	X		

Discussion and Possible Action, and Recommendation to the Full Committee on Proposed Revision of Business and Professions Code § 1917(b)

Anthony Lum reported that the section that will be presented is Business and Professions Code 1917(b) not 1917.4(b).

Mr. Lum reported Pursuant to Business and Professions Code § 1917 (b), the current language does not recommend a time frame acceptable for the DHCC to accept satisfactory completion of a dental hygiene examination given by WREB, CRDTS, or the previously administered state clinical examination. An applicant who has fulfilled all the other requirements for licensure, and passed a clinical examination 8, 10, or 20 years ago would be eligible for licensure as a registered dental hygienist in California.

DHCC staff have previously issued licenses to applicants that passed an approved clinical examination at least 10 years prior to applying for licensure in California. The DHCC is concerned that this may present a situation where consumer protection is at risk due to the lack of clinical skills.

Mr. Lum provided a copy of the proposed statutory language with revision to set a time frame for the DHCC to accept examination results for licensure to become a registered dental hygienist in California. The change would add the verbiage to 1917(b) to read:

- (a) Within the preceding five years. ~~Satisfactory performance on the state clinical examination, or~~ satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the committee.

Edcelyn Pujol questioned as to how was the five-year time frame established.

Mr. Lum stated staff referred to the Licensure by Credential Licensure (LBC) pathway as statute states 5 years prior to date of application.

Ms. Moultrie questioned if a student has successfully graduated from the dental hygiene program, decides to wait a few years before taking a clinical examination and lost the application that was initially certified, would the program director be required to recertify that the person is competent to sit for the exam. Ms. Moultrie's concern is at the time of graduation the program director would be confident in the student's clinical skills. However, after a certain amount of time the program director may not be comfortable with certifying an application.

Mr. Lum responded that the certification of education is the responsibility of the dental hygiene program. The DHCC is requesting examination results within the five years of applying for licensure in California.

Sandra Klein requested an explanation of current protocols.

Mr. Lum responded the DHCC had applications with test results from 1998. Current practice would classify a "new graduate" as completion of the examination within five years. As current law does not address time duration to accept examination results, Mr. Lum stated adding the five-year requirement would clarify the language.

Ms. Moultrie requested consideration of three years? A new graduate should be considered as currently graduating from a dental hygiene program. Mr. Lum requested a recommendation from Ms. Moultrie. She stated she recommends two years.

JoAnn Galliano commented that the recommendation would affect out of state applicants, someone who practice in another state that do not qualify for the licensure by credential (LBC) pathway, yet they can qualify for the initial licensure but would be required to retake an exam.

Ms. Moultrie questioned if applicants have taken the WREB or CRDTS examination, would it apply to those applicants. Ms. Galliano stated that the requirement still applies to the applicant if the examination results are older than five years from date of application.

Sandra Klein questioned if the DHCC could make an exception for out of state applicants.

Mr. Lum stated an exception for out of state applicants would make the licensure process difficult.

Ms. Klein requested a recommendation for an appropriate amount of time for state applicants. Mr. Lum stated applicants from out of state are able to qualify through the LBC pathway if the applicant has not taken the CRDTS or WREB Examination.

Public Comment: Lisa Okamoto, CDHA, stated CDHA has the same concerns regarding recent graduates that wait to take a clinical examination. Ms. Okamoto also stated concerns regarding out of state applicants that have not met LBC requirements.

Ms. Moultrie questioned if changing LBC from five years to three years would remedy concerns.

Mr. Lum stated currently the 750 hours required per year would be difficult to complete if the time frame was condensed from five years to three years.

Public Comment: Jana Pierce recommended consulting other boards to give the DHCC a more global perspective. Ms. Pierce gave her personal testimony regarding getting a license in California. Ms. Pierce requested consideration for applicants that have not been working to extend the time and require that an applicant work a certain number of hours over a five to seven year period.

Ms. Moultrie stated concerns regarding 1917(f): Satisfactory completion of committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia. The DHCC has had some enforcement issues and if a person has not practiced SLN for five years, that there may be cause for concern.

Dr. Pineschi-Petty stated that a required a remediation course may be an option to recertify SLN skills. Chair Ward questioned the time frame required that would necessitate the completion of a remediation course.

Ms. Moultrie stated out of state applicants are required to complete an SLN course. Initial licensures from California will not be required to complete a “refresher” course if we are considering them similarly to an out of state applicant. The DHCC must consider two different populations when making a decision.

Chair Ward questioned if the DHCC had previous concerns regarding licensing.

Mr. Lum stated the DHCC had previous applicants that passed the clinical examination in 1998 and as there is no provision in the law to restrict them from applying for licensure, the applications were approved. Chair Ward questions as the licenses were issued, have any concerns been noted. Mr. Lum stated no concerns have been brought to his attention.

Ms. Moultrie stated Mr. Lum brought the issue to the Subcommittee to prevent creating a risk to consumer protection. Mr. Lum stated having a time frame recommended by the subcommittee would clarify the application process, ensure applicants are qualified, and have met the minimum competency level to perform their duties.

Motion: Nicolette Moultrie moved to take no action on this item. Moved to direct staff to provide additional information for a future date to allow the Subcommittee time to make an informed decision on this item.

Mr. Lum commented that the DHCC has a limited amount of time to present legislation. As the deadline is Mid-January, the DHCC will not be meeting before the deadline, Mr. Lum stated that he concerned the statute is open ended.

Chair Ward asked for a motion.

Motion: Sandra Klein moved to accept the language as proposed with the five years from the time they have taken the examination to apply for licensure.

Second: Edcelyn Pujol

Chair Ward requested comments.

There were no further comments.

Vote: Motion to adopt the proposed language to add 5 years from the time of completion of an examination to apply for licensure.

Vote: Pass (3:1).

Name	Aye	Nay	Abstain
Evangeline Ward	X		
Nicolette Moultrie		X	
Sandra Klein	X		
Edcelyn Pujol	X		

Future Agenda Items

JoAnn Galliano requested the DHCC to review the Law and Ethics Examination. Ms. Galliano proposed to have the examination revised to allow the examination to remediate within itself. The purpose of the examination is for the candidates to learn the law and understand ethical practice. An exam that can remediate as the candidate takes the examination provides for education concurrently.

