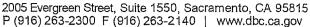


BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . SOVERNOR EDMUND G. BROWN JF

DENTAL BOARD OF CALIFORNIA





ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE MEETING AGENDA

Wednesday, April 8, 2015

Dental Board of California Dental Board Conference Room 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815 (916) 263-2300

Members of the Committee

Robert Gramins, DDS, Chair Louis Gallia, DMD, MD Anil Punjabi, MD, DDS Peter Scheer, DDS Brian Wong, MD

VIDEOCONFERENCE MEETING LOCATIONS:

Dental Board of California Office:

Conference Room 333 S. Anita Drive, Suite 930 Orange, CA 92868 (714) 923-972532 Dental Board Conference Room 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815 (916) 263-2300

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

3:00 PM Open Session

1. Call to Order/Roll Call/Establishment of Quorum

- 2. Approval of July 9, 2014 and October 1, 2014 Meeting Minutes
- 3. Program Coordinator Staff Report
- 4. Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery Permit Application and Renewal Process
- 5. **Closed Session** Consideration of Elective Facial Cosmetic Surgery Permit Application(s)

 The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on permit application(s).
- 6. **Return to Open Session** Recommendation to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Application(s)
- 7. Public Comment of Items Not on the Agenda
 The Committee may not discuss or take action on any matter raised during the Public
 Comment section that is not included on this agenda, except whether to decide to place the
 matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
- 8. Proposed Future Agenda Items
 Stakeholders are encouraged to propose items for possible consideration by the Board at a future meeting
- 9. Adjournment

BUSINESS AND PROFESSIONS CODE SECTION 1638.1

- 1638. (a) For purposes of this article, "oral and maxillofacial surgery" means the diagnosis and surgical and adjunctive treatment of diseases, injuries, and defects which involve both functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.
- (b) Any person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)) as a physician and surgeon who possesses, or possessed, a license to practice dentistry in another state, but is not licensed to practice dentistry under this chapter may apply to the board on a form prescribed by the board for an oral and maxillofacial surgery permit.
- (c) The board may issue an oral and maxillofacial surgery permit to an applicant who has furnished evidence satisfactory to the board that he or she is currently certified or eligible for certification in oral and maxillofacial surgery by a specialty board recognized by the Commission on Accreditation of the American Dental Association and holds a current license in good standing to practice medicine in the state.
- (d) An application shall be accompanied by an application fee of one hundred fifty dollars (\$150) and two classifiable sets of fingerprints on forms provided by the board.
- 1638.1. (a) (1) A person licensed pursuant to Section 1634 who wishes to perform elective facial cosmetic surgery shall first apply for and receive a permit to perform elective facial cosmetic surgery from the board.
- (2) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time his or her license is renewed. Every six years, prior to renewal of the permitholder's license and permit, the permitholder shall submit evidence acceptable to the credentialing committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The credentialing committee may limit a permit consistent with paragraph (1) of subdivision (e) if it is not satisfied that the permitholder has established continued competence.
- (b) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.
- (c) A licensee may obtain a permit to perform elective facial cosmetic surgery by furnishing all of the following information on an application form approved by the board:
- (1) Proof of successful completion of an oral and maxillofacial

surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

- (2) Proof that the applicant has satisfied the criteria specified in either subparagraph (A) or (B):
- (A) (i) Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.
- (ii) Submits to the board a letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform.
- (iii) Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories:
- (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.
- (II) Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.
- (iv) Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.
- (B) (i) Has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraph (A) at that hospital.
- (ii) Submits to the board the documentation described in clause (iii) of subparagraph (A).
- (3) Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.
- (d) The application shall be accompanied by an application fee of five hundred dollars (\$500) for an initial permit. The fee to renew a permit shall be two hundred dollars (\$200).
- (e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if the

credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by this section.

