

**Dr. Bijal Joshi, Esq.**

***Email:***

**[Bijal@drjoshilaw.com](mailto:Bijal@drjoshilaw.com)**

**Ph: 213-268-0562**

**[www.drjoshilaw.com](http://www.drjoshilaw.com)**



## Introduction

**Dr. Bijal Joshi**

**Practicing Dentist for over 24 years**

**Practicing Lawyer Business Transactional Law**

**And Fellow Dentists**

**Full-time Mom of TWO boys**

**My LAW  
Practice is  
mainly  
Representing  
Dentists/  
Medical Prof  
in:**

---

**Practice Purchase Agreement**

---

**Lease Agreements**

---

**New Leases**

---

**Partnerships**

---

**Associate Agreements**

---

**Real Estate Sales**

---

**Corporations**

# **California Dental Practice Act 2026 (Mandator y Course)**

- **Punjabi Dental Society 2026**
- **By:**  
**Bijal Joshi, DDS, Esq.**

# **California Dental Practice Act (CDPA) consist of:**

**\*Body of laws in California,  
\*Business and Professions Code along with**



**\*California Code of Regulations that governs all  
Dental Professional:**

General Dentist	Oral and Maxillofacial Surgeons	Orthodontists	Unlicensed Dental Assistants	Registered Dental Assistants	**(Dental Hygienists (now have separate RDH board))
-----------------	---------------------------------	---------------	------------------------------	------------------------------	---

# **CA Dental Practice Act Includes:**

**\*Definition of dentistry, All Specialties**

**\*Education, qualifications, exams**

**\*Approving dental school criteria**

**\*Committees and Special permits**

**\*Restorative materials fact sheet: risks & efficacy, must update for all patient**

**\*Diversion (addiction recovery without losing license)**

# **CA DENTAL PRACTICE ACT INCLUDES:**

---

**Health and Safety codes, infection control**

---

**Illegal acts, unprofessional conduct, gross negligence**

---

**Prescription and drugs**

---

**Criminal acts and Abuse reporting**

---

**Ethics and Consent**

# Dental Board of California Responsibility:

Licensure of qualified dental health professionals

Enforcement of the California Dental Practice Act

Improving the education of consumers and licensees

Protect the health and safety of dental care consumers by taking actions to maintain appropriate standard of care.

**Dental Board  
of California  
Consists of:  
15 members**

- 1) eight practicing dentists
- 2) one registered dental hygienist
- 3) one registered dental assistant
- 4) five public members

# California Dental Practice Act



**Not intended to**  
replace  
professional oaths  
and codes of  
ethics



**BUT does define**  
**actions and**  
**omissions that**  
**may lead to legal**  
**action and**  
**revocation of a**  
**license to Practice**  
**Dentistry in State**  
**of California.**

# **BAPS Temple Chino Hills, CA**





## **The Mission Statement of the Dental Board of California (DBC):**

**“Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.”**

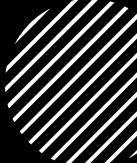


## LAWS WE MUST FOLLOW:

- OSHA: Occupational Safety and Health Administration Laws
  - CDC recommendation
  - Both Mandatory and not mandatory
- \*\*State Board laws
  - CDC & OSHA & ADA standards
- Civil & Health Dept laws
- FDA, EPA laws
- Instructions for use
- \*\*\*Also, Make sure to pay Federal taxes to renew the license



# What are the most cited violations by Dental Board?



Failure to produce patient records within 15 days or less



Failure to follow infection control guidelines



Failure to comply with bloodborne requirements



Unprofessional conduct:  
Inside and outside of  
Dental Practice/Profession

# What is Dentistry?

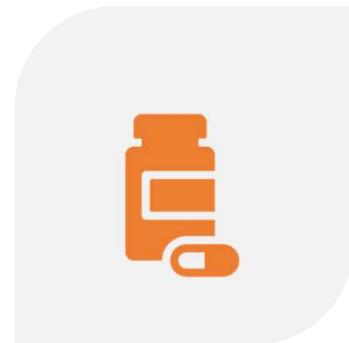
"the evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical, or related procedures) of diseases,

disorders, and/or conditions of the oral cavity, maxillofacial area, and/or the adjacent and associated structures

their impact on the overall human body;

provided by a DENTIST, within the scope of his/her education, training, and experience, in accordance with the ethics of the profession and applicable law".

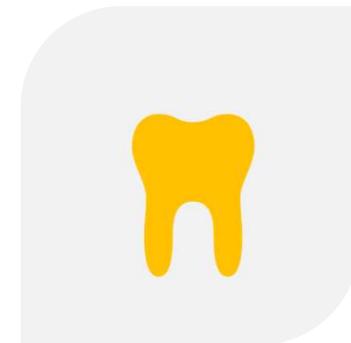
# Dentistry is not the practice of:



PRESCRIPTION OF WEIGHT LOSS MEDICATIONS.



ADMINISTRATION OF INJECTIONS SUCH AS THE HEPATITIS B VACCINE TO STAFF OR OTHERS.



**EVERYTHING WE DO AS A DENTIST MUST FALL WITHIN THE SCOPE OF DENTISTRY AND A REASONABLE STANDARD OF CARE APPLIES.**

# **Case: New Law SB 1453**

**During and after Covid-19 pandemic, widespread concerns arose nationwide about infection control practices in dental offices.**



**Especially in how unlicensed dental assistants were trained and first exposed to blood, saliva, and other infectious materials**



**1. Inconsistent infection control training, 2. unlicensed assistants beginning clinical duties without standardized instruction and 3. variability in how and when training was delivered across practices**



**These issues led Dental board to a change in timeline and requirements for infection control education for unlicensed dental assistant.**

Dental Board's new sunset review bill (SB 1453) and took effect statewide starting January 1, 2025:

- **Unlicensed dental assistants — regardless of hire date — must complete the required eight-hour infection control course *before* they are first exposed to blood or saliva.**
- **This replaced the previous standard that allowed the course to be completed within a year of hire, which was widely seen as too permissive in light of patient safety concerns**



## SEXUAL HARRASSMENT PREVENTION TRAINING

- January 1, 2022
- If < 5 employees, then not needed for managers
- If >5 employees, then managers require 2 hrs. Training
- Other employees require 1 hr.
- Qualified providers must give the training.

# Case: Peeping Tom

Facts: Fairly new case

Dentist placed a small hidden camera in patient and employees' restrooms

Court ordered warrant to search his office and home

Confiscated Recordings showed staff and patients' private activity including minors using toilets on office and home computer

# Disciplinary Actions: immediate suspension of license

Dentist booked on multiples charges including possession of child pornography and peeing

Unable to practice dentistry on any women and children

Why: Endangers the health and safety of the public  
Is unprofessional or grossly unethical

## In reality:

Dentist will be placed on Probation

charged with privacy violations,  
sexual misconduct, and criminal acts

Likely have to register as sex offender  
(minor involved)

May lose dental license

# **When patient DO NOT come back for follow up or final restoration:**



Call the patient and document



Keep all the records of the follow-up



Send a letter via certified mail to patient whose treatment is not completed like crown delivery or denture delivery.



## **Patient refuses X-rays**

- **INFORMED PATIENT IN WRITING**
- **DO NOT TREAT PATIENT**
- **STANDARD OF CARE FOR DIAGNOSIS: X-RAYS. X-RAYS. X-RAYS. X-RAYS**
- **\*IT IS ILLEGAL TO PERFORM TREATMENT**

# **Patient's Perception Determines Litigation**

**COMMUNICATION**

**COMMUNICATION**

**COMMUNICATION**

**BEST WAY TO AVOID LITIGATION**

# Case: When the Dentist Fails to Respond



## Dentist performed a root canal on tooth 29

Overfills the canal with sealer leaking out and did not tell the patient.

Patient call few times and left messages with staff.  
Dentist did not call back.

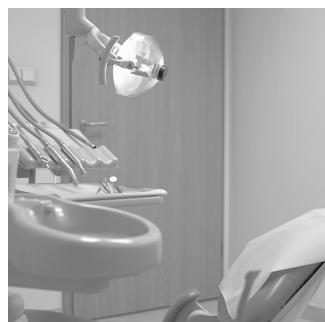
Patient went to another dentist and was informed.



## Impact of Poor Communication

Lack of timely dentist response causes patient frustration and can negatively affect trust in dental care.

Now the patient is angry and wants to sue the dentist.



## Patient sues the dentist and wins

Effective and prompt communication is crucial for ensuring patient safety and concerns.

Was this lawsuit preventable??

# **WHO CAN REPORT DENTIST TO STATE BOARD**

- LAW ENFORCEMENT
- INSURANCE COMPANIES
- PATIENTS: NOT  
ANONYMOUS, PUBLIC  
RECORD CREATED
- COLLEAGUES: CAN BE  
ANONYMOUS



# Case: Insurance Fraud

Dentist performed procedures on patients who had healthy gums and teeth, dentist modified X-rays and pictures.

On one patient, Dentist had done more than 18 root canals and crowns.