Ms. Galliano stated the California Law portion is not in question. It had been her experience that the ethics questions provided the most challenge. Ms. Galliano requested the revision to be considered for both the RDH and RDHAP written examinations.

Ms. Moultrie added reconvening the Alternative Pathway to Licensure Subcommittee to investigate alternate pathways for licensure.

Adjournment

Chair Ward adjourned the Licensing and Examination Subcommittee meeting at 3:58 p.m.



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 5:

Licensure Statistics

(Informational Only)



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee
FROM	Traci Napper, Program Analyst
SUBJECT	LIC 5 – Licensure Statistics

DHCC Licensure Statistics (as of March 8, 2018)

LICENSE STATUS	LICENSE TYPE				
	RDH	RDHAP	RDHEF	FNP	TOTAL
ACTIVE	17,502	539	25	128	18,194
INACTIVE	2,118	50	1	0	2,169
DELINQUENT	3,156	70	6	59	3,291
LICENSED SUBTOTAL	22,776	659	32	187	23,654
REVOKED	21	0	0	0	21
DENIED	1	0	0	0	1
VOLUNTARY SURRENDERED	13	2	0	0	15
CANCELLED	7,947	17	0	31	7,995
DECEASED	210	2	0	0	212
RETIRED	34	0	0	0	34
NON-LICENSED SUBTOTAL	8,226	21	0	31	8,278
TOTAL POPULATION (Licensed Subtotal plus Non-licensed Subtotal)	31,002	680	32	218	31,932

LICENSE TYPES

Registered Dental Hygienist - **RDH**
Registered Dental Hygienist in Alternative Practice – **RDHAP**
Registered Dental Hygienist in Extended Function - **RDHEF**
Fictitious Name Permit – **FNP**

LICENSE STATUS

Active – A license that has completed all renewal requirements.
Inactive – Renewal fees paid and license placed on Inactive status.
(Reasons include: not practicing, live scan or CE incomplete)
Delinquent – Fees have not been paid for one or more renewal periods.
Revoked – Disciplinary action taken; not licensed to practice in CA.
Denied – License or application denied due to disciplinary action.
Voluntary Surrendered – Surrendered license voluntarily due to disciplinary action.
Cancelled – Result from nonpayment of renewal fees for five years after expiration.



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee
FROM	Traci Napper, Program Analyst
SUBJECT	LIC 5 – Licensure Statistics

(DHCC OVERALL Licensure Statistics 2014-2018)

LICENSE TYPE	2014*	2015*	2016	2017	2018
RDH					
Active	19,158	19,121	17,390	17,341	17,502
Inactive	3,604	3,615	2,067	2,091	2,118
Delinquent	2,392	2,535	2,956	3,199	3,156
Revoked	16	0	18	19	21
Denied	0	1	0	1	1
Voluntary Surrender	57	9	13	13	13
Cancelled	6,480	6,602	7,295	7,781	7,947
Deceased	185	189	207	209	210
Retired	0	0	34	34	34
Total RDH	31,892	32,072	29,980	30,688	31,002
RDHAP					
Active	514	534	529	528	539
Inactive	21	21	44	45	50
Delinquent	20	15	50	76	70
Revoked	0	0	0	0	0
Denied	0	0	0	0	0
Voluntary Surrender	1	1	2	2	2
Cancelled	9	12	13	17	17
Deceased	2	2	2	2	2
Retired	0	0	0	0	0
Total RDHAP	567	585	640	670	680
RDHEF					
Active	31	31	25	23	25
Inactive	6	6	3	2	1
Delinquent	1	1	4	7	6
Revoked	0	0	0	0	0
Denied	0	0	0	0	0
Voluntary Surrender	0	0	0	0	0
Cancelled	0	0	0	0	0
Deceased	0	0	0	0	0

Retired	0	0	0	0	0
Total RDHEF	38	38	32	32	32
FNP					
Active	132	153	148	126	128
Delinquent	0	0	0	0	0
Cancelled	18	15	38	61	59
Total FNP	150	168	186	187	187
Grand Total	32,647	32,863	30,838	31,577	31,901
<p>*Licenses Population for 2014 and 2015 is incorrect. The legacy system Cashiering Automatic System (CAS) duplicated some of the licenses. The implementation of the BreEze System in 2016 DHCC's licensing population reflects the correct licensing population.</p>					



Friday, April 20,2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 6:

Written Examination Statistics

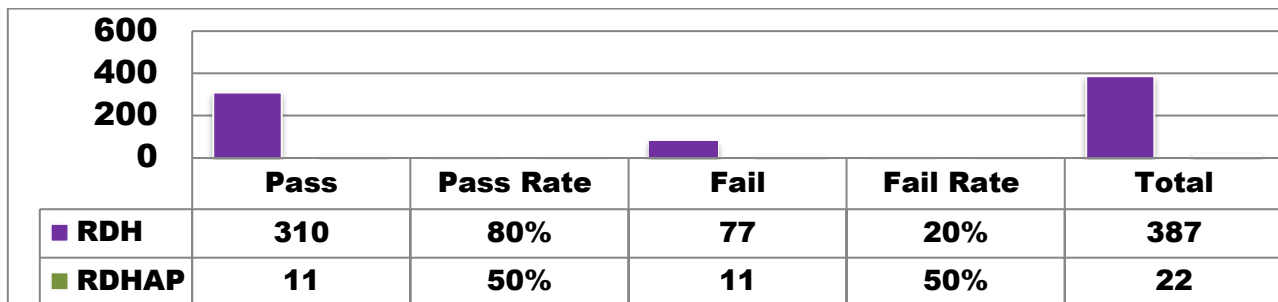
(Informational Only)



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee Members
FROM	Eleonor Steiner, Licensing Analyst
SUBJECT	LIC 6 – Written Examination Statistics

RDH AND RDHAP WRITTEN LAW AND ETHICS EXAM (OCTOBER 4, 2017 – MARCH 7, 2018)



RDH WRITTEN LAW & ETHICS EXAMINATION						
Date Range	RDH Candidates Tested	Pass		Fail		
10/04/2017 – 03/07/2018	387	310	80%	77	20%	
03/30/2017 - 10/12/2017	625	515	82%	110	18%	
11/10/2016 – 03/29/2017	327	228	70%	99	30%	
RDHAP WRITTEN LAW & ETHICS EXAMINATION						
Date Range	RDHAP Candidates Tested	Pass		Fail		
10/04/2017 – 03/07/2018	22	11	50%	11	50%	
03/30/2017 – 10/12/2017	26	15	58%	11	42%	
11/10/2016 – 03/29/2017	16	12	75%	4	25%	