- (2) The credentialing committee shall be comprised of five members, as follows:
- (A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.
- (B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.
- (C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.
- (3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:
- (A) The Medical Board of California.
- (B) The California Dental Association.
- (C) The California Association of Oral and Maxillofacial Surgeons.
- (D) The California Medical Association.
- (E) The California Society of Plastic Surgeons.
- (F) Any other source that the board deems appropriate.
- (4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.
- (f) A licensee may not perform any elective, facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Association for Ambulatory Health Care (AAAHC), the Medicare program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.
- (g) For purposes of this section, the following terms shall have the following meanings:

- (1) "Elective cosmetic surgery" means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.
- (2) "Facial" means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.
- (h) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless he or she has malpractice insurance or other financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.
- (i) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.
- (j) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.
- (k) On or before January 1, 2009, and every four years thereafter, the board shall report to the Joint Committee on Boards, Commissions and Consumer Protection on all of the following:
- (1) The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the board pursuant to subdivision (a).
- (2) The recommendations of the credentialing committee to the board.
- (3) The board's action on recommendations received by the credentialing committee.
- (4) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.
- (5) The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.
- (6) Action taken by the board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic

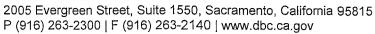
surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

- 1638.2 (a) Notwithstanding any other provision of law, a person licensed pursuant to Section 1634 who holds a permit to perform elective facial cosmetic surgery issued pursuant to this article may not perform elective facial cosmetic surgery on a patient, unless the patient has received, within 30 days prior to the elective facial cosmetic surgery procedure, and confirmed as up-to-date on the day of the procedure, an appropriate physical examination by, and written clearance for the procedure from, either of the following:
 - (1) A licensed physician and surgeon.
- (2) A person licensed pursuant to Section 1634 who holds a permit to perform elective facial cosmetic surgery issued pursuant to this article.
- (b) The physical examination described in subdivision (a) shall include the taking of an appropriate medical history.
- (c) An appropriate medical history and physical examination done on the day of the procedure shall be presumed to be in compliance with subdivisions (a) and (b).
 - (d) A violation of this section shall not constitute a crime.
- 1638.3 (a) The fee to renew an oral and maxillofacial surgery permit shall be the same as that for renewal of a dental license as determined under Section 1724.
- (b) Every provision of this chapter applicable to a person licensed to practice dentistry shall apply to a person to whom a special permit is issued under this article.
- 1638.5 An oral and maxillofacial surgery permit shall be automatically suspended for any period of time during which the holder does not possess a current valid license to practice medicine in this state.
- 1638.7 The next occupational analysis of dental licensees and oral and maxillofacial facial surgeons pursuant to Section 139 shall include a survey of the training and practices of oral and maxillofacial surgeons and, upon completion of that analysis, a report shall be made to the Joint Committee on Boards, Commissions, and Consumer Protection regarding the findings.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY + GOVERNOR EDMUND G. BROWN JR

Dental Board of California





TELECONFERENCE MEETING OF THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE MEETING MINUTES

Wednesday, July 9, 2014
For more information, please contact the Board (916) 263-2300

Members Present:

Louis Gallia, DMD, MD Anil Punjabi, MD, DDS Peter Scheer, DDS Dr. Brian Wong, MD

Members Absent

Robert Gramins, DDS Chair

Also Present:

Nellie Forgét, Program Coordinator Sarah Wallace, Assistant Executive Officer Spencer Walker, DCA Legal: Counsel Bruce Whitcher, DDS, Board Liaison to Committee

Teleconference Locations with Public Access:

Dental Board of California Office and Teleconference Location:

2005 Evergreen Street - Silverwood Room Sacramento, CA 95815 (916) 263-2300

Other Teleconference Locations:

39935 Vista Del Sol, Ste. 100, Rancho Mirage, CA 92270, (760) 837-1515 UC Irvine, 1002 Health Sciences Road East, Irvine, CA 92617, (714) 456-7017 295 Terracina Blvd, Redlands. ©A 92373, (909) 798-9950

Dr. Brian Wong joined the teleconference at 3:15 p.m.

Dr. Louis Gallia called the roll by teleconference and established a quorum at 3:06 p.m. There was no public present at any location.

AGENDA ITEM 1 - Approval of April 16, 2014 Meeting Minutes

M/S (Gallia/Scheer) to accept the minutes of the April 16, 2014 meeting. By roll call, vote the minutes were approved unanimously.

AGENDA ITEM 2 - Staff Report

Mrs. Nellie Forgét informed the Committee that there was nothing new to report on the Elective Facial Cosmetic Surgery (EFCS) Permit application revisions. Staff was working on recommendations and regulatory language changes which would be discussed at this meeting.

Mrs. Forgét informed the Committee that the Board approved the Committee's recommendation to issue an EFCS permit to Dr. Daniel S. Witcher at the May 29, 2014 Board meeting. Dr. Witcher was granted a permit for unlimited categories I & II privileges.

Mrs. Forgét also reported that there were currently 27 EFCS permit holders.