Collected insurance money for unneeded procedures performed on more than two dozen patients.

Dentist was charged with 28 counts of felony insurance fraud for allegedly carrying out the procedures.



# I How was it discovered? Sale of Dental Practice

---

**Buyer Dentist checked the records, which revealed unneeded dental treatments such as root canals and crowns were either performed or not performed but the insurance was billed.**

---

Buyer received “substantial” settlement based on Fraud and Misrepresentation

---

The Seller Dentist lost his license and was ordered to pay the settlements to insurance companies and patients.

---

**\*\*\* always do your due diligence when purchasing a practice**

As a dental attorney I always advice my clients about what to look for when buying and what to do before selling the dental practice.

# Insurance Fraud

- In one high-profile case in Southern California, a dentist pled guilty to federal health care fraud for submitting thousands of false insurance claims for unnecessary or unperformed procedures, resulting in tens of millions of dollars in improper payments. Insurance fraud isn't just unethical — it's a federal crime and can lead to prison time, forfeiture, and loss of your dental license

# My 12-year-old Son: Rohan



# My 11-year-old son: Prem Go Chiefs!!



**ALL LICENSED  
CLINICIANS:  
MUST  
IDENTIFY &  
POST License  
in a  
CONSPICUOUS  
location**

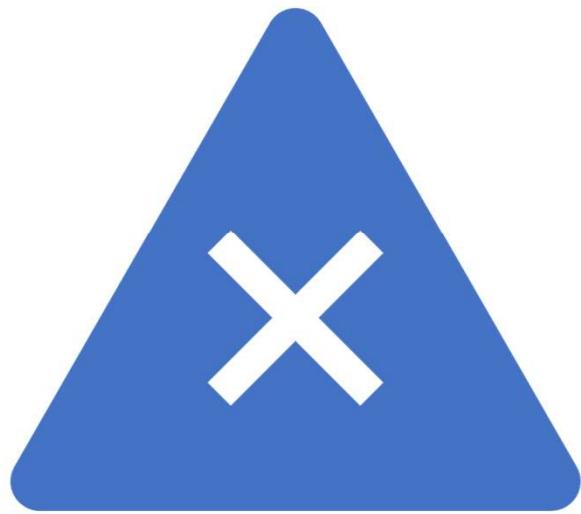
- In Writing
- Must display name tag
- License in office
  - Display degree
  - License type and Status
  - Board certification
  - Also, on website
  - For supervising Physicians and Surgeons
    - Hours in facility

**License and  
permit posting  
requirements  
must publicly  
post in dental  
practice**

Licenses and permits for all licensed  
dental professionals ex: Dentist, RDA, DA,  
RDH

Certificates of completion of board-  
approved radiation safety and coronal  
polishing courses for UN-licensed dental  
assistants

must be publicly displayed within the  
dental practice or facility where treatment  
is being provided.



## ADVERTISING

- **UNLAWFUL: when it contains material misrepresentation of fact**
- **Any form of false, misleading or deceptive claim, image**
- **Fee and discounts must be accurate, precise with disclosure**
- **DON'T LIE**
  - **About DDS's identity**
  - **Training: Credentials**
  - **Competence**
  - **Services**
  - **FEE**

# **ILLEGAL DENTAL LICENSING:**

## **ILLEGAL TO:**

- **MISREPRESENT DDS credentials**
- **Sell, BUY or Counterfeit or fraudulently use dental degree, license or transcript**
- **Practicing without VALID license**

# **Case: Medi-CAL Fraud**

---

Facts: Multiple dental practices, mainly in lower socioeconomic areas.

---

Husband and wife dental owner teams had 19 other dentist working for them

---

Performed unnecessary dental procedures, billing Medi-Cal for procedures never done and performing substandard dental work

---

Dental Associates were instructed to diagnose and perform very aggressive dentistry

---

Associates were provided incentives to perform unnecessary dental procedures of poor quality, including unnecessary fillings.

# Medi-Cal Fraud

Most patients walked out with 20 or more fillings

To help increase billings, DA were instructed to perform procedures such as cementing crowns.

Billers fabricated periodontal charts and prepare Treatment Authorization Requests (TARs)

Insurance billers were docked a dollar from the paycheck for each mistakes they made

# Disciplinary Actions:

Gross negligence

Incompetence

Repeated negligence

Excessive treatment

Insurance fraud

# In reality:

Both husband and wife Dentists surrendered their license

Dentist lost all rights and privilege to practice dentistry in California

Found grossly negligent, incompetent and committed repeated acts of negligence

Dentist paid \$20,000 to the board for investigation fees

Do not commit Insurance fraud (never against government agency)



**WARNING:**

---

**It is a criminal offense to  
perform licensed Dentist  
duties with an expired,  
cancelled or inactive license!**

---

How to become a licensed  
dentist?

# How to Become a Licensed Dentist:

3 ways

## EXAMINATION:

- PASS Western Regional Exam (WREB) OR
- PASS ADEX examination

## CREDENTIALS:

- License from another state and have a proof of active and good standing clinical practice for 5000 hrs/ 5 years
- Passed the national boards within 5 years and went to US Dental School

## RESIDENCY:

- complete 12-month GP residency or
- ADA'S Commission on Dental Accreditation approved advanced program within 2 years

IN  
ADDITION  
  
FOR  
DENTAL  
LICENSE

Must pass CA Law  
and Ethics exam

Fingerprinting

# Nonclinical licensure by credential pathway

Dentists licensed in another state who practice non-clinically for a specified time in a role that requires an active dentist license (such as dental public health)

now be eligible to apply for a California license using the licensure by credential pathway.

# License Renewal for Dentist

**Every 2 years, end of birthday Month**

- If you don't renew, you are practicing without a license
- NO GRACE PERIOD

**Pay penalty after 30 days lapse**

**Employers are also responsible for your staff's licensure status**

# **License Renewal for Dentist and Auxiliaries**

**Can make address changes Online**

**Can Renew their state license Online**

- <https://www.breeze.ca.gov>

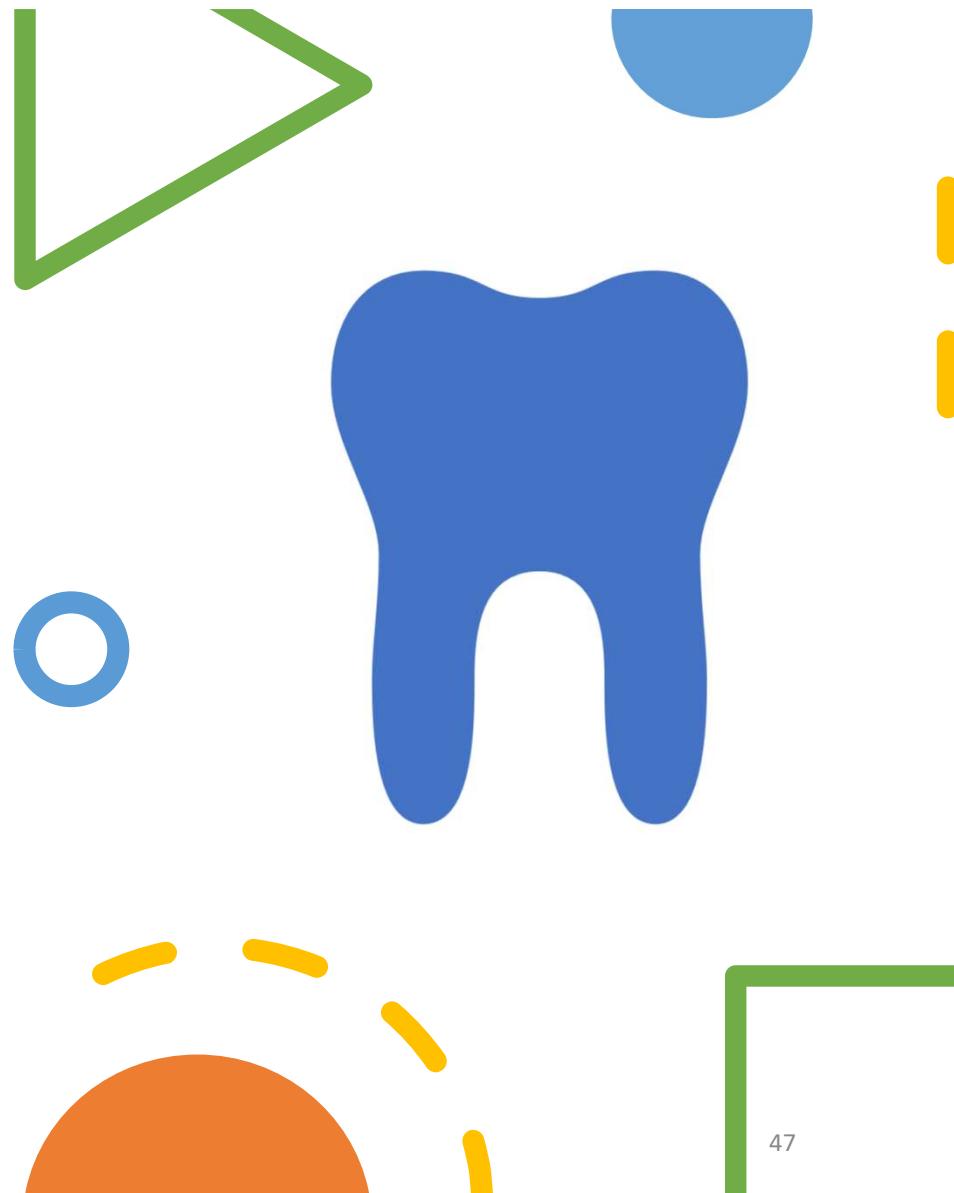
**Beginning in July 2021, license renewals are online only via the BREEZE system**