NUMBER OF ATTEMPTS FOR PASSAGE OF THE RDH OR RDHAP WRITTEN EXAMINATION			
Date Range	1 st Attempt	Multiple Attempts	Total Candidates
10/04/2017 – 03/07/2018			
• RDH	255	64	387
• RDHAP	9	4	22

Alternative testing methods to administer computer-based examinations

Purpose of Licensing Examinations

According to B&P Code section 101.6, the purpose of boards, bureaus, and commissions is to “...establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public, or register or otherwise certify persons in order to identify practitioners and ensure performance according to set and accepted professional standards.” The purpose of the licensing examination is to protect the public health and safety by ensuring that “those licensed possess knowledge and skills in sufficient degree to perform important occupational activities safely and effectively” (*Standards*¹, p. 174). Therefore, the Committee has the responsibility to develop and administer a valid licensing examination that tests candidates for relevant law and ethics knowledge in order to protect the public from harm.

At the point of licensure, a candidate should already possess certain knowledge and skills that make him/her qualified to practice safely. The job of a licensing examination is to ensure that candidates meet the minimum standard for licensure. Therefore, licensing examinations are not intended to teach. As a matter of fact, candidates do not receive feedback after taking a licensing examination about which questions were answered correctly and which questions were not.

Appropriateness of alternative testing methods for licensure

There are many computer-based, interactive testing modules available today that are geared toward educating the test-taker. For example, before the candidate takes the exam, he or she might be required to navigate through a teaching module presenting the information that will be tested. However, the legal mandate to ensure that the candidate is able to practice safely and competently, that he or she has actually learned the required information, must still be met.

- These types of tests can assure that candidates are learning the material only if they have real consequences for the candidate, including failure on the examination if they do not answer the required number of items correctly after completing the learning module. Candidates should not be allowed to retake the same examination immediately or be provided answers to the items that they missed. The goal is not to learn the answer to the specific question, but to demonstrate competency in the job domain from which that question was randomly drawn. Otherwise, there is no guarantee that the candidate actually understands and is able to apply the knowledge in real life.
- Therefore, the recommendation to the Committee is to retain the licensure examination in its current form, but to consider developing a learning module that would be available to candidates as yet another tool to help them learn the laws and ethics relevant to their practice.

¹ American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 7:

**Discussion and Possible Action, and
Recommendation to the Full Committee on
Occupational Analysis and Examination
Development for RDH and RDHAP**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item LIC 7 – Discussion and Possible Action, and Recommendation to the Full Committee on Occupational Analysis and Examination Development for RDH and RDHAP

Background

An occupational analysis (OA) is normally conducted every 5 – 7 years to verify that it accurately describes current practice of the dental hygiene profession. An OA's purpose is to define a profession in terms of the actual tasks that new licensees must perform safely and competently at the time of licensure. To develop an examination that is fair, job-related, and legally defensible, it must be solidly based upon what licensees actually do on the job. The last OA was completed in 2010, so a new one will need to be completed soon.

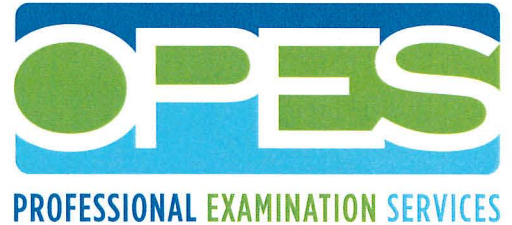
Examination development also needs to be addressed to create a new bank of questions for the RDH and RDHAP law and ethics examinations. The process is lengthy, and time consuming and licensee resources will need to be contacted for a pool of experts to participate in the exam development.

Financially, it would be in the best interest of the DHCC to conduct the OA in fiscal year (FY) 2018/19 and overlap the cost of examination development in the latter part of FY 2018/19 and continue into FY 2019/20.

Committee Action Requested

Staff requests that the DHCC Licensing and Examination Subcommittee discuss and determine whether an occupational analysis is needed and make recommendation to the Full Committee to proceed on a contract with the Office of Professional Examination Services (OPES) to conduct the OA.

OCCUPATIONAL ANALYSIS

**Purpose**

An occupational analysis (or job analysis) defines a profession in terms of the actual tasks that new licensees must be able to perform safely and competently at the time of licensure. In order to develop a licensing examination that is fair, job-related, and legally defensible, it must be based solidly upon what licensees actually do on the job. The occupational analysis should be reviewed routinely every five to seven years to verify that it accurately describes current practice.

Process

Typically, the process begins by selecting and interviewing a sample of licensees who accurately represent the geographic, ethnic, gender, experience, and practice specialty mix of the profession. During the interview, they identify the tasks that they perform within major categories of their profession and the knowledge required to perform those tasks. A committee of subject matter experts meets to finalize the task and knowledge statements, and develop a questionnaire. The questionnaire is sent to a representative sample of licensed practitioners. The data are analyzed, and the results are used to update the description of practice and/or develop a content outline.

Content Outline

The content outline specifies the tasks and knowledge that a newly licensed practitioner is expected to master by the time of licensure, and identifies the relative weight or percentage of each major subject area to be assessed in an examination. The content outline is used to develop questions for and validate new examinations.

**Content Validation
Strategy**

In order for an examination to be valid, it must be empirically linked to the content outline of a recent occupational analysis. The Office of Professional Examination Services recommends that occupational analyses be validated no less than every five to seven years.

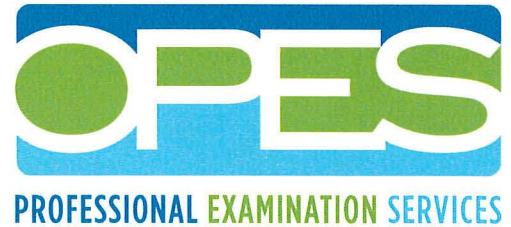
**Legal Standards and
Guidelines**

A number of statutes, standards, and professional guidelines set criteria for the licensing process in California. These include the Standards for Educational and Psychological Testing, the Federal Uniform Guidelines for Employee Selection Procedures, the Civil Rights Act of 1991, California Government Code section 12944 of the California Fair Employment and Housing Act, Business and Professions Code section 139, and the Americans with Disabilities Act of 1990, as amended.

