Virginia Department of
Health Professions

VIRGINIA BOARD OF DENTISTRY
BOARD BUSINESS MEETING AGENDA
MARCH 3, 2022

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9:00 a.m.	**Call to Order – Dr. Nathaniel C. Bryant, President**	
	Public Comment – Dr. Bryant	
	• American Academy of Dental Sleep Medicine	2-3
	Introduction of New Board Staff- Ms. Sacksteder	--
	Approval of Minutes	4-8
	• December 2, 2022, Board Meeting	9-10
	• December 2, 2022, Special Session	
	DHP Director's Report – Arne W. Owens	--
	Liaison & Committee Reports	
	• CDCA/WREB/CITA Meeting – **Ms. Sacksteder**	--
	Healthcare Workforce Data Center- Yetty Shobo	
	• Presentation on workforce data for Dentists and Dental Hygienists	11-68
	Legislation and Regulation - Ms. Barrett	
	• Status Report on Regulatory Actions Chart	69-70
	• Williams Petition for rulemaking – to amend 18VAC60-21-250(C)(8)	71-78
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	• Consideration of Public Comments	--
	• Update on CE Broker – **Ms. Sacksteder**	--
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February 3, 2023

Nathaniel C. Bryant, DDS
President, Virginia Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Dr. Bryant,

The American Academy of Dental Sleep Medicine (AADSM) is the leading professional society for dentists who treat obstructive sleep apnea and snoring. The AADSM provides education, research and practice standards to ensure patients have access to high quality care for sleep-related breathing disorders.

The AADSM standards of practice for oral appliance therapy outline best practices for dentists trained in treating obstructive sleep apnea. The standards were recently updated and are based on a review of literature in the field and the consensus of clinical experts. The standards also rely on several positions previously established by the AADSM.

These standards outline that trained dentists:

- can order and administer home sleep apnea tests (HSATs). Interpreting the HSAT data and diagnosing OSA remains under the purview of licensed medical providers for initial diagnosis and for verification of treatment efficacy. This position aligns with the ADA's policy that ordering and administering sleep apnea tests, which includes HSATs, is within the dentistry scope of practice.

- are the only clinicians with the knowledge and skills to determine if a patient is suitable candidate for oral appliance therapy. Once a patient is diagnosed with OSA by a licensed medical provider, the trained dentist can be the clinician to prescribe oral appliance therapy.

- are responsible for taking accurate physical or digital impressions and a protrusive bite record. Patients do not have the necessary training to take impressions and protrusive bite records to ensure accuracy and precision, reduce costs and treatment delays associated with redoing inaccurate impressions and measurements, and ensure the fit and comfort of the custom-fabricated oral appliance.

- should evaluate patients every six months during the first year after delivery of the appliance and at least annually thereafter to verify efficacy and resolution of symptoms, assess occlusal stability, document and address any side effects, check the structural integrity of the appliance and monitor comfort and adherence.

State boards of dentistry across the country are recognizing the important role that dentists play in increasing patient access to care for sleep apnea and snoring, and are taking action accordingly. We encourage you to take these standards into account and are happy to be an ongoing resource as you consider any issues related to the role of dentists in caring for patients with obstructive sleep apnea.

Sincerely,
Mitchell Levine, DMD, MS

VIRGINIA BOARD OF DENTISTRY
BUSINESS MEETING MINUTES
December 2, 2022

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 9:00 a.m., on December 2, 2022, at the Perimeter Center, 9960 Mayland Drive, in Board Room 4, Henrico, Virginia 23233.

PRESIDING: Nathaniel C. Bryant, D.D.S., President

MEMBERS PRESENT:
William C. Bigelow, D.D.S.
Sidra Butt, D.D.S.
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Alf Hendricksen, D.D.S.
Margaret F. Lemaster, R.D.H.
J. Michael Martinez de Andino, J.D.
Emelia H. McLennan, R.D.H.
Dagoberto Zapatero, D.D.S.