**Answer correctly regarding new criminal records**

- **any DUI citations and your Federal Taxes are paid**

# Scope of Allied Dental Health Professionals

- A licensed dentist must provide direction to all their clinical staff and is liable for their actions.
  - Dental Assistants
  - Registered Dental Assistants
  - Dental Hygienist
  - Any Employees in the office



# **Dental Auxiliary DUTIES**

- Allowed duties specifically listed
- All other duties are **NOT** allowed
- **NOT ALLOWED = Illegal**
  - DUTIES THAT SHOULD BE PERFORMED BY ONLY DENTIST
  - REQUIRE KNOWLEDGE, SKILL, TRAINING OF LICENSED DENTIST

**\*\*\*ALL Auxiliary duties and Supervision must be posted in office, visible to all employees.**



## RDA/DA/RDH:

- Expose Emergency radiographs upon direction of the dentist.
- Perform extra-oral duties or functions specified by the dentist.
- Perform mouth-mirror inspections of the oral cavity, including
  - charting obvious lesions,
  - malocclusions,
  - existing restorations and
  - missing teeth.

# **AFTER A DDS PRELIMINARILY EXAMINES A PATIENT:**

procedures necessary for  
Diagnostic purposes:  
FMX,

provided that the  
procedures are permitted  
under the ADHP's  
authorized scope of  
practice.

# How to become a Registered Dental Assistant (RDA):



# How to be RDA- EXTENDED FUNCTION (RDAEF)

**\*RDA plus**

**\*PASS WRITTEN EXAM**

**\*PASS APPROVED COURSES IN  
advance training**

**\*NO Clinical exam**

# Case: Failing Fillings

- **Facts: Dentist worked for DSO Dental.**
- **Dentist did fillings on patients.**
- **After few days the fillings will fall out and dentist will refill.**
- **On many occasions, the decay was left in the tooth**
- **As a result, multiple teeth would require Root Canals.**
- **Dental Assistant who assisted the Dr. on multiple occasions stated that the problem with the dentist is that she would drill minimally into the teeth, not remove all of the decay, would ask for material to isolate the tooth in preparation to fill the cavity, and never checked a patient's bite/occlusion with articulating paper.**
- **DA would predict the fills will fall off and it did.**

## **Disciplinary action:**

Gross negligence

Repeated acts of negligence

Incompetence and was asked to  
CE Credits

License suspended and asked to  
pay cost of investigations

## In reality:



If you or anyone in your team, is having multiple patient visits for same procedure, correct it right away.



**Do not wait.**



CE courses are necessary and recommended

# Rides at Disney:



# Dental Hygiene Board of California (DHBC)

Represents RDH

RDHEF (extended function)

RDHAP (Alternative Practice)

9 members appointed by governor

- 4 Public
- 1 practicing dentist
- 4 RDHs

# What does Dental Hygiene Board of California (DHBC) do?

Develop and administer exams for RDH

Adopt regulations

Issue, review, revoke licenses

Determine DH fees and CE regulations

New DH schools must show that there is need before  
CODA

Only DH Committee/Board with complete control over  
school accreditation

# Registered Dental Hygienist (RDH) Licensure

**Graduate of Accredited Dental Hygiene  
School/Program**

**Passed DH national Boards and State Boards**

**No clinical Exam in California**

**Completion of Board approved courses:**

- Local Anesthesia
- Soft tissue Curettage
- Nitrous

# **RD Hygienist in alternative practice**

60

**B.S. Degree and RDH license**

**Active DH clinical practice**

**150 hours of approved educational  
Program**

**Pass written exam prescribed by DHBC**

**More credentials, work independently**

**If RDH or  
RDA or  
Dentist has  
a criminal  
record in  
another  
state?**

Now applying in  
California?

Do they have to disclose  
this on their Application?

- YES/NO

# Does that mean you won't get a license?

NO, it depends

Most time will issue probationary license for 3 years

Must follow all the conditions set by the Dental Board on your Probationary license

Will be kept under a microscope?  
Why? No harm to public

# Case: Probation license

---

Facts: Dental board received application to establish licensure by credential by NY Dentist denied license based on the following:

Dr. CB had three malpractice claims in New York:

---

In 1988, Dentist performed crown and bridge which required extraction and RCT. \$1,00,000.00 settlement.

b. In 1991, Dentist caused a patient to suffer paresthesia. \$87,500.00 settlement.

---

C In 1995, Dentist treated a patient with a crown and bridge which required extraction/RCT \$75,000.00 settlement.

In California, first the license was denied, and dentist appealed and was granted Probationary license for 3 YEARS.

IF under  
probation  
then must  
obey all laws:  
TOO MANY

- **Obey all laws: Federal, State and Local laws and all rules and regulations governing practice of Dentistry in CA**
- **Quarterly reports signed under penalty of perjury stating compliance with all conditions of probations**
- **Comply with Boards probation period**
- **Address change notification, Name change and license status**
- **Meeting with interviewers as directed by Board**
- **Status of residency, practice or licensure outside of state**
- **Submit documentations requested by Board**
- **Probation monitoring cost**
- **License surrender if they retire or decide not to practice**
- **Function as a licensee as directed by the board**
- **Control of probation terms**
- **Sale or closure of an office**
- **Notifications**
- **Community service**
- **Full compliance**



**In Reality:**

- **Dentist was unable to fulfil all the probationary conditions**
- **License was revoked.**



# **CE requirement**

**Dentist 50 units**

**RDH 25 units**

**Mandatory:**

**Infection control (2hrs)**

**California Dental Practice Act (2hrs)**

**CPR/BLS (2 hrs), live course, skills assessment and written test**

- Must be given by American Red Cross, American Heart Association or CERP OR PACE and American Safety Health Institute (Proposed)**



## CE Requirements: DA

- Special Permit Holder: take subject specific CE courses required for permit renewal
- DA's must pass 3 courses within 12 months of hire:
- Infection control and radiation safety (8hrs) (1 time)---MUST BE DONE within 1 month
- CDPA (2 hrs) once
- CPR/BLS on a regular basis
- DENTIST is RESPONSIBLE for staff

## HOW LONG DO WE HAVE TO KEEP CE CERTIFICATES FOR?



**3 RENEWAL PERIODS**



**(6 YEARS) IN CASE OF AUDITS**

## PROPOSED CHANGES TO CE REQUIREMENT

Sexual Harassment prevention CE  
as acceptable for mandatory credit.

NOW REQUIRED CE: Responsibility  
and Requirement of Prescribing  
Schedule II Opioid Drugs and Risks  
of addiction. Mandatory Credit

# Mandatory CE

**10 CREDITS:** of the CE  
may be Primarily for  
dental Management, but  
also must benefit patient

**40 CREDITS:** must be  
scientifically oriented  
courses directly related to  
dental practice to benefit  
Patients

**25 CE credits must BE  
LIVE (AND Remote)**

**25 CE Credits  
Remote/Home  
study/recorded/online**

“Live” course could be  
online

Must be able to ask  
questions

# **SUBJECTS NOT ALLOWED FOR CE CREDITS**

**Personal Wealth Management courses**

**“Marketing” courses**

**Subjects not related to dentistry**

**Health and Fitness for Dentist**

**Dance or Sports classes**

**\*\*\*CE Course related to dentistry and benefit  
Patients.**

## **2 TYPES OF Special Assistants Permits: DA/RDA/RDAEF**

### **1. Orthodontic Assistants**

### **2. Dental Sedation Assistant**

- Dental Assistants and RDA's can earn permits**
- Infection control and**
- Dental Practice Act CEs required to keep permit active**
- Pass Written Exam**

## **Orthodontic Assistant requirement:**

6 MONTH WORK  
EXPERIENCE NOT  
NEEDED

DO NOT need 12 months  
of work experience to  
apply for a permit.

# Supervision Requirement by Dentist

## Direct Supervision

- Procedures based on instructions given by licensed dentist
- Dentist must be physically present in treatment facility during performance of those procedures
- Dentist will check the work prior to patient dismissal

## General Supervision

- Procedures based on instructions given by licensed dentist
- Dentist's physical presence not required during procedure.