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services at (916) 575-7240.

EXAMINATION DEVELOPMENT



Purpose

The purpose of licensing examinations is to protect consumers by verifying that new licensees possess the minimally acceptable knowledge and experience necessary to perform tasks on the job safely and competently.

Process

A valid occupational analysis (OA) and content outline is required to begin the examination development process. The content outline provides the specifications for the examination.

Examination development is a group process, conducted in structured workshops comprised of subject matter experts (SMEs). Each SME provides a different perspective of the profession that would not otherwise be objectively considered by individuals working alone. To ensure that the description of the profession represents the job tasks of practitioners entering the profession, each workshop always includes a number of newly licensed practitioners. While there may be several workshops to develop an examination, it is recommended that each be scheduled for a minimum of two days to obtain optimum results.

The types of workshops required may include such tasks as re-linking old items (questions) to a new OA content outline; writing new items linked to the outline; reviewing and revising new or poorly functioning items; constructing a new examination version; and determining a passing score.

During each workshop SMEs are trained in the technical, professional, and legal standards that serve as specific guidelines for the development of examinations. For multiple-choice examinations, incorrect options (distracters) in multiple-choice items should be plausible so that an unprepared candidate will seriously consider them with the correct answer (key). For performance examinations, the activities should be sufficiently complex that an examiner can thoroughly assess a candidate's competence to perform actual job-related tasks.

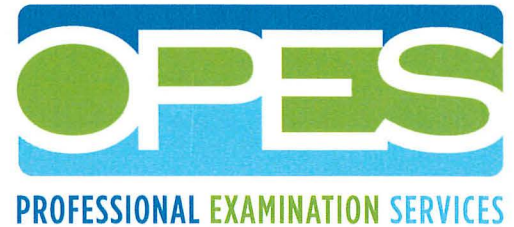
Validation

In order for an examination to be valid, it must be empirically linked to the content outline of a recent occupational analysis. See Informational Series No. 1, "Occupational Analysis" for more information.

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services at (916) 575-7240.

CRITERION-REFERENCED PASSING SCORES



Purpose

The Office of Professional Examination Services (OPES) recommends a criterion-referenced passing score, which applies standards for competent practice to all candidates regardless of the form of the examination administered. A criterion-referenced passing score increases the likelihood that candidates who pass the licensure examination have sufficient knowledge and experience to practice safely and competently.

Process

OPES follows a criterion-referenced methodology called the “modified Angoff technique” for determining licensure examination passing scores. Standard setting is a group process. The group is composed of licensed practitioners representing all aspects of practice or profession and a test development specialist. The process should always include a number of newly licensed practitioners to ensure participation from entry-level licensees.

Criterion-referenced standard setting begins with the establishment of a minimally acceptable level of competence for safe practice that candidates must possess in order to pass the examination. The group develops common definitions of different levels of candidate performance by identifying critical work behaviors that contrast the highly competent, the minimally competent, and the incompetent candidate.

Advantages

Because licensing examinations are known to vary in difficulty from one examination form to another, a fixed passing score or percentage such as 70% does not represent the minimally acceptable competence for all administrations of an examination. Therefore, arbitrary passing scores are not considered legally defensible.

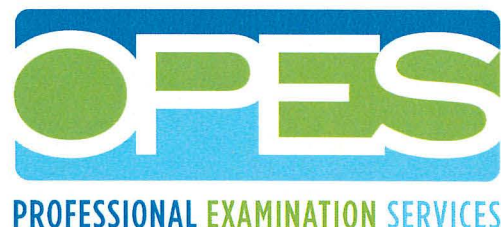
By applying a criterion-referenced methodology, a passing score is lowered for an examination containing a large number of difficult items (questions) and raised for an examination containing a small number of difficult items. Candidates who take a more difficult test would be placed at a disadvantage unless a criterion-referenced passing score is established. Thus, the passing score provides safeguards to both the candidate and the consumer affected by the particular profession.

Another advantage of using criterion-referenced methodology is that the passing score is independent of the performance of other candidates who take the examination at the same time. The passing score is not based on performance with respect to the group. Rather, the passing score is based upon the difficulty of the items within the examination.

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services at (916) 575-7240.

INTRA-AGENCY CONTRACT AGREEMENT



Purpose

The Office of Professional Examination Services (OPES) provides professional examination services to the boards, bureaus, and committees of the Department of Consumer Affairs on a fee-for-service basis through Intra-Agency Contract Agreements (IAC).

Process

The process is initiated by contacting the OPES Chief or supervisors to schedule a meeting to discuss specific licensure examination needs and expectations. An IAC is developed prospectively by mutual agreement between OPES and the board, bureau, or committee. It defines the activities, roles, and responsibilities of each party to the agreement, and a summary outline of the processes and benchmarks. The Department of Consumer Affairs' Contracts Unit reviews and encumbers the projected costs, and OPES invoices the board, bureau, or committee on a quarterly basis for the actual cost of OPES staff hours.

Services

See other titles in this Informational Series for descriptions and details of OPES' services. The following services are provided through an IAC. Costs include test validation staff (\$60 per hour); editing (\$56 per hour); and support staff (\$43 per hour).

- Occupational analyses
- Audit of national examination programs
- Test plan development
- Examination development
- Examination administration
- One-time, nonroutine projects

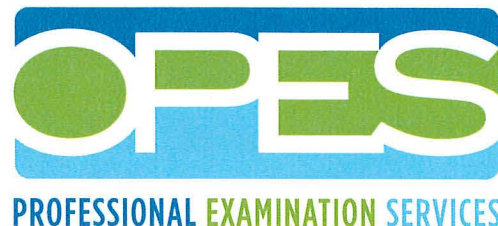
Certain activities are provided without additional charge to the board, bureau, or committee, and include:

- Test scoring and item analysis
- Examination program analysis
- Consultation and oversight
- Psychometric expertise
- Administrative support
- Computer-based testing (CBT) support

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services at (916) 575-7240.