STAFF PRESENT:
Jamie C. Sacksteder, Executive Director
Donna Lee, Discipline Case Manager
Arne W. Owens, Agency Director, Department of Health Professions
James Jenkins, Jr., Deputy Director, Department of Health Professions
Erin Barrett, Senior Policy Analyst, Department of Health Professions

COUNSEL PRESENT: James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM: With ten members of the Board present, a quorum was established. Dr. Bryant welcomed Mr. Owens and Mr. Jenkins.

Ms. Sacksteder read the emergency evacuation procedures.

PUBLIC COMMENT: Dr. Bryant explained the parameters for public comment and opened the public comment period. Dr. Bryant also noted that written comments were received from the VDHA regarding regulation reduction on Chapters 21 and 25; and written comments received from the Virginia Academy of General Dentistry pertaining to CE Broker. The written comments were distributed to Board members and available to the public.

W. Scott Johnson, Esquire, Counsel for the VDA – Mr. Johnson stated that the VDA supported the proposed changes to the regulations.

APPROVAL OF MINUTES: Dr. Bryant asked if there were any edits or corrections to the September 8, 2022, Formal Hearing minutes, two formals; September 9, 2022, Business Meeting minutes; and September 9, 2022, Special Session minutes. Hearing none, Dr. Zapatero moved to approve the minutes as presented. The motion was seconded and passed.

DIRECTOR'S REPORT: Mr. Owens addressed the Board and spoke about his employment background, which included being the Deputy Director at DHP from 2010-2014. He thanked the Board members for their service and acknowledged that their work is important to ensure the safe practice of dentistry. Mr.

Owens stated he was looking forward to working with the Board.

Mr. Owens introduced Mr. Jenkins as the Deputy Director for DHP and stated he comes to DHP from VCU Health where he worked as a Charge RN in the Neuroscience Intensive Care Unit, the Adult Trauma-Medical Emergency Department, and as a nurse manager of Ambulatory Neurology. Mr. Jenkins also served as a member of the Board of Medicine and most recently as a member of the Board of Pharmacy. Governor Youngkin appointed Mr. Jenkins as a Special Advisor for Health Care Workforce, which is a new position in the Executive Branch created by the General Assembly in the last session.

Mr. Jenkins stated he was honored and privileged to join DHP and that he appreciated the work conducted by the Board for the profession of dentistry.

LIAISON & COMMITTEE REPORTS:

AADA/AADB Committee Report – Ms. Sacksteder informed the Board that she attended the AADA meeting in October, which is a meeting with other directors from other states. She stated that it was very informative to hear what other states are doing, which was enriching and rewarding.

Ms. Sacksteder, Ms. Lemaster, and Dr. Zapatero attended the AADB meeting. All agreed the meeting was very disorganized, non-members not allowed to attend some meetings, and not a high quality of speakers for the various presentations. Currently, the Board did not see a benefit of becoming a member of the AADB.

CODA Accreditation Site Visit – Dr. Bryant provided an overview of his CODA Accreditation site visit that was held at the Wytheville Community College. He stated it was a good experience and the CODA representatives were very equipped to review the program.

LEGISLATION AND REGULATION:

Status Report on Regulatory Actions Chart. Ms. Barrett reviewed the updated Regulatory Actions. The elimination of restriction on advertising dental specialties was adopted on advice of Board counsel.

The technical corrections to fees were approved and become effective on January 4, 2023.

The following regulations are currently at the Secretary's Office:

- NOIRA for expansion and clarification of refresher courses required for reinstatement;
- Training in infection control;
- NOIRA for continuing education requirements for jurisprudence; and
- digital scan technicians.

The elimination of direct pulp-capping as a delegable task for a DAII is at the Department of Planning and Budget.

Chapter 15 – Regulations for Governing the Disciplinary Process. Ms. Barrett confirmed there were no comments on periodic review and the recommendation from the Regulatory-Legislative Committee was that the chapter remain as is with no changes.

Dr. Dawson moved to adopt Chapter 15 as presented with no changes. The motion was seconded and passed.

Chapter 21 – Regulations Governing the Practice of Dentistry. Ms. Barrett stated that the only comments received are from the VHDA, which were distributed to the Board. Ms. Barrett reviewed with the Board the recommendations from the Regulatory-Legislative Committee.