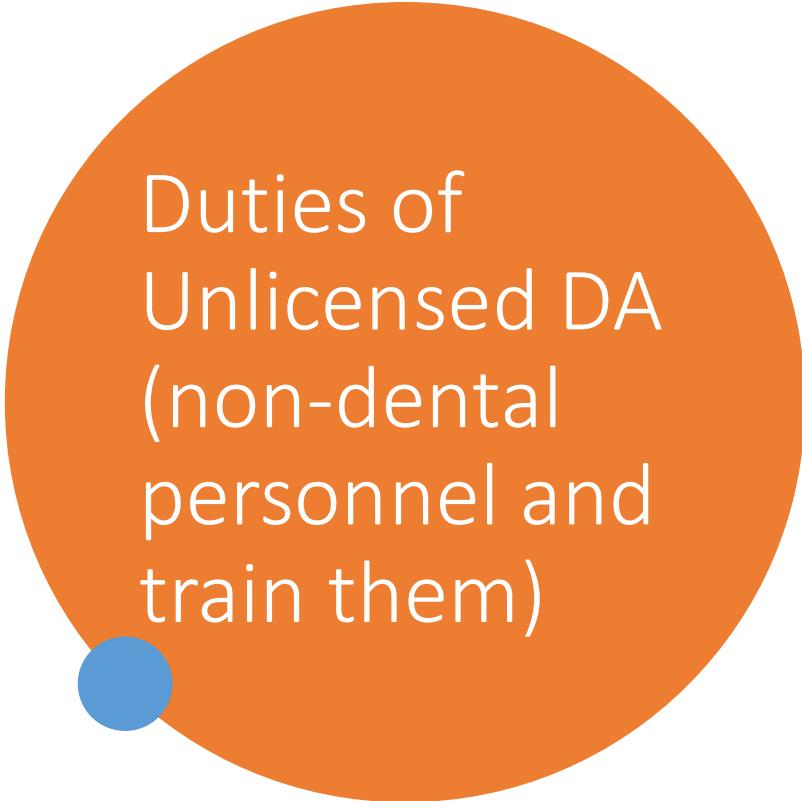
# **TELE- DENTISTRY VIRTUAL DENTAL HOME**

**Tele-dentistry requires documented verbal or written consent from patients**

**Must provide name, telephone #, practice address and License # prior to treatment**

**Allows to service underserved areas and ones with greater needs**

- **General Supervision**



Duties of  
Unlicensed DA  
(non-dental  
personnel and  
train them)

- Extra-oral Duties may include:
  - Infection control
  - Sterilization
  - Charting and recordkeeping
- Intra-Oral duties may include:
  - Facebow Transfers
  - Photography (intra and extraoral area)
  - Bite Registration
  - Impression for non-prosthetic appliance
- \*\*\*\* Dentist determines competency



## DA-- Unlicensed

- Each DA must have a California Radiation Safety certificate if they are required to expose and process radiographs.
- Such certification requires successful completion of a Board-approved course.

**NEW CE  
requirement  
for 2025:  
Dental  
Assistant**

- **Changes made to Sunset bill SB 1453**
- **Stricter requirement to complete Infection control course**
  - All UN-licensed Dental Assistants must complete a Board-approved 8-hour course **infection control before Performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials**

**CHANGE TO PREREQUISITES TO ENROLL IN  
CORONAL POLISHING COURSE for  
UN-Licensed DA**

- **Students must show they have completed a Board-approved 8-hour infection control course and**
- **Possess current, valid certification in basic life support (BLS).**

# **Requirements on Student Certificates of Completion**

- The participant's name.
- The name of the course or program completed.
- The name of the course or program provider.
- The Board-issued approval number.
- The date or date range of completion of the course or program.
- The number of completed hours of the course or program.
- The signature of the course or program provider, director, administrator, or their designee.

- PLEASE NOTE: As of January 1, 2025, the Board will not accept certificates of student completion as evidence of successful completion of a Board-approved dental assisting educational program or course unless the certificate meets the above requirements.

# **NEW RADIATION SAFETY (RS) COURSE REQUIREMENTS**

- **Use of analog film is no longer required.**
- **Course content (curriculum) requirements have been modified.**
- **Laboratory and clinical experience requirements have been modified.**
- **Complete a Board-approved 8-hour infection control course**
- **Current, valid certification in basic life support (BLS).**
- **Course providers no longer have to provide the Board with lists of the students who have completed the course.**

## **PENALTIES FOR FALSELY CLAIMING BOARD APPROVAL**

The Board may now cite and fine programs and courses that falsely claim to have Board approval.

To comply with the changes of SB 1453, may be required to make major changes to your dental assisting program or course, defined as changes to program or course content, physical facilities, or faculty.

ANY major change, must notify the Board of the change within 10 days of the change. (CCR, tit. 16, § 1070, subs. (b)(2).)

# Registered Dental Assistants (RDA) must be certified to perform:

- Ultrasonic scaling for orthodontic cement removal.
- Placement of pit and fissure sealants.
- Coronal polishing.
- Exposure and processing of radiographs.

\*\*\*RDA can everything DA can perform



## RDAEF duties:

- Can perform all RDA duties
- Plus approved training and exam for licensure
- Higher Risk Duties: Usually Direct Supervision
- One Dentist may use not more than 3 RDAEF's or RDAHEF's

## RDA and RDAEF



**\*Can also perform under the direct supervision of RDH and RDHAP**



**\*Perform coronal polishing**



**\*Apply topical fluoride**



**\*Apply sealants**



**\*Must have certification for specialty Clinic/hospital**

# **RDH duties: (Under Dental Hygiene Board)**

- RDH: licensed, may perform all specified DH duties & DA & RDA duties under specified supervision if licensed before Dec. 31, 2005.
- If after 2006, must have RDA license
- RDHEF: same as RDAEF- operative duties under supervision (not in California)
- RDHAP: Same RDH scope, practice independently;
  - Without supervision
  - But with prescription from dentist or physician and surgeon

# Special Permits/ Certifications for RDH:

- Periodontal soft tissue curettage.

- Administration of local anesthetic.

- Administration of nitrous oxide.

\*\*\*\* Direct Supervision by the Dentist

# RDH SCOPE IN A PRACTICE

## Includes:

- **Assessment**
- **Development**
- **Planning and implementation of DH care plan**
- **Oral health education and Screening**
- **Nutritional counseling**
- **Diagnose abnormalities in patients**

# **RDH SCOPE INCLUDES :**

- Root Planning, Sub-gingival Irrigation
- Polishing, Contouring restorations
- Pit & Fissure sealants
- Oral Exfoliative cytology
- Exams:
  - Perio charting
  - Charting of lesions, restorations, missing teeth
  - Classification occlusion
  - Myofunctional evaluation

# NOT WITHIN RDH SCOPE

- Diagnosis and comprehensive treatment planning
- Placing or removing permanent restorations
- Any type of Surgical procedure
- **NO PRESCRIBING MEDICATION**
- General Anesthesia
- Oral/Parenteral Conscious Sedation

**RDH must be employed by DDS**

**RDHAP (alternative practice):**

- Self-employed as sole proprietor of alternative hygiene practice in areas certified as having dental healthcare shortage
- Employed by another RDHAP as independent contractor

## RDH/AP Duties:

Licensed with approved post-licensure training for Alternative Practice

Can treat patients up to 18 months without DDS visit

Then, must have prescription from DDS or MD:

- Date services prescribed
- Expiration date
- Special instruction for DH
- Under Prop AB 502, allows treatment of patients after 18 months without visiting dentist

# RDHAP

- Must have professional relationship with few DDS for referrals
  - Emergencies
  - One or more dentist with active licenses not under Discipline by board

# Case: Closing Ortho Office

**One day, a Dentist closed his office and discontinued phone service**

**NO prior written notice that their treatment was being discontinued**

**Without providing opportunity for patients to see another dentist.**

**Multiple Ortho patients were in treatment**

**Patients had to look for another dentist for their continuation of care (many patients waited few months to years)**

# What happened: Disciplinary actions

**Subject to disciplinary action pursuant to Business and Professions Code Section 1670 for Negligence**

**Patient Abandonment**

**Repeated acts of Negligence**

**Incompetence (when other dentist reviewed the work)**

**Dentist lost his license and has to pay Board its costs in investigating and enforcing the case.**

## **Special Permits for Dentist**

**Special permits are required for dentists who wish to use sedation in their practice:**

**Permits include:**

- **Oral Conscious Sedation for Adults**
- **Oral Conscious Sedation for Minors**
- **Conscious Sedation**
- **General Anesthesia.**

**Recommended  
permit changes  
for sedation and  
anesthesia for  
children younger  
than age 13**

**Types of  
Sedation**

**Education  
Changes for  
Dentist**

**Personnel  
Changes (DA,  
RDA, RDAEF)**

# Minimal Sedation Permit

## Education:

- 24 hours of instruction, including airway management and patient rescue from moderate sedation, as well as one clinical case.

## Personnel Changes:

- At least one additional staff member who is trained in monitoring and resuscitation of pediatric patients must be present.