EXPERT CONSULTANTS

**Purpose**

In licensure examination development work, expert consultants are referred to as subject matter experts (SMEs). Their participation is essential to the development of licensure exams, and ensures that the exams accurately assess whether candidates possess the minimally acceptable knowledge, skills, and abilities necessary to perform tasks on the job safely and competently.

Process

The selection of expert consultants/SMEs by boards, bureaus, and committees of the Department of Consumer Affairs (DCA) critically affects the quality and defensibility of their licensure exams, and is based on the following minimum criteria:

- Reflect the profession in specialty, practice setting, geographic location, ethnicity, and gender.
- Represent the current pool of practitioners.
- Possess current skills and a valid license in good standing.
- Articulate specialized technical knowledge related to a profession.

In addition, several of the six to ten expert consultants/SMEs in each workshop should be licensed five years or less to ensure an entry-level perspective is represented.

Due to potential conflict of interest, undue influence, and/or security considerations, board members, committee members, and instructors shall not serve as expert consultants/SMEs for, nor participate in, any aspect of licensure exam development or administration, pursuant to DCA Policy OPES 11-01.

Workshops

OPES exam development workshops bring together the professional knowledge and experience of expert consultants/SMEs, and the expertise of OPES exam development specialists. Separate workshops are conducted for:

Occupational analysis: Identifying critical job tasks and required knowledge.

Item linking: Linking old exam items (questions) to an updated exam outline.

Item writing: Creating new items.

Item review: Revising new or poorly functioning items.

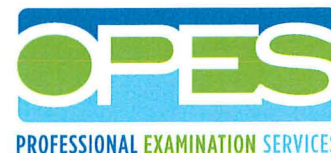
Exam construction: Selecting items to construct a new exam version.

Setting a passing score: Determining the passing score of an exam.

OPES exam development specialists begin each workshop by training expert consultants/SMEs in the required concepts, standards, and techniques. The exam development specialist serves as a facilitator, guide, and coach. Workshops are typically conducted on two consecutive eight-hour days at the OPES offices in Sacramento.

(Continued on back)

EXPERT CONSULTANTS (CONTINUED)

**Security**

OPES has implemented a variety of controls to ensure the integrity, security and appropriate level of confidentiality of licensure exam programs. These controls vary according to the sensitivity of the information, and will include restricting and/or prohibiting certain items, such as electronic devices, when conducting exam-related workshops.

Expert consultants/SMEs are required to provide valid identification, allow for personal belongings to be secured during workshops, and sign one or more agreements accepting responsibility for maintaining strict confidentiality of licensing exam material and information to which they have access.

Any person who fails to comply with OPES' security requirements will not be allowed to participate in licensure exam workshops. In addition, any person who subverts or attempts to subvert any licensing exam will face serious consequences which may include loss of licensure and/or criminal charges.

Authority

California Business and Professions Code section 123

Contact

To learn more about these and other examination-related services, please contact the Office of Professional Examination Services (OPES) at (916) 575-7240.

INTRA-AGENCY CONTRACT AGREEMENT (IAC) # 00000

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

REGISTERED DENTAL HYGIENIST AND REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE

OCCUPATIONAL ANALYSIS COSTS

FISCAL YEAR 2018-19

	Test Validation Staff				Editor		Support Staff		Totals	GRAND TOTAL
	\$72		OT @ \$102		\$67		\$52			
	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost		
1. Review Background Information										\$ 4,608
Review past Occupational Analysis	16	\$1,152							\$ 1,152	
Review changes in law and practice	24	\$1,728							\$ 1,728	
Identify emerging trends and considerations	24	\$1,728							\$ 1,728	
2. Develop Job Content and Structure										
Schedule and conduct 10-15 interviews	48	\$3,456							\$ 3,456	
Transcribe interview information	32	\$2,304							\$ 2,304	
Develop preliminary list of task and knowledge statements	40	\$2,880			24	\$1,608			\$ 4,488	
3. Review Task and Knowledge Statements										
Prepare for one 2-day workshop	16	\$1,152					2	\$ 104	\$ 1,256	
Conduct workshop	16	\$1,152	4	\$ 408					\$ 1,560	
Revise task and knowledge statements	24	\$1,728			16	\$1,072			\$ 2,800	
4. Construct and Launch Pilot Questionnaire										
Develop demographic items and rating scales	12	\$ 864							\$ 864	
Prepare draft of pilot questionnaire	24	\$1,728			24	\$1,608			\$ 3,336	
Prepare final pilot questionnaire	12	\$ 864			8	\$ 536			\$ 1,400	
Configure on-line survey instrument	24	\$1,728							\$ 1,728	
Conduct pilot online survey	16	\$1,152							\$ 1,152	
5. Launch Final Questionnaire/Survey										\$ 4,876
Determine notification/sampling plan	24	\$1,728							\$ 1,728	
Review online pilot survey results	16	\$1,152							\$ 1,152	
Reconfigure survey for final launch	8	\$ 576			4	\$ 268			\$ 844	
Conduct final online survey	16	\$1,152							\$ 1,152	
6. Prepare/Convert Survey Data										\$ 3,168
Download data files	12	\$ 864							\$ 864	
Convert and merge data files for final analysis	32	\$2,304							\$ 2,304	
7. Analyze Questionnaire Data										\$ 4,032
Analyze demographics, task and knowledge statements	32	\$2,304							\$ 2,304	
Develop description of practice	24	\$1,728							\$ 1,728	
8. Review Results of Occupational Analysis										\$ 6,768
Prepare for one 2-day workshop	16	\$1,152					2	\$ 104	\$ 1,256	
Conduct workshop	16	\$1,152	4	\$ 408					\$ 1,560	
Develop description of practice/examination outline	40	\$2,880			16	\$1,072			\$ 3,952	
9. Prepare/Submit Validation Reports										
Prepare draft of reports	80	\$5,760			32	\$2,144			\$ 7,904	
Prepare, print and submit final validation reports	48	\$3,456			16	\$1,072			\$ 4,528	
Administrative Support										\$ 5,480
Technical oversight (40 hours @ \$76/hour)									\$ 3,040	
Cost oversight (40 hours @ \$61/hour)									\$ 2,440	
TOTAL	692	\$49,824	8	\$816	140	\$9,380	4	\$208	\$65,708	\$65,708

