

## REPORT HIGHLIGHTS PERFORMANCE AUDIT

## Board appropriately issued licenses and permits, but should address continuing education noncompliance

### Our Conclusion

The Arizona State Board of Dental Examiners (Board) issues licenses to dentists, dental hygienists, and dental consultants; certificates to dental assistants to perform x-rays and polish teeth, denturists to practice denture technology, and to licensed dental hygienists to administer local anesthesia and nitrous oxide analgesia; and sedation permits to licensed dentists. Although the Board ensured that applicants met all statutory and rule requirements before it issued a license or permit and issued licenses and permits within the prescribed time frames, it should strengthen its oversight of licensees' compliance with continuing-education requirements. In addition, the Board adequately investigated complaints, but should consistently document the basis for its decisions, improve its approach for imposing discipline, and improve its tracking of complaint resolution timeliness. Finally, the Board should improve its procedures for providing accurate and complete public information about those it regulates.

**Licenses and permits issued to qualified applicants in a timely manner**—The Board has established policies and procedures to guide its license and permit application processing. Our review of the 990 dentist and dental hygienist license applications the Board approved in fiscal years 2012 and 2013 found that with one exception, the Board ensured applicants submitted the required documentation before it issued the licenses. When brought to its attention, the Board also addressed the one exception. Additionally, a review of a random sample of 10 of the 22 general anesthesia and deep sedation permits the Board approved in fiscal years 2012 and 2013 found that it issued these permits to qualified applicants. Finally, we found that the Board issued these licenses and permits within prescribed time frames.

**Board should address noncompliance with continuing-education requirements**—When licensees apply to renew their licenses, they must provide an affidavit verifying compliance with continuing-education requirements. To verify compliance, board staff conduct random audits of about 2 percent of the renewal applications annually. Board staff conducted 42 audits in fiscal year 2013, and 6 of these audits, or 14 percent, identified noncompliance. A similar percentage of noncompliance is also likely among the unaudited applications. Therefore, the Board should:

- **Improve the continuing-education affidavit**—Although licensees cannot take credit for more than 24 hours of self-study, the form does not require licensees to report self-study hours. Five of the six audits that identified noncompliance determined that licensees included more self-study hours than allowed.
- **Direct its committees to accurately report on noncompliance**—The Board has established two committees that review continuing-education audits and should report instances of noncompliance to the Board. However, in two instances, one of the committees allowed licensees to complete their continuing-education requirements and did not inform the Board of the noncompliance.
- **Take disciplinary action to address noncompliance or revise its rule**—Administrative rule requires the Board to take disciplinary action when a licensee falsifies the continuing-education affidavit. However, for three of the six cases of noncompliance, where the licensees' self-study hours exceeded the limit, the Board allowed the licensees to complete the appropriate number of nonself-study continuing-education hours and did not take disciplinary action. The Board may want to consider a rule similar to an Arizona State Board of Physical Therapy rule that allows licensees up to 6 months to come into compliance.

### Recommendations

The Board should:

- Revise its affidavit form to require licensees to report the number of self-study and nonself-study hours completed;
- Have its committees report to the Board on all noncompliance; and
- Take action against licensees to address noncompliance and/or revise its administrative rule to permit additional time for licensees to comply with the continuing-education requirements.



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## Board adequately investigated complaints, but can take steps to improve its complaint handling and discipline practices

**Complaints adequately investigated**—The Board has developed and implemented policies and procedures to guide its complaint resolution process, including policies and procedures for performing complaint investigations. The Board’s investigative review committee reviews complaint investigations to determine whether a complaint has merit, and if so, the complaint and associated investigation are forwarded to the Board for review and adjudication. The Board adequately investigated the five quality-of-care complaints closed in fiscal years 2012 and 2013 that we reviewed.

During the audit, the investigative review committee began to better document its rationale for its recommendations to the Board. The Board’s meeting minutes should also include sufficient information to advise the public of the reasons for its decisions for complaints it discusses and then adjudicates during its meetings.

**Board should improve its disciplinary action practices**—Our review of the five quality-of-care complaints found that the discipline imposed in three of the complaints may not have been consistent with the nature and severity of the violations that the Board substantiated. For example, the investigative report for one complaint indicated that the licensee’s actions involving the improper use of sedation contributed to the death of the patient and identified four deviations from the standard of care. The Board required 16 hours of hands-on continuing education in the area of sedation and suspended the licensee’s sedation permit for a minimum of 6 months. A second complaint alleged that a dental procedure resulted in the partial paralysis of the patient’s face, and the complaint investigation identified numerous deviations from the standard of care. The licensee was directed to complete 24 hours of continuing education, including 6 hours in treatment of surgically caused paralysis, and the licensee’s practice in oral surgery was restricted.

We also reviewed five licensees with multiple complaints that resulted in disciplinary action. However, the Board’s imposed discipline, consisting of additional continuing education sometimes combined with other discipline, may have been insufficient to address the licensees’ continued noncompliance with statutes.

### Recommendations

The Board should:

- Ensure that its investigative review committee continues to prepare a report that provides a rationale for its recommendations;
- Include sufficient information in its minutes to communicate the basis for its complaint decisions; and
- Develop and implement guidance, including maximum and minimum sanctions for each violation and when to consider nondisciplinary and disciplinary actions, to help direct its determination of discipline.

## Board should improve its provision of information to public

Although the Board provides appropriate public information on its Web site, it did not do so over the phone. We placed calls to the Board asking about complaint information for four licensees. Board staff provided some correct information, but did not provide information about the complaint description or resulting board action, as board policy requires. Although board management revised board policies and procedures during the audit, we made three additional phone calls, and board staff provided complete information in response to only one phone call.

### Recommendation

The Board should further revise and implement its public information policies and procedures to ensure complete and accurate information is provided to the public and train its staff on these policies and procedures.