The Board recommended the following additional amendments:

(1) 18VAC60-21-10(D) – "Vital Signs" – remove the word "temperature" from the definition.
(2) 18VAC60-21-20(E)(2) – Deleted.
(3) 18VAC60-21-170 – The words "x-ray film" changed to the word "radiographs".
(4) 18VAC60-21-190(A)(2) – Remove the words "an original grade card" and add "Verifiable".
(5) 18VAC60-21-220(B) – Remove the words "or whose license has been suspended or revoked" and the words "or reinstated".
(6) 18VAC60-21-280((F)(1) – The sentence changed to read: "Baseline vital signs, to include temperature, and oxygen saturation shall be taken and recorded prior to administration of sedation."
(7) 18VAC60-21-280(F)(4) – The entire second sentence is deleted.
(8) 18VAC60-21-280(G)(1) – After the word "include" remove the words "blood pressure, respiratory rate, heart rate, and".
(9) 18VAC60-21-290(C)(3) – Remove the words "a copy of a" and add the words "an official".
(10) 18VAC60-21-291(D)(1) – After the word "include" add the words "temperature and". Also remove the words "and prior to discharge".
(11) 18VAC60-21-300(C)(2) – Remove the words "Completion of an" and add the words "Verifiable evidence of a completed".
(12) 18VAC60-21-301(E)(2) – Delete last word in sentence "continuously".
(13) 18VAC60-21-370(3) – Delete the words "Complete an" and add the words "Submit an official transcript of a completed".

Mr. Martinez moved that the Board adopt Chapter 21 as amended as a fast-track regulatory action to implement periodic review. The motion was seconded and passed.

Chapter 25 – Regulations Governing the Practice of Dental Hygiene. Ms. Barrett reviewed with the Board the recommendations from the Regulatory-Legislative Committee.

The Board recommended the following additional amendments:

(1) 18VAC60-25-80 – The words "x-ray film" changed to the word "radiographs".
(2) 18VAC60-25-100(B)(1) – Remove the words "a minimum of eight hours in".
(3) 18VAC60-25-100(C)(1) – Remove the words "a minimum of 28" and the word "hours". After the word "clinical" add the word "instruction".
(4) 18VAC60-25-130(A)(2) – Remove the words "an original grade card" and add "Verifiable".
(5) 18VAC60-25-210(B)(1) – Put a period after the word "fee" and remove all the other words in the paragraph.

Dr. Dawson moved that the Board adopt Chapter 25 as amended as a fast-track regulatory action to implement periodic review. The motion was seconded and passed.

Chapter 30 – Regulations Governing the Practice of Dental Assistants. Ms. Barrett reviewed with the Board the recommendations from the Regulatory-Legislative Committee.

The Board recommended the following additional amendments:

(1) 18VAC60-30-80 – The words "x-ray film" changed to the word "radiographs".
(2) 18VAC60-30-100(B) – Remove the words "willfully or negligently".

Dr. Dawson moved that the Board adopt Chapter 30 as amended as a fast-track regulatory action to implement periodic review. The motion was seconded and passed.

Clinical Competency Guidance Document 60-12. Ms. Barrett stated that the Regulatory-Legislative Committee recommended that the Board adopt Guidance Document 60-12.

Dr. Dawson moved that the Board accept the recommendation of the Regulatory-Legislative Committee and adopt Guidance Document 60-12. The motion was seconded and passed.

BOARD DISCUSSION TOPICS:

Consideration of Public Comments. Ms. Barrett acknowledged that the written comments received from VDHA were submitted and considered by the Regulatory-Legislative Committee when they met to discuss Chapter 21 and Chapter 25.

Ms. Sacksteder stated that the written comments received from the Virginia Academy of General Dentistry pertaining to CE Broker is not an issue because transcripts can be loaded to the CE Broker program from the Academy of General Dentistry and the usage of CE Broker at this time will be voluntary. The Board decided to utilize CE Broker to be able to conduct CE Audits.

Update on CE Broker – Ms. Sacksteder informed the Board that on November 10, 2022, there was a kickoff meeting with CE Broker and DHP IT and Board staff. The timeline for implementation of the program is approximately March/April of 2023.