INTRA-AGENCY CONTRACT AGREEMENT (IAC) #00000

REGISTERED DENTAL HYGIENIST

WRITTEN EXAMINATION DEVELOPMENT COSTS

FISCAL YEAR 2018-19

		Test Validation Staff				Editor		Support Staff		Totals	GRAND TOTAL
		\$72.00		Overtime @ \$102		\$67.00		\$52.00			
		Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost		
1. Item Writing Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
2. Item Writing Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
3. Item Review Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
4. Exam Construction Workshop											
	Workshop preparation	16	\$ 1,152					2	\$ 104	\$ 1,256	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 5,080
5. Publish Examination (August)											
	Prepare final copies for one form of examination	16	\$ 1,152					2	\$ 104	\$ 1,256	
	Prepare examination for CBT	8	\$ 576	4	\$ 408	8	\$ 536			\$ 1,520	
											\$ 2,776
6. Publish Examination (February)											
	Prepare final copies for one form of examination	16	\$ 1,152							\$ 1,152	
	Prepare examination for CBT	8	\$ 576	4	\$ 408	8	\$ 536	2	\$ 104	\$ 1,624	
											\$ 2,776
Administrative Support											
	Technical oversight (40 hours @ \$76/hour)									\$ 3,040	
	Cost oversight (40 hours @ \$61/hour)									\$ 2,440	
											\$ 5,480
TOTAL		248	\$ 17,856	24	\$ 2,448	48	\$ 3,216	12	\$ 624	\$ 29,624	\$ 29,624

INTRA-AGENCY CONTRACT AGREEMENT (IAC) #00000
REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE
WRITTEN EXAMINATION DEVELOPMENT COSTS
FISCAL YEAR 2018-19

		Test Validation Staff				Editor		Support Staff		Totals	GRAND TOTAL
		\$72.00		Overtime @ \$102		\$67.00		\$52.00			
		Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost		
1. Item Writing Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
2. Item Writing Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
3. Item Review Workshop											
	Workshop preparation	8	\$ 576					2	\$ 104	\$ 680	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 4,504
4. Exam Construction Workshop											
	Workshop preparation	16	\$ 1,152					2	\$ 104	\$ 1,256	
	Conduct 2-day workshop	16	\$ 1,152	4	\$ 408					\$ 1,560	
	Perform post workshop activities	24	\$ 1,728			8	\$ 536			\$ 2,264	
											\$ 5,080
5. Publish Examination (November)											
	Prepare final copies for one form of examination	16	\$ 1,152					2	\$ 104	\$ 1,256	
	Prepare examination for CBT	8	\$ 576	4	\$ 408	8	\$ 536			\$ 1,520	
											\$ 2,776
6. Publish Examination (May)											
	Prepare final copies for one form of examination	16	\$ 1,152							\$ 1,152	
	Prepare examination for CBT	8	\$ 576	4	\$ 408	8	\$ 536	2	\$ 104	\$ 1,624	
											\$ 2,776
Administrative Support											
	Technical oversight (40 hours @ \$76/hour)									\$ 3,040	
	Cost oversight (40 hours @ \$61/hour)									\$ 2,440	
											\$ 5,480
TOTAL		248	\$ 17,856	24	\$ 2,448	48	\$ 3,216	12	\$ 624	\$ 29,624	\$ 29,624



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 8:

**Discussion and Possible Action, and
Recommendation to the Full Committee on
Proposed Revision of Business and
Professions Code § 1917(b) – Time Period to
Accept Clinical Examination Results for
Licensure**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item LIC 8 – Discussion and Possible Action, and Recommendation to the Full Committee on Proposed Revision of Business and Professions Code § 1917(b) – Time Period to Accept Clinical Examination Results for Licensure

Background

This issue is a carry-over from the November 2017 Licensing and Examination Subcommittee and Full Committee meetings due to an impasse to determine a proper amount of time for an individual to pass a clinical examination for licensure and then apply for the license to obtain a dental hygiene license. Suggestions were made for 2, 3, and 5 years from the completion of a clinical examination to obtain a license; however, because of the concern of not practicing dental hygiene for an extended time, an individual's hygiene skills diminish. The issue was discussed, but tabled to the next meeting and no decision was made.

The issue was originally brought to the DHCC's attention in November 2017 because staff has had to issue a license to an individual that passed the clinical examination 5 or 10 years before without working in dental hygiene since graduation. BPC section 1917(b) does not have a time span to accept clinical examination results to apply toward licensure.

Committee Action Requested

Staff requests that the DHCC Licensing and Examination Subcommittee discuss and determine the number of years between passing a clinical examination and applying for a dental hygiene license that is acceptable for recommendation to the Full Committee. The decision made by the Full Committee will be submitted to the legislature to amend this section of law in Senate Bill 1482 (Hill) (DHCC's Sunset Bill).



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 9:

**Discussion and Possible Action, and
Recommendation to the Full Committee on
Registered Dental Hygienist Scope of Practice
in a Public Health Setting – Clarifying Scope**

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

2005 Evergreen Street, Suite 2050 Sacramento, CA 95815

P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov



MEMORANDUM

DATE	April 20, 2018
TO	Licensing and Examination Subcommittee
FROM	Anthony Lum, Executive Officer
SUBJECT	Agenda Item LIC 9 – Discussion and Possible Action, and Recommendation to the Full Committee on Registered Dental Hygienist Scope of Practice in a Public Health Setting – Clarifying Scope

Background

Stakeholders/licensees have inquired with the DHCC several times in the past to obtain clarity as to the scope of practice for an RDH working in a public health setting. At previous DHCC meetings, it was indicated after public comment was received that the issue would be agendized for a future meeting. In February 2018, I received an email (in meeting materials) requesting for the issue to be on April's meeting agenda for discussion.

Committee Action Requested

Staff requests that the DHCC Licensing and Examination Subcommittee discuss and clarify the RDH scope of practice in a public health setting and respond to the questions asked while addressing this agenda item. A recommendation to the Full Committee may or may not be needed if clarity is obtained.