<u>Agenda Item 3: Discussion on Recommended Material to Meet the Six Year</u> Continued Competency Requirement

Mrs. Forgét updated the Committee on the Business and Professions Code Section 1638.1(a)(2) requiring permit holders to submit proof of maintained continued competency every six (6) years. She explained that there were currently three (3) permit holders who have reached or exceeded the six (6) year requirement. Business and Professions Code Section 1638.1(a)(2) does not provide the requirements a permit-holder must meet to establish the continued competency. Staff is asking the Committee to consider possible requirements in order to promulgate regulatory language. Mrs. Forgét reviewed the suggested requirements discussed at past meetings and explained that language was not drafted because the Board did not direct staff to focus on this topic.

Mrs. Sarah Wallace, the Assistant Executive Officer, expanded further, informing the Committee that through the implementation of the Breeze licensure system, which is anticipated to be up and running by next spring, it has become apparent that the Committee needs to implement a process of how permit holders are demonstrating continued competency upon the six (6) year renewal. She emphasized that regulatory language has become necessary because the statute is so vague as it relates to the continued competency at the six (6) year mark that staff feels it is necessary to move forward with promulgating regulatory language.

Mrs. Wallace went on to explain that standard procedure is the Board reviews regulatory priorities every August and establishes priorities for that fiscal year. The regulatory packet process can take anywhere from 18 to 24 months to complete. Therefore, staff requested that the Committee give staff direction to work with legal counsel to draft the proposed regulatory language including the requirements discussed at this meeting. She explained that the drafted language would be reviewed with the Committee at the next meeting in October. Additionally, staff recommended the Board consider the promulgation of regulations to implement, interpret, and make specific Code Section 1638.1(a)(2) requirements at its upcoming August meeting.

Past Committee recommendations on six (6) year continued competency requirement were reviewed. Staff suggestions included a specified number of operative reports to reflect the procedures the licensee is permitted to perform and proof of certification that he or she is on active status on the staff of a general acute care hospital or licensed outpatient surgical facility in California and maintains the necessary privileges based on the bylaws of the hospital to maintain that status. Mrs. Wallace explained that the additional requirements

listed at previous meetings seemed excessive. She opened the discussion up to the Committee to see if they had any additional requirements that they would like to see implemented.

Dr. Peter Scheer stressed that there needs to be a continuing education requirement. Dr. Louis Gallia suggested the continued competency requirement could be completed through many avenues including, CALAMOS, online courses, California Academy of Cosmetic surgery, or other avenues. Mrs. Wallace reminded the Committee that until regulatory language is implemented, the Board could not enforce the continuing education requirement. She clarified that it would take anywhere from 6-18 months before the regulation became effective from the time the Board initiates the rule making.

Dr. Scheer suggested the Committee email amongst each other to come up with parameters and then email staff with suggestions.

Dr. Gallia added that the submission of operative reports for the six year requirement should have limitations so that they reflect only the past six years. Dr. Scheer also recommended a specific number of operative reports be recommended for this requirement. Dr. Gallia stated that ten operative reports would be a good idea considering this is what is required for the initial application process.

There was discussion on whether the operative reports requirement would be ten reports total or ten for each category. Staff explained that the current requirement is ten total; not specifying how many must be from what category. The Committee expressed their concern with the current operative reports requirement. Legal counsel suggested the Committee address this issue and any others when working on the regulatory language for the six year requirement.

M/S (Gallia/Scheer) motioned to approved staff's recommendations for the regulatory language to include the following requirements to establish a permit-holder's continued competency:

- 1. A specified number of operative reports that reflect the procedures the licensee is permitted to perform; and,
- 2. Proof of certification that he or she is on active status on the staff of a general acute care hospital or licensed outpatient surgical facility in California and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

By roll call vote, the minutes were approved unanimously.

CLOSED SESSION – Consideration of Elective Facial Cosmetic Surgery Permit Applications

RETURN TO OPEN SESSION - Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications

Dr. Gallia reported that the Credentialing Committee reviewed one (1) application.

Applicant Dr. M.M.: The Committee decided to recommend to the Board to issue the applicant a Category I permit limited to implants and a category II permit limited to upper and lower blepharoplasty. The applicant currently holds an EFCS permit for Category II - limited to submental liposuction, Botox and fillers, and chemical peels.

Open Session adjourned at 4:20 p.m.