# Pediatric minimal sedation requirements

In partnership with the California Society of Pediatric Dentistry, CDA successfully advocated for pediatric dentists to be able to use their pediatric residencies to qualify for adult minimal sedation permits.

This loophole was an unintended consequence of legislation passed in 2018 (SB 501, Glazer).

# **Moderate Sedation Permit:**

## **Education:**

- Proof of completing an accredited pediatric residency or equivalent training.

## **Personnel Changes:**

- For Children under 13, Need one additional staff member who is trained in pediatric advanced life support and airway management must be present (need one staff member)
- For Children younger than 7, an additional staff member must be present to serve as a patient monitor. (total 2 staff members)

# Pediatric General Anesthesia Permit

## Education

- Proof of completing an accredited pediatric dentistry residency or equivalent training that provides competency in deep sedation/general anesthesia for child younger than age 13
- Plus proof of completing a sufficient number of cases for patients younger than age 7.

## Personnel: At least 2 additional staff members present

- For children ages 7-13, one staff member must be trained in advanced life support and airway management, and ANOTHER staff member must be trained in and dedicated to patient monitoring.
- For children younger than age 7, one staff member should be a general anesthesia permit holder, and ANOTHER STAFF, in addition to the dentist, should be trained in pediatric advanced life support and airway management.



**In Addition:  
Any Dentist  
holding  
General  
Anesthesia  
permits will  
require**

- **Advanced Cardiovascular Life Support training during each renewal period**

**PLUS**

- **the Basic Life Support requirements for their dentist license.**

# Four other recommendations include:



- Collecting high-quality data to inform decision-making.



- Updating definitions of general anesthesia, conscious sedation and pediatric and adult oral sedation to those used by American Society of Anesthesiologists.



- Requiring records and equipment updates, including the use of capnography for moderate sedation.



- Providing the Dental Board of California additional authority to strengthen onsite inspections and evaluations.

## Special Permits:

Each permit has special requirement:

- Educational requirements.
- CE requirements.
- Renewal every two years.
- On-site inspections.

# Case: Sedation

Dentist anesthesiologist had his own office and hired general dentist to work for him.

A patient 5 years old came in at 6:45 am for some fillings and extractions under General Anesthesia.

Parents told the GP And Anesthesiologist that patient had mild fever and nasal congestion, and parents gave her Tylenol at 4 am.

Anesthesiologist said was ok to proceed with dental work. While working on the patient, Patient had complications and patient died.

# Who is Negligent?

**Dental Anesthesiologist worked on the patient knowing that Patient had Nasal Congestion the night before (now elevated Risk Category)**

**DR was working on another patient and was not present 100% of time during procedure with the patient**

**Medications administered via IV opioid Analgesic, caused significant respiratory depression**

**Dr. waited 15 minutes before calling Paramedics**  
\*\*\*\*\*

**Did CPR in treatment chair in Semi-Fowler Position and not Fully reclined position**

**Documentation was not complete**

**Patient Died and Dentist lost his license**

# Cessna 172



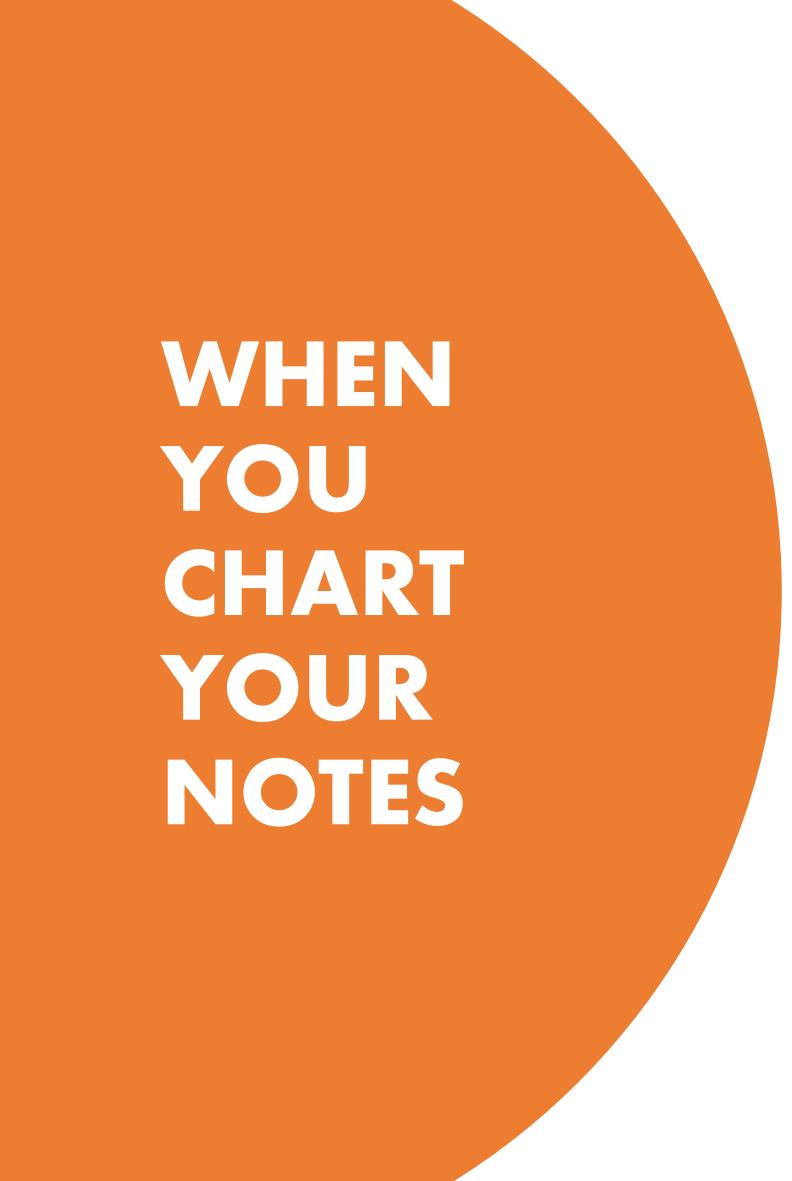
# DO WE HAVE TO WEAR A NAME TAG?

NO, IF THE LICENSE IS IN PUBLIC  
VIEW

EMPLOYEES MUST WEAR ID  
TAGS WITH 18 FONT OR LARGER

UNLESS SAFETY RISK

- Example: **correctional facility, Jail**



**WHEN  
YOU  
CHART  
YOUR  
NOTES**

**DDS MUST SIGN OR**

**DDS INTIAL WITH  
LICENSE NUMBER**

**DATE ENTRY**



## Exemptions: License and Informed Consent

Students in approved programs (license exemption)

Emergency services rendered in full faith at scene away from office (IC)

Treatment of an emergency arising from prior TX by another DDS: (not liable for any civil damages) (IC)

§1627 DDS not liable for failure to inform if: (IC)

- Patient unconscious
- DDS thinks immediate TX necessary, NO time
- Patient incapable of giving consent, no time to seek

Legal Executor of Deceased DDS estate may operate practice 1 year if all legal notification and practice limits are observed



## Unexpected Passing of a Dentist:

Dentist had 2 practices and passed away unexpectedly  
Leaving behind loved ones and dental practices

Must have a living revocable trust or a Will

Have a spouse or someone as Executor/beneficiary of  
practice

Who can sell the practice asap

Otherwise, they cannot sell the practice until the Probate  
court allows the transfer of OWNERSHIP.

The Value of your practice depreciates DAILY...

# Adverse Event Reporting to Dental Board

## WITHIN Seven (7) days

- Death of a patient during dental or dental hygiene procedure
- Discovery of the death of a patient due to dental or dental hygiene procedure performed by Dentist, DA, RDA, RDAEF, RDH
- If a patient is required to be hospitalized due to dental treatment any patient to whom oral conscious sedation, conscious sedation or general anesthesia was administered or hospitalization of any patient as a result of dental or dental hygiene treatments. Except for scheduled hospitalizations

# Case: Dentist suspects Sexual Harassment by RDH

- Dentist called me and told me that one of her patient told her that her amazing male RDH has touched the female patient inappropriately by placing dental instruments on her chest.
- Dentist said the RDH has been with her for more than 10 years and no complains ever noted and patients said only nice things.
- Dentist decided to do **NOTHING**.
- Few months later, a second patient called the Dentist and asked to speak to her in private.
- Informed her that RDH asked for her number and also touched her inappropriately by placing instruments on her chest and touched her multiple times. Patient said she won't be coming back but wanted to let the dentist know. Also, that RDH insisted on getting her phone number so the patient gave him a wrong number.

# What is the right thing to do for a Dentist?

Dentist can have a talk with RDH and tell him to be careful. Not to place instruments on patient's chest.

Dentist can fire him but hard to find replacement.

Dentist can choose to not believe the patients.

**WHO WOULD BE LIABLE FOR THE ACTIONS OF RDH? Why?**

In this case, Dentist terminated the employment of the RDH. But Dentist is on NOTICE and if dentist did anything, DENTIST would be liable.