Lum, Anthony@DCA

Subject: RE: CDHA DHCC request

From: Laurel Bleak [mailto:LBLEAK@VERIZON.NET]
Sent: Thursday, February 22, 2018 8:16 PM
To: Lum, Anthony@DCA <Anthony.Lum@dca.ca.gov>
Cc: incredibleteeth <incredibleteeth@aol.com>
Subject: CDHA DHCC request

Dear Tony

I wanted to follow up on our member Jennifer Schmit's request at the last DHCC meeting under new business regarding our allowable duties and supervision in a public health/ community even situation. Will we be on the agenda for the next DHCC meeting?
Here was her request for clarification:

CDHA Public Health Council is working to help components plan public health/community events. [We are looking to DHCC to clarify the duties we can perform.](#)

Here is what we understand:

- [With supervision, no limits to allowable duties](#)
- [In an organized government supported program, where a DDS is on staff, but not on site, no limit to allowable duties.](#)
- [Without supervision in a community center, church, or school, RDHs can screen and educate but not apply fluoride varnish.](#)

The main area that requires clarification is what we can do without supervision in a non-governmental or institutional, community-based environment, eg health fairs, school screenings, Kindergarten assessments.

- [Oral Cancer screening](#)
- [Oral health education](#)
- [Dental screenings](#)

- **Fluoride Varnish**
- **Sealants**

What are the requirements for the General supervising dentist in the non-governmental or institutional, community-based environment?

- **Blanket RX for Fluoride varnish**
- **Liability insurance**
- **Consent form protocol**
- **Information on disclaimer**
- **Patient of record requirement**
- **HIPPA and confidentiality concerns with dental health report of a child to the parent**

Additional questions from PHC members:

- **How would a health fair need to be structured to allow RDHs to apply fluoride varnish?**
- **If a state legislator hosts a health fair, how would that need to be organized to for RDHs to provide dental screenings and Fluoride varnish with no DDS present?**
- **Are RDHs able to apply Fluoride varnish in school-based programs without a DDS?**
- **What is the difference between passive and active parental consent. Does passive parental consent cover screenings only?**

Submitted: Jennifer Schmit, RDH, BS and the CDHA Public Health Council

Thank you for your attention to this matter and we hope you can help clarify this for all of us

Laurel

Laurel Bleak, RDH, BSDH
Public Health Council Chair
California Dental Hygienists' Association

From: Laurel Bleak <LBLEAK@VERIZON.NET>
To: Anthony.lum <Anthony.lum@dca.ca.gov>
Cc: incredibleteeth <incredibleteeth@aol.com>
Sent: Thu, Feb 22, 2018 8:15 pm
Subject: CDHA DHCC request

Dear Tony

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Here is what we understand:

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- Without supervision in a community center, church, or school, RDHs can screen and educate but not apply fluoride varnish.

The main area that requires clarification is what we can do without supervision in a non-governmental or institutional, community-based environment, eg health fairs, school screenings, Kindergarten assessments.

- Oral Cancer screening
- Oral health education
- Dental screenings
- Fluoride Varnish
- Sealants

What are the requirements for the General supervising dentist in the non-governmental or institutional, community-based environment?

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- Liability insurance
- Consent form protocol
- Information on disclaimer
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Additional questions from PHC members:

- How would a health fair need to be structured to allow RDHs to apply fluoride varnish?
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- Are RDHs able to apply Fluoride varnish in school-based programs without a DDS?
- What is the difference between passive and active parental consent. Does passive parental consent cover screenings only?

Submitted: Jennifer Schmit, RDH, BS and the CDHA Public Health Council

Thank you for your attention to this matter and we hope you can help clarify this for all of us

Laurel

Laurel Bleak, RDH, BSDH
Public Health Council Chair
California Dental Hygienists' Association
www.cdha.org

Dental Hygiene Table of Permitted Duties – California (2017)

The table below lists the duties Registered Dental Hygienists (RDH), Registered Dental Hygienists in Extended Functions (RDHEF), and Registered Dental Hygienists in Alternative Practice (RHDAP) are allowed to perform under the California Dental Practice Act.

This table is intended to provide summary information, and is not intended to cover all aspects of applicable laws or provide a substitute for reviewing the laws that are cross-referenced below. It is highly recommended that licensees review the actual text of the laws contained in Poster 14A – DHCC Dental Hygiene Duties in your OSHA Review Poster Set.

If a duty is not listed in the sections of law cited below, the dental hygienists are NOT allowed to perform the duty. Under each category of dental hygienist is one of the following notations:

“N” means that the dental hygienist is **NOT permitted** to perform the duty.

“D” means that the dental hygienist may perform the duty under the **Direct supervision of a dentist**, which means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during the performance of those procedures. The duty must be performed pursuant to the order, control and full professional responsibility of the supervising dentist.

“G” means that the dental hygienist can perform the duty under the **General supervision of a dentist**, which means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures. This is not the same as the “Without Supervision” designation.

“05” means that a Registered Dental Hygienist or Registered Dental Hygienist in Extended Functions may perform the registered dental assisting duty under the same level of supervision if initial license was issued on or before December 31, 2005 or, if initial license was on or after January 1, 2006, the hygienist has completed the required education, or training, examination, and has obtained a license as a Registered Dental Assistant.

“WS” means the Registered Dental Hygienist may perform this function **without supervision of a dentist**. “Without supervision” differs from “general supervision” in that the dentist has not examined the patient prior to the provision of the service.

The sections of law noted below are contained in the Dental Practice Act located in Chapter 4, Division 2 of the California Business and Professions Code (BPC) and in Title 16, Sections 1088-1089 of the California Code of Regulations (CCR).

Duty	Section of Applicable Law	RD H	RD HEF	RD HA P
Anesthesia, local – administer (after completing a Dental Hygiene Committee of California-approved course)	BPC 1909 1921	D	D	D
Archwires – place and remove ligature ties and archwires (see Ligature ties)	BPC 1907 1921	G	G	G
Bases – place bases, liners, and bonding agents	BPC 1907 1921	05	05	05