BOARD COUNSEL REPORT:

Mr. Rutkowski updated the Board regarding Dr. Sheta's Circuit Court appeal. He stated the hearing will be held in Norfolk Circuit Court on March 6, 2023. Mr. Rutkowski explained the process when a respondent appeals to circuit court and answered questions from the Board.

EXECUTIVE DIRECTOR'S REPORT:

CITA Meeting - Ms. Sacksteder and Ms. Lemaster will be attending the meeting in Florida on December 9-10, 2022.

CDCA/WREB/CITA Meeting – Ms. Sacksteder, Dr. Dawson, Dr. Chaudhry, and Ms. Lemaster will be attending the meeting in Texas on January 5-7, 2023.

Disciplinary Report - Ms. Sacksteder reviewed the Disciplinary Board Report on case activity from January 1, 2022 to November 15, 2022, giving an overview of the actions taken and a breakdown of the cases closed with violations.

Ms. Sacksteder reported that the new Deputy Executive Director will start on January 10, 2023.

ADJOURNMENT:

With all business concluded, the Board adjourned at 12:35 p.m.

Nathaniel C. Bryant, D.D.S., President

Jamie C. Sacksteder, Executive Director

Date

Date

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 1:10 p.m., on December 2, 2022, at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, Board Room 4, 9960 Mayland Drive, Henrico, Virginia 23233.

PRESIDING: Nathaniel C. Bryant, D.D.S., President

MEMBERS PRESENT:
William C. Bigelow, D.D.S.
Sidra Butt, D.D.S.
Sultan E. Chaudhry, D.D.S.
Jamiah Dawson, D.D.S.
Alf Hendricksen, D.D.S.
J. Michael Martinez de Andino
Emelia H. McLennan, R.D.H.
Dagoberto Zapatero, D.D.S.

MEMBERS ABSENT: Margaret F. Lemaster, R.D.H.

QUORUM: With nine members present, a quorum was established.

STAFF PRESENT:
Jamie C. Sacksteder, Executive Director
Donna M. Lee, Discipline Case Manager
Rebecca Smith, Adjudication Specialist

OTHERS PRESENT:
James E. Rutkowski, Assistant Attorney General, Board Counsel
Erin Weaver, Assistant Attorney General

Eric E. Smith, D.D.S.
Case No.: 217153

The Board received information from Ms. Weaver in order to determine if Dr. Smith's impairment from substance abuse and/or mental incompetence constitute a substantial danger to public health and safety. Ms. Weaver reviewed the case and responded to questions.

Closed Meeting: Dr. Dawson moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and § 2.2-3712(F) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Eric E. Smith. Additionally, Dr. Dawson moved that Ms. Sacksteder, Ms. Lee, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Dawson moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION: Mr. Martinez moved that the Board summarily suspend Dr. Smith's license to practice dentistry in the Commonwealth of Virginia in that he is unable to practice dentistry safely due to impairment, resulting from substance abuse, and/or mental incompetence. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Board adjourned at 1:40 p.m.

Nathaniel C. Bryant, D.D.S., Chair

Jamie C. Sacksteder, Executive Director

Date

Date

DRAFT

Virginia's Dentistry Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466(fax)
E-mail: *HWDC@dhp.virginia.gov*

Follow us on Tumblr: *www.vahwdc.tumblr.com*
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Over 6,320 Dentists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Director	*Deputy Director*	*Research Analyst*	*Research Assistant*

Virginia Board of Dentistry

President

Nathaniel C. Bryant, DDS
Chesapeake

Secretary

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Chesapeake

Emelia H. McLennan, RDH
Virginia Beach

J. Michael Martinez de Andino, Esq
Richmond

Dagoberto G. Zapatero, DDS
Virginia Beach

Executive Director

Jamie C. Sacksteder

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The Dentistry Workforce: At a Glance:

The Workforce	
Licensees:	7,607
Virginia's Workforce:	5,720
FTEs:	4,307

Survey Response Rate	
All Licensees:	83%
Renewing Practitioners:	89%

Demographics	
Female:	42%
Diversity Index:	59%
Median Age:	48

Background	
Rural Childhood:	18%
HS Diploma in VA:	38%
Prof. Degree in VA:	34%

Education	
Doctorate/Prof.:	97%
Master's Degree:	1%

Finances	
Median Inc.:	$150k-$160k
Retirement Benefits:	42%
Under 40 w/ Ed Debt:	69%

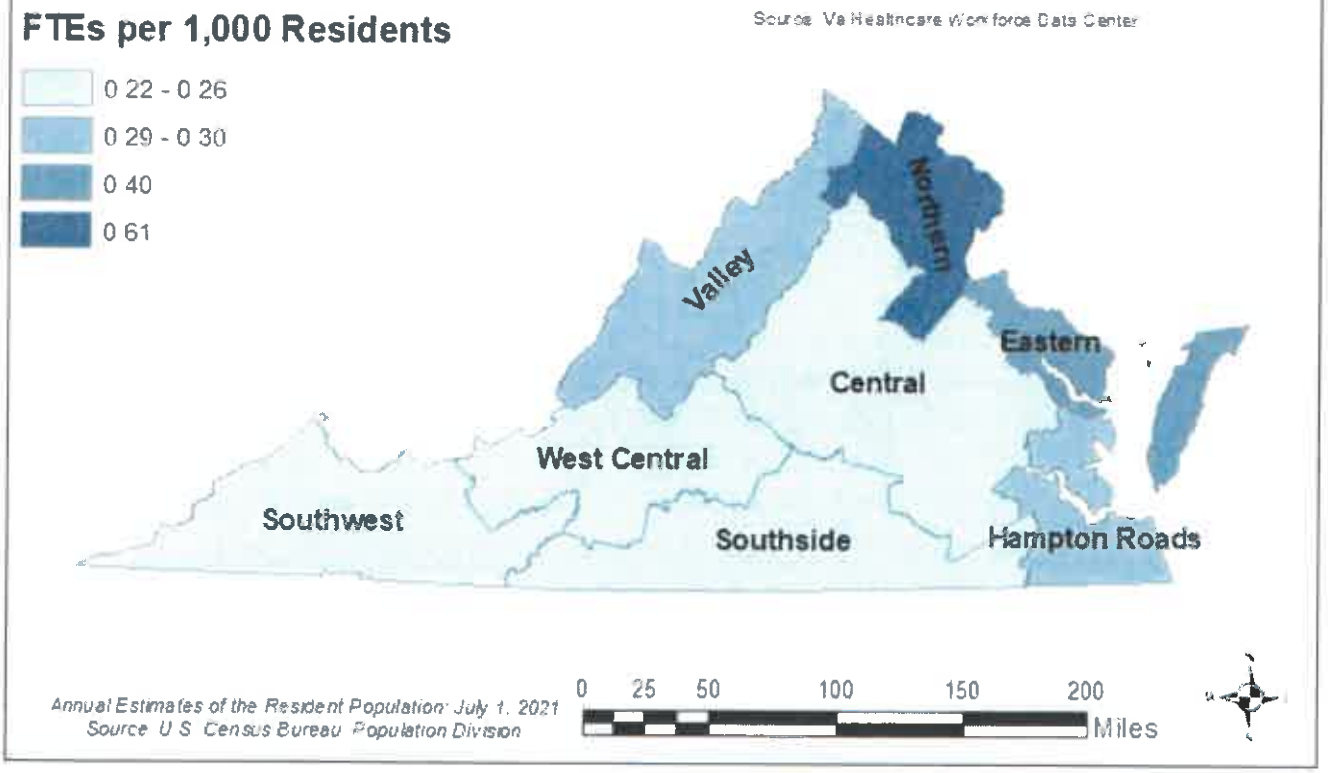
Current Employment	
Employed in Prof.:	96%
Hold 1 Full-time Job:	70%
Satisfied:	95%

Job Turnover	
Switched Jobs:	4%
Employed over 2 yrs.:	71%

Time Allocation	
Patient Care:	80-89%
Administration:	1-9%
Patient Care Role:	91%

Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Virginia Performs Regions

Source: Va Healthcare Workforce Data Center



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division

Results in Brief

In 2022, 5,720 dentists in Virginia's workforce provided 4,307 "full-time equivalency units", which the HWDC defines as working 2,000 hours a year. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the 2022 survey during the license renewal process, which takes place annually on an ongoing basis during the birth month of each dentist. The 6,325 survey respondents represent 83% of the 7,607 licensed dentists in the state and nearly all of the renewing practitioners.