# MANDATED REPORTING

DDS, RDH, DA and RDA within the scope of their professional capacity and employment

Responsibility to report suspected

- **Child Abuse**
- **Elder abuse**
- **Domestic Violence**

# WHY?

Because 65% of physical CHILD ABUSE is visible in head and neck region

75% of physical injuries from DV are to HEAD, NECK, MOUTH and FACE.

\$1000 fine & Jail for not reporting

- LIABLE for CIVIL and CRIMINAL Charges
- More moral responsibility

Report any reasonable suspicions

- Low threshold



**ABUSE**

**CRIME PUNISHABLE  
BY IMPRISONMENT  
(in county jail)**

**Under Cal Penal Code  
§273a**

# What is ABUSE?

**Non- Accidental repetitive behavior**

**To causes physical injury to the person**

**An act or failure to act resulting in:**

- Physical abuse / neglect or
- Sexual abuse / exploitation. Attempted abuse
- Emotional abuse
- Fatal abuse preceded by minor maltreatment

## **TYPES OF ABUSE:**

**1. Elder Abuse and Neglect**

**2. Child Abuse and Neglect**

**3. Domestic Violence (DV) /  
Intimate Partner Violence**

# CLINICAL SIGNS OF ABUSE

New and repeated Bruises,  
Burns, lacerations,  
abrasions, head skeletal or  
pattern injuries on head,  
neck, limbs, and parts of  
body

Fractured bones

Broken teeth,  
missing teeth

Bruises in the  
mouth

Bite marks, bloody  
nose, eyes, ears,  
mouth

Strangulation marks –  
visible neck bruises, voice  
changes, swallowing,  
breathing difficulty  
• Can cause death up to 36  
hours after injury



## Dental Neglect

- \*Failure to fully informed parents / caregiver to seek or follow through with dental treatment essential for adequate function and freedom from pain and infection
- Mainly in Children
- \*Rampant Caries
- \*Malocclusion
- \*Speech issues



# Elder abuse

---

**90% caused by family member**

---

**Physical abuse**

---

**Neglect**

---

**Fiduciary abuse**

---

**Abandonment**

---

**Isolation**

---

**Sexual assault**

# What should you look for: Elder Abuse

Bruises, marks, injuries

Dehydration, malnutrition, poor oral and body hygiene

Fear, anger, depression

Interaction between caregiver and elder

- How the elder is treated by caregiver
- Keep in mind that elder do sometimes have dementia and other neurological diseases

## Behavior of the Caregiver:

Impaired

Narcissistic

Controlling

Bullying

Sadistic

Domineering

*But they could be also overwhelmed*

## Documentation / Reporting

Objective observation and descriptions

Observe demeanor and non-verbal behavior

Get histories from patient and caregiver separately → COMPARE

Is injury consistent with history?

Other similar injuries

X-rays, Photos, models

# **Felony**

**Inflict injury upon a child or**

**Inhumane corporal punishment or**

**An injury resulting in a traumatic condition**

**PUNISHMENT: PRISON**

**Cal Penal Code §273d**

**CHILD,  
ELDER  
ABUSE,  
Domestic  
Violence  
Penal  
Code §  
11165.6**

**CHILD  $\leq$  18 YEARS AGE**

**ELDER  $\geq$  65 YEARS**

**SPECIAL DISABILITY IS  
ANY AGE**



## Doctor Patient Privilege

- When it comes to reporting abuse, the patient doctor privilege does NOT APPLY
- Must report if patient, or anyone related or non-related to patient confides that there is abuse
- If you suspect abuse or neglect must report
- EXEMPT from HIPPA regulations

# **REPORT: CHILD ABUSE /ELDER ABUSE/ DV**

---

**CHILD ABUSE: REPORT TO COUNTY WELFARE AGENCY OR POLICE**

---

**ELDER ABUSE: ADULT WELFARE PROTECTIVE SERVICES OR POLICE**

---

**DOMESTIC ABUSE: CALL LOCAL POLICE**

---

**First, CALL AND REPORT**

---

**Then, WRITTEN REPORT WITHIN 36 HRS**

---

***REPORTER IS IMMUNE FROM CRIMINAL AND CIVIL LIABILITY***

---

***NOT REPORTING = MISDEMEANOR***

# Office Protocols for reporting Abuse

---

**It is important to establish protocols with your staff and office procedures regarding reporting abuse**

---

**Mandated reporter responsibilities are a team effort.**

---

**Collaboration and sharing assists in gathering observations and data.**

---

**One person can make a report on behalf of the team.**

---

**Employers are required to discuss with employees mandated reporting requirements.**

---

**Employers should place signed, Acknowledgment Documents in employees' personnel files.**

---

**Employers are strongly encouraged to provide employee training regarding mandated reporting requirements and state law.**

130

# Clinical Protocols for Gathering Data of Abuse

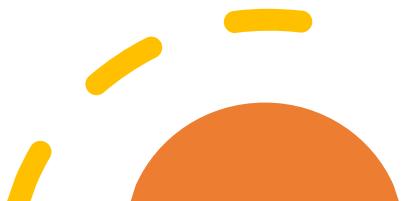
Gathering objective observations of abuse begins when patients enter the doors of your practice.

Observations should include:

- General physical assessments
- Behavior assessments
- Patient histories
- Oral examinations
- Documentation
- Consultation
- Determination if action is necessary.



## Legal Issues and Reporting Suspected Abuse Confidentiality



- Mandated reporters' identities are kept confidential.
- If a case should go to court, the mandated reporter's identity would be made known only to the court through your written report and pertinent documentation, or if you were required to testify.
- Most cases do not go to court.

# Immunity for Healthcare Professional

Mandated reporters are immune from civil or criminal liability whether or not it turns out that abuse has occurred

However, mandated reporters can be sued

If sued, mandated reporters may incur legal fees which can be reimbursed by the state up to \$50,000



# Penalties for Not Reporting

- If a dental professional suspect's abuse or neglect,
  - does not report it,
  - the abuse is discovered to have occurred,
  - Then the Dentist can be found liable for civil or criminal penalties resulting in fines of up to \$1,000 and jail sentences up to 6 months.

# \*Resources for Abuse Reporting

**Child Protective Services, Adult Protective Services or Local Law Enforcement. California Long Term Care Ombudsmen Crisis Line: 1-800- 231-4024**

**California Department of Aging Information Line: 1-800-510-2020 <http://www.aging.ca.gov>.**

**The National Domestic Violence Hotline: 1-800-799-SAFE.**

**Dental Professionals Against Violence: 1-800-CDA-SMILE extension 4921.**

# Scope of Practice Cases: Botox/Dermal Fillers



**\*\*\*Can do Botox within the scope of dentistry? YES**

Therapeutic use, must be trained  
Example: TMJ treatment



**\*\*Do not do BOTOX for other than dentistry: NO cosmetic use**



**\*\*Cosmetic procedures are very subjectively analyzed by the patient more than the doctors**

# CASE: Holistic Dentist

---

**Dr. Performed Vega-Galvanic Testing on a patient to conduct electrical-metal conductivity in oral cavity due to presence of amalgam fillings**

---

**Dr. was trying to cure insomnia due to excessive metal conductivity**

---

**Not a test to diagnose dental problems**

---

**NOT within the scope of dentistry, DO NOT do it.**

---

# CONTROLLED SUBSTANCE ACT = FEDERAL LAW

Schedule I	no accepted medical use, illegal to use in dentistry EX: Heroin, LSD
Schedule II	<b>high potential for abuse, sever psychological or physical dependency</b> Ex: Vicodin, morphine, codeine, opium
Schedule III	Slower potential for abuse than Schedule II. EX: Tylenol with codeine, Steroids
Schedule IV	lower potential for abuse than Schedule III EX: Darvon, Xanax, Valium
Schedule V	lowest potential for abuse EX: Robitussin, OTC cough meds

# CURES 2.0

**Controlled Substance Utilization Review & Evaluation/System**

**State database of patients with controlled-substance abuse history**

**DDS can access only for patient care**

**HIPAA and State health info privacy laws apply**

**Must register if have DEA #**

## **SCHEDULE II PRESCRIPTIONS**

- YOU MUST ALWAYS CHECK PATIENTS' PRESCRIPTION HISTORY WITH CURES 2.0
  - YES,
  - UNLESS FOR SURGICAL PROCEDURE
  - QUANTITY  $\leq$  NONREFILLABLE 5-DAY SUPPLY

## **PRESCRIPTION DISPENSING**

**MUST MEET STATE AND LOCAL LAWS FOR STORAGE at all places the drugs are stored**

**Records must be kept in 3 places**

- **Patients chart**
- **Separate in log**
- **Out log**

## Rx Dispensing (in office) Labeling Requirements:

Patient name

Doctor's office name

Date dispensed

Name of drug

Dosage

Quantity

Exp. Date

Directions for use

# DISPENSING SCHEDULE II AND III DRUGS

---

**REPORT MONTHLY TO CURES**

---

**LOCK UP CONTROLLED DRUGS (IN 2 LOCKED AREAS)**

---

**Maintain a log**

---

**Prior to dispensing, offer to write RX and have written disclosure of patient's choice to obtain meds at Pharmacy**

---

**Child-proof containers now required**

# E- Prescription

*Beginning January 1, 2022, all prescriptions issued by a licensed healthcare practitioner to a California pharmacy must be submitted electronically. In addition, all California pharmacies must have the capability to receive prescriptions electronically.*

California Business and Professions Code (BPC) section 688(b)

# E- Prescription exemptions

Drugs for terminally ill

Prescriptions dispensed outside California

Electric failure or technical issues

- Must record in chart with 72 hours after services are restored
- Paper Prescription back up to electronic
- Must use DOJ approved security prescription forms with unique twelve (12) character serial number and corresponding barcode complaint with requirements introduced in AB 149 and HSC 11162.1

- Minors and RX

- \***Informed consent**
- \***Discuss risk of opioid addiction and overdose**
- \***Discuss mental health disorder and Opioid addiction**
- \***Opioid and Alcohol**
- \***CNS depressants**
- \***Document Risk discussed**



# PRESCRIPTION BY THE DENTIST

Can a dentist prescribe Cancer medication to cure blood disorder to his wife?