Bite registrations – take facebow transfers and bite registrations	BPC 1907 1921	G	G	G
Bleaching agents – apply and activate bleaching agents using a nonlaser light-curing device	BPC 1910 1921	G	G	G
Bonding – chemically prepare teeth for bonding RDHEF – prepare enamel by etching for bonding; apply etchant for bonding restorative materials	BPC 1907	05	05	05
Bonding – prepare enamel by etching for bonding; apply etchant for bonding restorative materials	16CCR 1089	N	D	N
Bonding agents – place bases, liners, and bonding agents	BPC 1907 1921	05	05	05
Caries detection devices and materials, automated – use of automated caries detection devices to gather information for diagnosis by the dentist	BPC 1914 1921	G	G	G
Cement, excess on surfaces of teeth – remove with a hand instrument	BPC 1907 1921	G	G	G
Cement, excess – remove from surfaces of teeth undergoing orthodontic treatment, with an ultrasonic scaler.	BPC 1907 1921	G	G	G
Computer-aided design (CAD), milled restorations – obtain intraoral images for computer-aided design, milled restorations	BPC 1907 1921	05	05	05
Cord retraction of gingiva for impression procedures	16CCR 1089	N	D	N
Crowns, temporary – fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration	BPC 1907	05	05	05
Curettage, soft tissue (must FIRST complete a DHCC-approved course)	BPC 1909 1921	D	D	D
Dentures – adjust extra-orally	BPC 1907	05	05	05
Dressings, periodontal – place	BPC 1914	G	G	WS
Dressings, post-extraction – place after inspection of the surgical site by the supervising licensed dentist	BPC 1907	05	05	05
Dressings, periodontal and post extraction – remove periodontal dressings and remove post extraction dressings after inspection of the surgical site by the supervising licensed dentist.	BPC 1907 1921	G	G	G
Endodontic filling point – fit trial	16CCR 1089	N	D	N
Endodontic post and core castings – formulate indirect patterns for	16CCR 1089	N	D	N
Endodontically treated canals – dry using absorbent paper points	BPC 1907	05	05	05
Exam, preliminary – including but not limited to periodontal charting, intra and extra-oral examination of soft tissue, classifying occlusion, myofunctional evaluation	16CCR 1088	G	G	WS
Extra-oral duties or procedures specified by the supervising licensed dentist provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750	BPC 1907 1921	G	G	WS
Facebow transfers – take facebow transfers and bite registrations	BPC 1907	05	05	05
Fluoride – apply	BPC 1910 1921	G	G	WS
Fluoride, public health program – apply in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
Hygiene preventive services in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
Impressions, cast restorations – take final impressions for cast restorations	16CCR 1089	N	D	N

Impressions, bleaching trays – take for bleaching trays and placement of in-office, tooth whitening devices	BPC 1910 1921	G	G	G
Impressions, nonprosthodontic appliances – take intraoral impressions for all nonprosthodontic appliances	BPC 1907 1921	05	05	05
Impressions, space maintainers, orthodontic appliances and guards – take intraoral	16CCR 1089	N	D	N
Interim Therapeutic Restoration (ITR) – place an ITR after the diagnosis and direction of a dentist in a telehealth connected dental team. Specifications for required education, supervision and conditions are found in the BPC section specified.	BPC 1910.5 1926.05	G	G	G
Irrigate subgingivally with an antimicrobial and/or antibiotic liquid solutions	BPC 1910 1921	G	G	WS
Ligature ties – place and remove ligature ties and archwires (see Archwires)	BPC 1907 1921	05	05	05
Light-curing device – use nonlaser device to activate bleaching agent	BPC 1910 1921	G	G	G
Light-curing device – cure restorative or orthodontic materials in operative site with	BPC 1907 1921	G	G	G
Liners – place bases, liners, and bonding agents	BPC 1907 1921	05	05	05
Matrices – place, wedge, and remove matrices for restorative procedures.	BPC 1907 1921	G	G	G
Monitoring – place patient monitoring sensors	BPC 1907 1921	D	D	D
Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.	BPC 1907 1921	G	G	WS
Nitrous oxide and oxygen – administration, whether alone or in combination with each other (must FIRST complete a DHCC-approved course)	BPC 1909 1921	D	D	D
Oral exfoliative cytology	16CCR 1088	G	G	WS
Oral health screenings	BPC 1911 1921	WS	WS	WS
Orthodontic appliances – examine	BPC 1907 1921	05	05	05
Orthodontic appliances, removable – after adjustment by the dentist, examine and seat appliances and deliver care instructions to the patient	BPC 1907 1921	05	05	05
Orthodontic bands – remove	BPC 1907 1921	05	05	05
Orthodontic measurements – perform measurements for the purposes of orthodontic treatment	BPC 1907 1921	05	05	05
Orthodontic separators – place and remove	BPC 1907 1921	05	05	05
Photography – perform intraoral and extraoral photography	BPC 1907 1921	G	G	WS
Polish coronal surfaces of the teeth	BPC 1910	G	G	WS
Preventive and therapeutic interventions – includes oral prophylaxis, scaling, and root planing	BPC 1910 1921	G	G	WS
Pulp vitality – test and record findings	BPC 1907 1921	05	05	05
Radiography equipment – operate dental radiography equipment for the purpose of oral radiography	BPC 1914 1921 1910.5 1926.5	G	G	WS

Restorations – polish and contour	16CCR 1088	G	G	WS
Restorations, direct provisional – place, adjust and finish	BPC 1907 1921	05	05	05
Restorations, indirect provisional – fabricate, adjust, cement, and remove; includes stainless steel crowns when used as a provisional restoration	BPC 1907 1921	05	05	05
Root planing	BPC 1910 1921	G	G	WS
Rubber dams or other isolation devices – place and remove	BPC 1907 1921	05	05	05
Scaling and root planing – and other preventive and therapeutic interventions, including oral prophylaxis	BPC 1910 1921	G	G	WS
Sealants, pit and fissure – application of	BPC 1910 1921	G	G	WS
Sealants, pit and fissure, public health program – apply pit and fissure sealants in a public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity	BPC 1911 1921	WS	WS	WS
Sedation – monitor patients undergoing sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.	BPC 1907 1921	G	G	G
Soft tissue curettage – (after completing a DHCC-approved course)	BPC 1909 1921	D	D	D
Sutures – remove after inspection of the site by the dentist.	BPC 1907 1921	G	G	G
Topical agents – apply nonaerosol and noncaustic agents	BPC 1914	G	G	WS
Topical, therapeutic, and subgingival agents – apply for the control of caries and periodontal disease	BPC 1910 1921	G	G	WS



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 9:

Future Agenda Items



Friday, April 20, 2018

Dental Hygiene Committee of California

Licensing and Examination Subcommittee Meeting

Agenda Item LIC 11:

**Adjournment of the Licensing and
Examination Subcommittee**