More than two out of every five dentists are female, and the median age of all dentists is 48. In a random encounter between two dentists, there is a 59% chance that they would be of different races or ethnicities, a measure known as the diversity index. The diversity index in Virginia is 58%. Dentists under age 40 have a diversity index of 60%.

Nearly all dentists hold a doctorate or professional degree. About 41% of all dentists have educational debt, including 69% of dentists who are under the age of 40. The median debt for those dentists with educational debt is between $140,000 and $150,000. The median annual income for dentists is also between $150,000 and $160,000, with 59% of wage or salaried dentists receiving at least one employer-sponsored benefit; 95% of dentists indicate that they are satisfied with their current employment situation.

Only 7% of dentists currently work in non-metro areas of the state. Nearly 80% of dentists worked in the Northern Virginia, Central Virginia, and Hampton Roads regions. Dentists spend about 91% of their time treating patients; on average, they treat 50-74 patients per week. Ninety-four percent of dentists work in the private sector, including 91% who work at a for-profit organization. Nearly two-thirds of dentists work at a solo dental practice, while another 23% work at a group dental practice. Only 28% of the workforce expect to retire in the next decade, while half of the current workforce expect to retire by 2042.

Summary of Trends

The dental workforce has declined by about 2% in terms of both total licensees and dentists in Virginia's workforce when compared to 2021. Alongside the decrease in the state's workforce since 2021, the full time equivalency (FTE) units also decreased by approximately 6% over the past year (4,589 in 2021 vs 4,307 in 2022).

Compared to 2021, there have been slight changes in the demographic composition of the state's dentistry workforce. Females make up a greater proportion of the dental workforce (42% vs 39%). Further, in 2022, 56% of the dentists under age 40 are female, up from 50% in 2013. Median age has declined from 50 to 48 since 2013, and the percentage of dentists above age 55 years declined from 40% to 31% in the same period. Further, the number of dentists under age 40 has increased from 27% in 2013 to 32% in 2022. The diversity index continues to increase, from 57% in 2021 to 59% in 2022, and has increased significantly since 2013 when it was 48%. However, the diversity index for dentists under 40 years, has decreased slightly, from 62% last year to 60% this year.

The percentage of dentists in non-metro areas (7%) did not change between 2021 and 2022 after declining from 8% to 7% in 2018. The educational attainment level of dentists also did not change from 2021 to 2022 though the median debt decreased slightly from $150,000-$160,000 to $140,000-$150,000. Among all dentists the percent carrying education debt has increased since 2021, from 39% to 41%. However, the percentage of dentists under the age of 40 who carry education debt had decreased from 71% in 2021 to 69% in 2022.

Since the coronavirus pandemic, past year involuntary unemployment decreased from a high of 20% to 1%, suggesting a recovery comparable to pre-pandemic unemployment rates. Median income remained unchanged since 2021 and currently stands at $150,000-$160,000. The proportion receiving at least one employer-sponsored benefit increased from 46% in 2013 to 52% in 2022. The percent of dentists who intend to retire by age 65 increased from 36% in 2013 to 42% in 2021 and is now at 48%; additionally, half of the dentistry workforce plan to retire within two decades of the survey, which has remained unchanged since 2013.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	6,598	87%
New Licensees	515	7%
Non-Renewals	494	6%
All Licensees	7,607	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. Nearly nine out of ten renewing dentists submitted a survey. These represent 83% of dentists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	67	186	74%
30 to 34	189	737	80%
35 to 39	187	901	83%
40 to 44	147	918	86%
45 to 49	128	789	86%
50 to 54	113	717	86%
55 to 59	73	576	89%
60 and Over	378	1,501	80%
Total	1,282	6,325	83%
New Licenses			
Issued 2021 to 2022	123	392	76%
Metro Status			
Non-Metro	70	311	82%
Metro	774	4,253	85%
Not in Virginia	437	1,761	80%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted throughout 2022 on the birth month of each renewing practitioner.
2. **Target Population:** All dentists who held a Virginia license at some point in 2022.
3. **Survey Population:** The survey was available to dentists who renewed their licenses online. It was not available to those who did not renew, including some dentists newly licensed in 2022.