MINUTE BOOK FOR THIS ITEM IS PREPARED BY NELLIE FORGÉT, EFCS PERMIT PROGRAM COORDINATOR.





Dental Board of California

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



TELECONFERENCE MEETING OF THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE MEETING MINUTES

Wednesday, October 1, 2014
For more information, please contact the Board (916) 263-2300

Members Present:

Robert Gramins, DDS – Chair Louis Gallia, DMD, MD Anil Punjabi, MD, DDS Peter Scheer, DDS

Members Absent

Dr. Brian Wong, MD

Also Present:

Nellie Forgét, Program Coordinator Sarah Wallace, Assistant Executive Officer Michael Placencia, Legislative & Regulatory Analyst Spencer Walker, DCA Legal Gounsel Bruce Whitcher, DDS, Board Liaison to Committee

Teleconference Locations with Public Access:

Dental Board of California Office and Teleconference Location:

2005 Evergreen Street, Ste. 1550 Conference Room Sacramento, CA 95815 (916) 263-2300

Other Teleconference Locations:

12630 Monte Vista Road, Ste. 205, Poway, CA 92064, (858) 485-1290 39935 Vista Del Sol, Ste. 100, Rancho Mirage, CA 92270, (760) 837-1515 295 Terracina Blvd, Redlands, CA 92373, (909) 798-9950

Dr. Peter Scheer joined the teleconference at 3:15 p.m.

Dr. Robert Gramins called the roll by teleconference and established a quorum at 3:06 P.M. Guadalupe Castillo, DCA Legislative & Regulatory Analyst was present at the Dental Board conference room location.

AGENDA ITEM 2 - Staff Report

Mrs. Nellie Forgét informed the Committee that there was nothing new to report on the Elective Facial Cosmetic Surgery (EFCS) Permit application revisions. Staff was working on recommendations and regulatory language changes which would be discussed at the upcoming January meeting.

Mrs. Forgét informed the Committee that the Board approved the Committee's recommendation to issue an EFCS permit to Dr. Michael P. Morrissette a permit for Category I permit limited to implants and a category II permit limited to upper and lower blepharoplasty.

Mrs. Forgét also reported that there were currently 27 EFCS permit holders.

Agenda Item 3: Update Regarding the Dental Board of California's Regulatory Priorities for Fiscal Year 2014-15 and Prioritization of a Rulemaking Relative to Elective Facial Cosmetic Surgery Permit Application Requirements

Mrs. Sarah Wallace informed the Committee that the Dental Board of California (Board) deemed EFCS regulations as a regulatory priority for 2014/2015. Staff will be working with the Committee and legal counsel to draft language to present to the Committee at an upcoming meeting, tentatively January or April.

Agenda Item 4: Future Meeting Dates

The Committee reviewed the Board meeting dates that were provided. Staff and the Committee chose the following future meeting dates: January 14, 2015, April 8, 2015, July 8, 2015, and October 15, 2015. Staff emphasized the importance of a face-to-face meeting at some point to discuss the regulatory language. The Committee agreed to meet face-to-face at the April 8, 2015 meeting.

CLOSED SESSION – Consideration of Elective Facial Cosmetic Surgery Permit Applications

RETURN TO OPEN SESSION - Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications

Dr. Gramins reported that the Credentialing Committee reviewed one (1) application.

Applicant Dr. M.M.: The Committee unanimously agreed to table the application for Dr. M.M. until the applicant submits fully dictated operative reports that demonstrate a broader spectrum of soft tissue cosmetic cases.

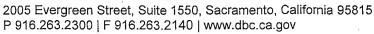
Open Session adjourned at 3:26 p.m.

MINUTE BOOK FOR THIS ITEM IS PREPARED BY NELLIE FORGÉT, EFCS PERMIT PROGRAM COORDINATOR.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY · GOVERNOR EDMUND G. BROWN JR

Dental Board of California





MEMORANDUM

DATE	March 16, 2015	
ТО	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee	
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator	
SUBJECT	3JECT Agenda Item 3: Staff Report	

We will be discussing the Elective Facial Cosmetic Surgery (EFCS) Permit application revisions and regulatory language.

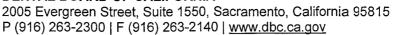
The Committee will be reviewing one (1) application at the April 8th meeting.

Currently there are 27 permit holders. A list of these permit holders can be found on the Board's website.