- NO, must be within the scope of Dentistry

Can a dentist prescribe to patient who has never been to the practice?

- No, Must have patient-doctor relationship, Dr must see the patient first

Can a dentist prescribe for Sinus infection?

- MAYBE

Can a dentist prescribe medication for Non-Dental needs? NO

## UNPROFESSIONAL CONDUCT

**“ THE COMMITTING OF ANY ACT / ACTS OF GROSS IMMORTALITY SUBSTANTIALLY RELATED TO THE PRACTICE OF DENTISTRY IS CONSIDERED UNPROFESSIONAL CONDUCT.”**



# **A licensed dental professional is abusing drugs or alcohol**

## **BOARD CAN:**

- Can **revoke his or her license** if they **refuse to enter a diversion program**
- Can force the individual into a diversion program
- Has the option to offer a diversion program as part of a rehabilitative package
- **Must offer the diversion program to all licensed individuals with a drug/alcohol problems.**

# \***Diversion Program For Dentist**

The Legislature and Dental Board of California (DBC) established a diversion program for licensed dental professionals who may be impaired by drug and/or alcohol abuse.

The program's aim is to treat licensed dental professionals who are so afflicted allowing them to return to work in a manner that will not endanger the public health and safety.

The diversion program is a voluntary, alternative approach to traditional disciplinary actions.

The DBC has established criteria for acceptance, denial or termination of licentiates into the program.

An individual may enter the program either by:

- **Voluntarily request**
- **Board requirement as a condition of a licentiate's disciplinary probation.**<sup>150</sup>

## UNPROFESSIONAL CONDUCT

**\*Lack of informed consent**

**\*Negligence**

**\*Sexual misconduct**

**\*Concerns patients, employees and Dentist**



## **Unprofessional Conduct by Dentist**

---

**Failing to complete appropriate continuing education**

---

**Providing fraudulent and forged evidence to the DBC regarding continuing education**

---

**Falsifying a prescription for self-use**

---

**Practicing beyond the scope of the definition of dentistry**

---

**\*\*Requiring patients sign a Release from All Claims form before releasing their records**

## More Examples of Unprofessional Conduct

**Patient abandonment**

**Communicating with patients using threats or harassment**

**Aiding or abetting of any unlicensed person to practice dentistry**

**Act or acts of sexual abuse, misconduct or relations with a patient.**

**Alteration of a patient's record with intent to deceive**

**Excessive prescribing or administering drugs**

**Unsanitary or unsafe office conditions**

**Practicing with an expired license**

## Example:

- Patient wants a copy of their charts, but they have a balance?
  - Can NOT hold it hostage
  - MUST release it
  - Can you charge? Yes, for your time and supplies
  - Then can send them to collections



## **Examples of Incompetence and Negligence**

**Not informing and discussing treatment plan**

**Doing root canal without a Rubber Dam**

**Placing instruments on patient's chest (Battery)**

**Covering a pediatric patient's mouth and nose to calm down the patient**

## CASE: Medi-Cal Fraud

---

**Dentist was convicted of Medi-Cal fraud in 1998.**

---

**In court, dentist said he did not know that his staff was billing Medi-Cal for dentures that were not delivered.**

---

**Dentist also claimed that he did not do anything wrong since patient would not come back to get their dentures.**

---

**There were many other allegations besides the one discussed.**

---

**Licensed is revoked by Dental Board of California.**

# Now What: How can a dentist get their license back?

Its not that easy, once you are under the microscope of the dental board.

There are terms and conditions of the court order you have to satisfy.

Tried to reduce the conviction from felony to misdemeanor

ACCEPT RESPONSIBILITY for your wrongdoing

Express remorse

Get Counseling

Volunteer at non-profits

Sought assistance from your Rabbi or Priest or Religious leader or Psychologist

Establish REHABILITATION and eligibility to have your dental license restored

Dentist got his license restored in 2008.

# Gross Negligence:

**Gross negligence occurs when a medical professional**

- **willingly performs a reckless action (carelessness)**
- **causing foreseeable bodily harm with complete disregard for standard of care expected of a medical professional.**
- **It can still be difficult to differentiate gross negligence from**
- **Negligence which is a failure to exercise reasonable care.**



## **Examples of Repeated Acts of Negligence and Incompetence by Dentist**

---

**Not taking X-rays, NO FMX for over 18 months**

---

**Failing to screen patient for oral cancer**

---

**No Periodontal exam done**

---

**Treating intoxication patient who took Xanax  
before appt**

---

**Failing to biopsy a lesion present for 7 years**

---

**Prescribing patients' narcotics with additional  
issues**



## Case: Driving under the Influence

**Dentist was stopped by the California Highway patrol for erratic driving around midnight.**

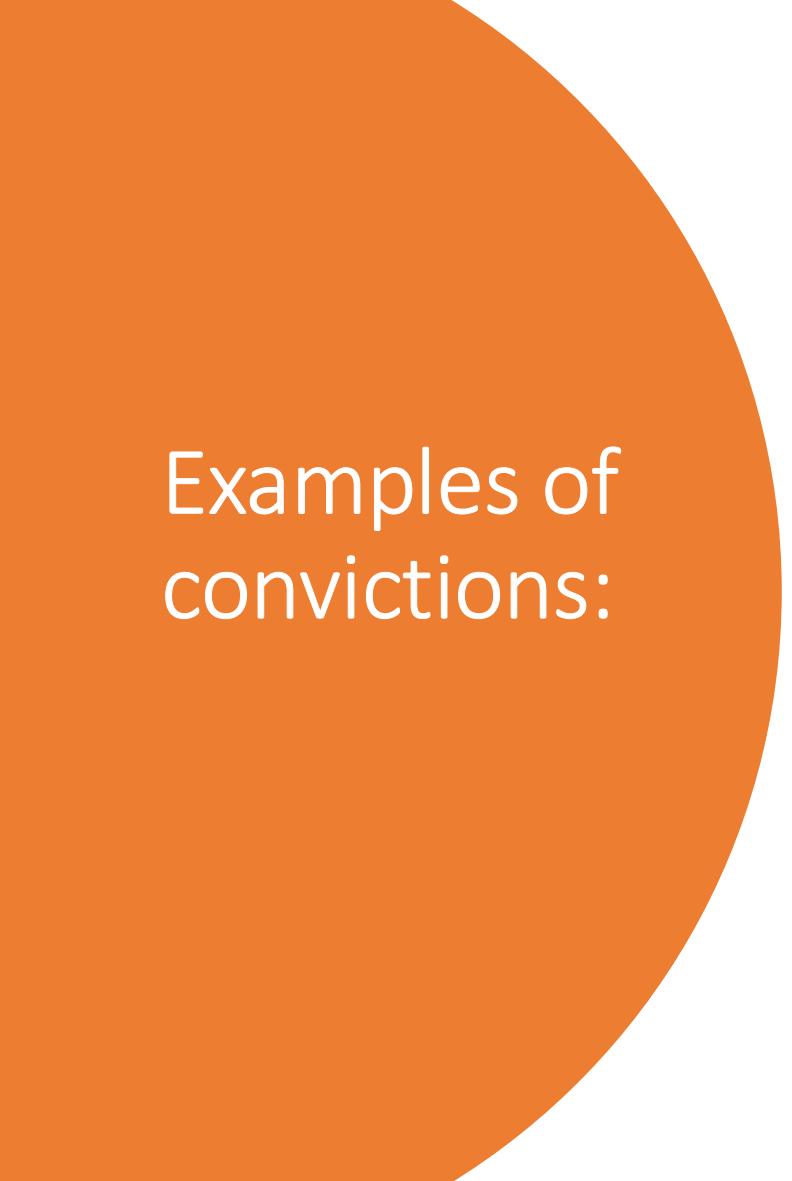
- Dentist was given a field sobriety test following a stop, and in the opinion of the Officer, ABC showed evidence of impairment.
- A breath analysis test revealed that ABC had blood alcohol reading of .16 which was in excess of the allowable maximum of .08.
- Further, a subsequent search of car found plastic bag which contained an unidentified white powder. Confirmed to be cocaine.
- As a result, criminally charged with two felony counts and one misdemeanor.