Response Rates	
Completed Surveys	6,325
Response Rate, All Licensees	83%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Dentists

Number:	7,607
New:	7%
Not Renewed:	6%

Response Rates

All Licensees:	83%
Renewing Practitioners:	89%

At a Glance:

Workforce

Dentistry Workforce:	5,720
FTEs:	4,307

Utilization Ratios

Licensees in VA Workforce:	75%
Licensees per FTE:	1.77
Workers per FTE:	1.33

Source: Va. Healthcare Workforce Data Center

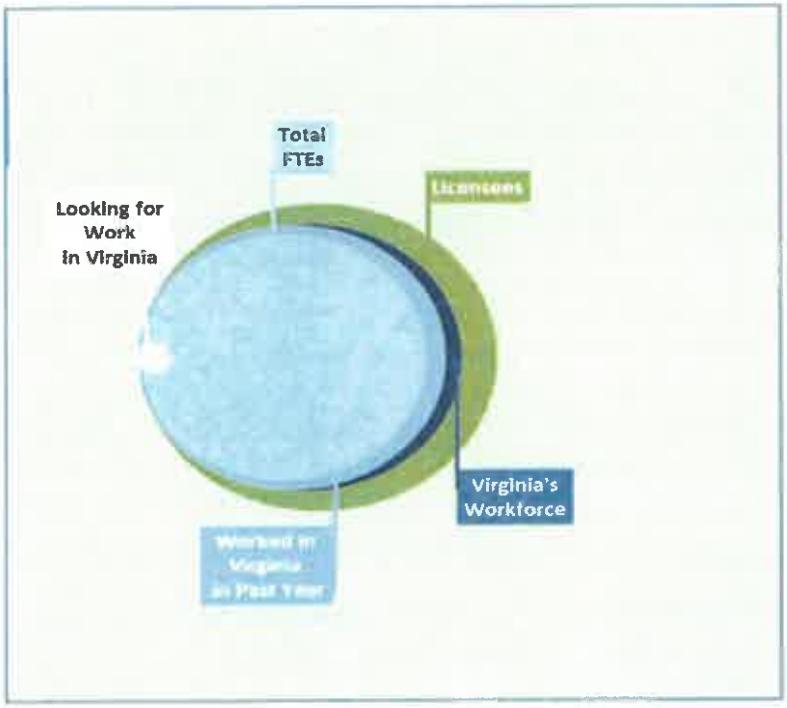
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Dentistry Workforce

Status	#	%
Worked in Virginia in Past Year	5,652	99%
Looking for Work in Virginia	69	1%
Virginia's Workforce	5,720	100%
Total FTEs	4,307	
Licensees	7,607	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	80	45%	99	55%	179	4%
30 to 34	255	44%	323	56%	578	13%
35 to 39	274	43%	362	57%	636	15%
40 to 44	282	48%	311	53%	593	14%
45 to 49	307	55%	249	45%	556	13%
50 to 54	261	56%	208	44%	469	11%
55 to 59	251	68%	116	32%	367	8%
60 +	812	81%	187	19%	999	23%
Total	**2,522**	**58%**	**1,855**	**42%**	**4,377**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	42%
% Under 40 Female:	56%