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY + GOVERNOR EDMUND G. BROWN JR

DENTAL BOARD OF CALIFORNIA





MEMORANDUM

DATE	March 23, 2015	
то	Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee	
FROM	Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator	
SUBJECT	Agenda Item 4: Discussion and Possible Action Concerning Regulatory Language for Elective Facial Cosmetic Surgery (EFCS) Permit Application and Renewal Process	

Background:

Pursuant to Code Section 1638.1(a)(2), an EFCS permit that is issued by the Board is valid for a period of two years and is required to be renewed by the permit-holder at the time his or her dental license is renewed. Additionally, every six years, prior to the renewal of the permit-holder's license and permit, the permit-holder is required to submit evidence acceptable to the Committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The Committee is authorized to limit a permit consistent with Code Section 1638.1(e)(1) if it is not satisfied that the permit-holder has established continued competence.

There are 11 EFCS permit-holders that are at or have exceeded the six year mark based on their permit issuance date and expiration date and are due for the Committee's review and determination of continued competence. Since Code Section 1638.1 does not expressly provide the requirements a permit-holder must meet to establish continuing competency, it has become necessary to promulgate a regulation to implement, interpret, and make specific the provisions of Code Section 1638.1 for the purpose of clarifying the necessary requirements that would establish continuing competency for the EFCS permit.

At its August 2014 meeting, the Dental Board of California (Board) deemed the EFCS Permit Regulations a priority for the 2015/2016 fiscal year to implement, interpret, and make specific the requirements of Code Section 1638.1

At its July 9, 2014 meeting, the Committee proposed possible requirements that could be met by a permit-holder for the purpose of determining continued competency. Those requirements included the following:

1. A specified number of operative reports that reflect the procedures the licensee is permitted to perform; and,

2. Proof of certification that he or she is on active status on the staff of a general acute care hospital or licensed outpatient surgical facility in California and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

At that meeting staff was directed to draft regulatory language for EFCS Permit application and renewal process in compliance with Business and Professions Code (Code) Section 1638.1. A copy of the regulatory language is included with this agenda item.

Staff Recommendation:

Staff requests that the Committee appoint a subcommittee to work with staff on finalizing the proposed regulatory language to forward the package to the Board to initiate the rulemaking process at a future meeting.

TITLE 16. DENTAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

PROPOSED LANGUAGE

RELATING TO THE ELECTIVE FACIAL COSMETIC SURGERY INITIAL PERMIT AND RENEWAL REQUIREMENTS

Add California Code of Regulations, Title 16, Sections 1044.6, 1044.7, and 1044.8 as follows:

Article 5.6

§1044.7 Operative Reports

(a): An applicant for an Elective Facial Cosmetic Surgery permit shall submit to the board no less than 10, but no more than 30, operative reports from residency training or proctored procedures that are representative of procedures the licensee intends to perform.

§1044.6 Application for Permit to perform elective facial cosmetic surgery pursuant to Business and Professions Code Section §1638.1.

(a) An applicant for a permit to perform Elective Facial Cosmetic Surgery pursuant to Section 1638.1 of the Code shall submit to the board a completed "Elective Facial Cosmetic Surgery Permit Application" (New 04/15), which is hereby incorporated by reference, accompanied by the fee specified in Section 1638.1(d) of the Code.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code. Reference: Sections 1638.1, Business and Professions Code.

§1044.8 Renewal of Permit to perform elective facial cosmetic surgery pursuant to Section 1638.1.

(e) Every 6 years, prior to renewal of a permitholder's license and permit, the permitholder shall submit ten (10) operative reports to the board that are specific to the procedures the licensee is permitted to perform.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code. Reference: Sections 1638.1, Business and Professions Code.



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Elective Facial Cosmetic Surgery (EFCS) Initial Permit or Permit to Add Allowable Procedures Application

Business and Professions Code, Section 1638.1-1638.7

Office Use Only
Receipt #:
ATS #:
Date Received:
Initial:

PART 1 – APPLICATION INSTRUCTIONS

- 1. An application must be complete and must be accompanied by all of the following:
 - An application fee of \$500, made payable to the Dental Board of California.
 - All the required documentation specified in the application.
- Applicant must choose to apply through either Pathway A or Pathway B. (Pathway A
 requirements apply towards applicants directly out of residency training. Pathway B
 requirements are directed more towards practicing doctors who have been out of
 training for an extended period but who have been granted hospital privileges in elective
 facial cosmetic surgery.)
- 3. A permit holder seeking to upgrade allowable procedures are required to submit the following documentation:
 - Application form, only completing:
 - a) Part 2 Name, Contact, and Licensure Information
 - b) Part 3 Requirements, specifying which permit category you are applying
 - c) Part 4 Acknowledgement/Certification
 - At least 10 operative reports, but no more than 30, from residency training or
 proctored procedures that are representative of procedures that the licensee
 intends to perform. Reports shall contain a detailed narrative of the procedures
 performed by the applicant, specifying the date and location of the surgery,
 names of primary surgeons and assistants, and procedures and findings.
 Reports should be clear and dark enough to reproduce. An Index of Operative
 Reports, which is included as page 5 of this application shall be submitted with
 the reports.

Any incomplete applications will be returned.

PART 2 – NAME, CONTACT, AND LICENSURE INFORMATION					
1.	Applicant Name:				
		First	Middle	Last	
2.	Social Security Number _ Individual Taxpayer Iden				
	Address of Record:				
3.	Practice Address (if diffe	rent):			

4.	l elephone Numbers: Home:	Office:	Cell:
5.	Email address:		
6.	CA Dental License #(s): Da	te Issued:	
7.	Other Dental License # (if applicable):	Stat	e(s) of Issuance:
8.	Current EFCS permit # (if applicable):	Date	e Issued:
PA	ART 3 - REQUIREMENTS Applicant is requesting a permit for category	(ies):	
	 I - cosmetic contouring of the osteocartila but not limited to, rhinoplasty and otoplas 	-	tructure, which may include,
	☐ II - cosmetic soft tissue contouring or rejulimited to, facelift, blepharoplasty, facial s	·	
	or limited to:		
1.	The following general requirements are so Submit Documentation of successful complete Residency Program accredited by the Compute American Dental Accreditation (ADA): Dates attended:	pecific require tion of an Oral nission on Den	and Maxillofacial Surgery all Accreditation (CODA) of
2.	Submit documentation of at least 10, but no residency training or proctored procedures that you intend to perform from the following (I) Cosmetic contouring of the osteocar	hat are represe categories:	ntative of the procedures

Complete items 3-6 only if applicant is applying through Pathway A

include, but is not limited to, rhinoplasty and otoplasty.

3. Submit documentation showing proof of your active status on the staff of a general acute care hospital and that you maintain the necessary privileges based on the bylaws of the hospital to maintain that status. This document should include signatures from approving parties to be considered. If applicant's status is provisional, applicant must wait until active status is achieved before applying.

(II) Cosmetic soft tissue contouring and rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

4. Submit Documentation that you are certified, or a candidate for certification, by the American Board of Oral and Maxillofacial Surgery:

	Re-Certification Date:		
	Candidate for Certification:		
5.	mits to the Board a letter from the program director of the accredited residency gram, or the director of a postresidency fellowship program accredited by the CODA ne ADA stating that you have the education, training, and competency necessary to form the surgical procedures that you have notified the Board you intend to perform.		
6.	. Submit documentation showing all of the surgical privileges that you possess at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.		
7.	Complete item 7 only if applicant is applying through Pathway B Submit documentation showing proof that you have been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures that you intend to perform.		
	 Specific Surgical Privileges (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. (II) Cosmetic soft tissue contouring and rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation. 		
	PART 4 – ACKNOWLEDGEMENT/CERTIFICATION		
	In accordance with California Business and Professions Code Section 142(b), the abandonment date for an application that has been returned to the applicant as incomplete shall be 12 months from the date of returning the application.		
	Certification – I certify under the penalty and perjury, under the laws of the State of California, that the information in this application and any attachments are true and correct.		
	Applicant's Signature Date		

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by The Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, (916)263-2300, in accordance with Business & Professions Code, 1600 et seq. Except for Social Security numbers, and individual taxpayer identification number, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by 30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A 405 (c)(2)(C)). Your social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the name(s) and address(es) submitted may, under limited circumstances, be made public.

The following table outlines the requirements for each pathway

The following table outlines the	equirements for each pathway	
Pathway A	Pathway B	
Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.	Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.	
Submits to the board a letter from the program director of the accredited residency program, or from the director of a post-residency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform.	Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.	
Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. (II) Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation. Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.	Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories: (I) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty. (II) Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation. Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.	
Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status. Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.		

Index of Operative Reports Name: Facility Surgery Type (Osteocatilaginous or Soft Tissue) Operative name Procedure(s) Position Date . Report and location