# Criminal Convictions: IN Professional and Personal life

The Dental Board of California has the jurisdiction to revoke or suspend licenses for criminal convictions substantially related to the qualifications, functions or duties of licensees.

The DBC is not required to conduct its own investigation and may use any court conviction as conclusive evidence.

Types of crimes that constitute grounds for discipline are convictions within a licensee's personal life that reflects upon a professional's life



Examples of convictions:

**possession of a controlled substance (Illegal Drugs)**

**sexual battery (Rape)**

**operating a vehicle under the influence of alcohol or drugs (DUI)**

# Probation of Dentist

- The Dental Board may place a licentiate on probation to rectify the condition which required discipline from the Board.

This includes, but is not limited to

- additional training,
- medical exam by physicians appointed by the Board,
- limitations of Scope of practice and
- restitution of fees to patients or payors.

# WHAT HAPPENS IF THE DDS IS ON PROBATION:

**MUST** notify the patients prior to performing any treatment

Detail of probation, practice restrictions

End date of probation

How to access Board documents

Exceptions: emergency treatment in urgent care facility

Patient unable to comprehend disclosure

# What is the best way to protect yourself as a dentist?

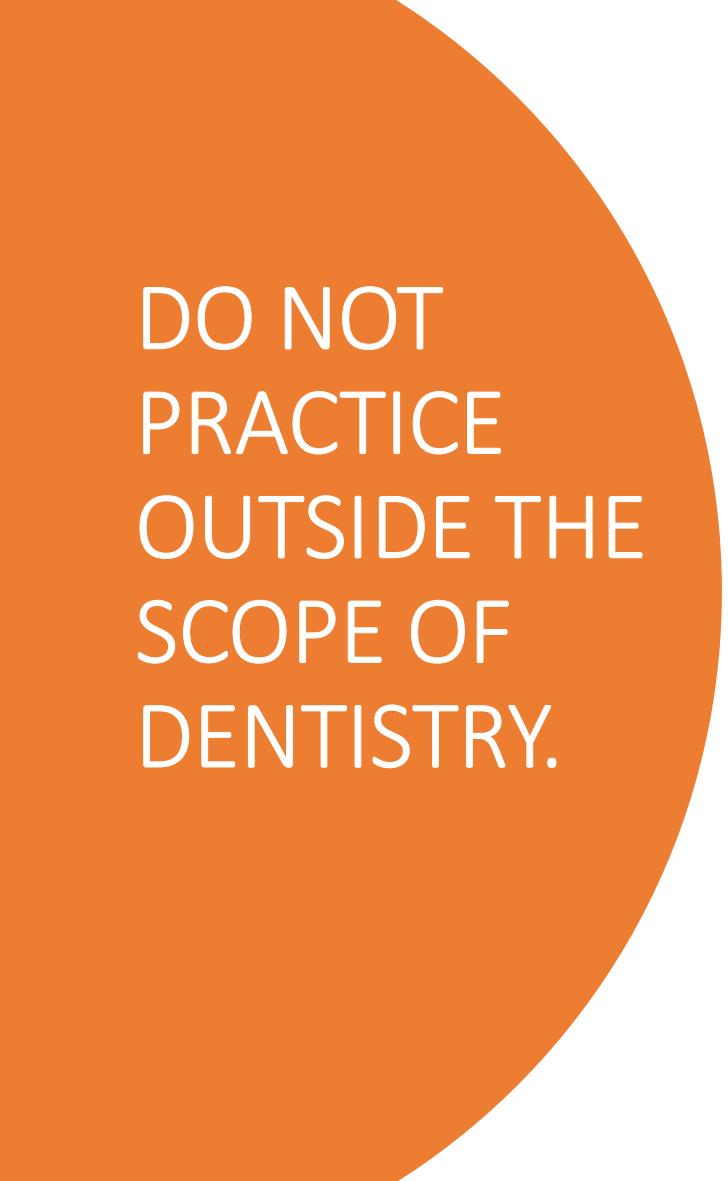
Practice above Standard of Care

Informed consent

Document, Document, Document

Inform your malpractice insurance

Understand your patient and  
COMMUNICATE



DO NOT  
PRACTICE  
OUTSIDE THE  
SCOPE OF  
DENTISTRY.

- **Dental board will stack multiple violations against you, once you are under their radar.**



## Case: Invisalign

---

Facts: Patient saw dentist Advertising of \$500 off Invisalign and sought treatment for overlapping and crowded teeth.

---

The dentist did an exam and cleaning and did record and molds for Invisalign aligners to be delivered a month later.

---

A month later, the patient returned, and dentist performed aggressive IPR between all of anterior teeth.

---

Installed aligners.

---

The patient noticed that her aligners were full of blood and large spaces were present between all her anterior teeth.

# Invisalign case

Invisalign had instructed 2 areas of IPR for the first 4 aligners, 0.5mm of reduction between #8 -9 and #11-12.

The dentist performed IPR from 1.3mm to 1.95mm.

Eventually the patient went to an orthodontist and teeth were straightened but the gap remained.

Gaps could only be treated by veneers or crowns.



## Disciplinary action:

Gross negligence

Incompetence

Repeated acts of negligence

Board placed the dentist on probation and asked the dentist to pay investigation and enforcement fees plus probation monitoring cost.



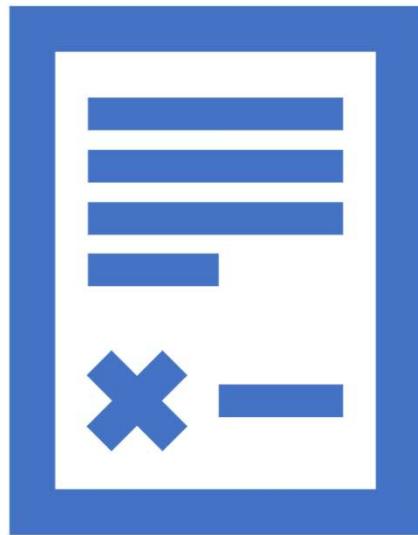
## In reality:

Dentist said she would not be able to do lengthy probationary protocol

Dentist decided to retire early

Invisalign looks easy but you have to be extra careful with doing IPR and other treatments.

Take CE courses and become competent



## **Consent:**

- **Why? Consent establishes Permission and Responsibility**
- **Everyone has a right to make an informed decision about their health and body**
- **Written Informed consent- make patient understand**
- **Not getting consent and treatment beyond consent is Medical Malpractice (Battery)**
- **Forgetting consent is Negligence**
- **ALWAYS record verbal consent**

# Informed consent

Must be made knowingly and free-will by patient

DENTIST ALONE = responsible for consent and must be involved in consent

Express consent (written/verbal) vs. Implied (patient is in chair for RCT)

Methods:

- Verbal
- Written
- Pictures
- Video
- Forms

# CONSENT TO TREAT MINORS

**WHO IS A MINOR? Under the age of 18**

**Minors cannot legally consent to their treatment or financial commitment**

**Must have Parental consent before any treatment**

- Family member??

**Exceptions: is ongoing Ortho treatment**

- Renew consent yearly

# WHO CAN CONSENT FOR MINOR AND ELDERS?

174

**MINORS:**

PARENTS

ADOPTIVE PARENTS

LEGAL GUARDIAN

**ELDERS:**

CAREGIVER WITH AUTHORIZED AFFIDAVIT

FAMILY MEMBERS WITH LEGAL AUTHORITY (AA)



## **CDA Members:**

**An updated “Guidelines for Informed Consent” is available in NINE languages for CDA members on the Practice Support website**

# ETHICS AND BEHAVIOR PROMISED

---

**ACCEPTING PATIENTS – NO DISCRIMINATION, yes to Discretion**

---

**Competence- take CE courses and be knowledgeable**

---

**Integrity (honor and decency)**

---

**Service the public**

---

**Veracity (honesty)**

---

**Obligation to inform and explain**

---

**Compassion and Kindness**

# **DAILY PRACTICE:**

BE	GOOD TO YOURSELF
BE	HONEST
PROTECT	YOURSELF AND STAFF
PROTECT	YOUR PATIENTS AND DO NO HARM
DO	FOLLOWUP AFTER COMPLICATED PROCEDURE
DO	GOOD WORK....SO YOU CAN SLEEP AT NIGHT.

Thank you  
Everyone!!  
Thank you, Dr.  
Salwan and Dr.  
Nagra and  
Punjabi Dental  
Society!!





- **Dr. Bijal Joshi, Esq.**
- **[www.drjoshilaw.com](http://www.drjoshilaw.com)**
- ***Email:***  
**Bijal@drjoshilaw.com**
- **Ph: 213-268-0562**