Age

Median Age:	48
% Under 40:	32%
% 55+:	31%

Diversity

Diversity Index:	59%
Under 40 Div. Index:	60%

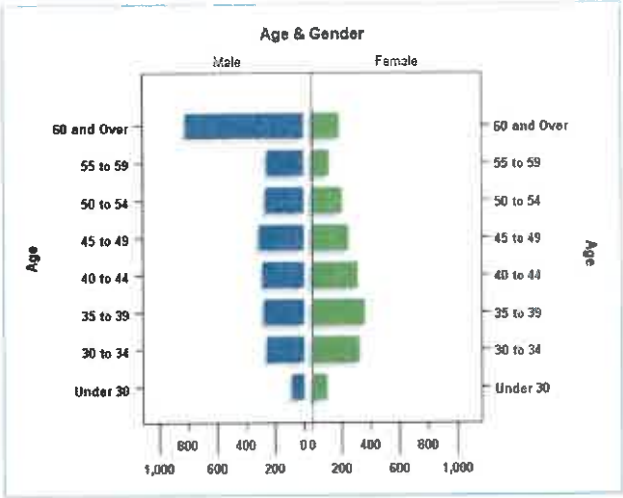
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dentists		Dentists Under 40	
	%	#	%	#	%
White	60%	2,587	59%	769	56%
Black	19%	268	6%	71	5%
Asian	7%	1,015	23%	388	28%
Other Race	0%	171	4%	44	3%
Two or More Races	3%	98	2%	38	3%
Hispanic	10%	244	6%	68	5%
Total	**100%**	**4,383**	**100%**	**1,378**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021 .

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two dentists, there is a 59% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), this is slightly higher than the diversity index for Virginia's population as a whole, which is 58%

Nearly one in three dentists are under the age of 40. 56% of dentists under 40 are female, and 28% are non-Hispanic Asian.



At a Glance:

Childhood

Urban Childhood:	24%
Rural Childhood:	18%

Virginia Background

HS in Virginia:	38%
Dental Ed. in VA:	34%
HS or Dental Ed. in VA:	47%

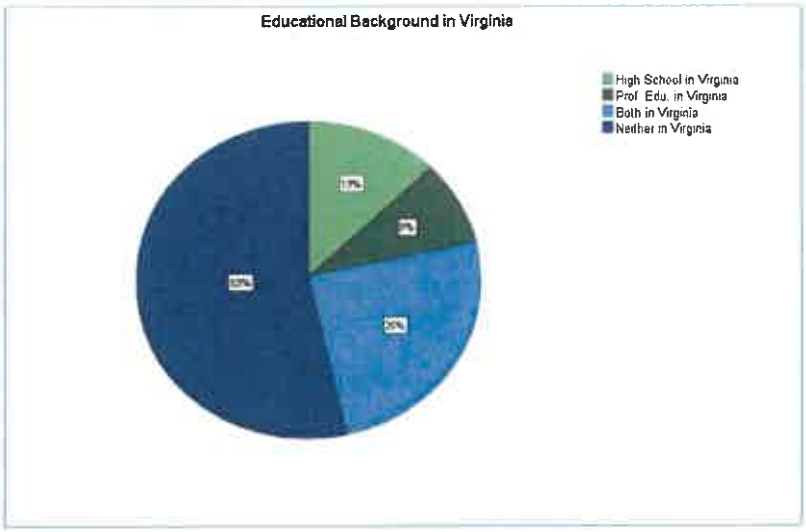
Location Choice

% Rural to Non-Metro:	18%
% Urban/Suburban to Non-Metro:	4%

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	13%	60%	27%
2	Metro, 250,000 to 1 million	34%	53%	13%
3	Metro, 250,000 or less	29%	55%	17%
	Non-Metro Counties			
4	Urban pop 20,000+, metro adjacent (adj)	33%	57%	10%
6	Urban pop, 2,500-19,999, metro adj	49%	30%	22%
7	Urban pop, 2,500-19,999, nonadj	69%	24%	7%
8	Rural, metro adj	46%	42%	12%
9	Rural, nonadj	42%	39%	18%
	Overall	**18%**	**57%**	**24%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Only 18% of dentists grew up in a rural area and 18% of this group currently works in non-metro areas of the state Overall, 7% of dentists currently work in rural areas of Virginia.

Top Ten States for Dentist Recruitment

Rank	All Dentists			
	High School	#	Dental School	#
1	Virginia	1,628	Virginia	1,439
2	Outside U.S./Canada	913	Washington, D.C.	327
3	New York	186	Pennsylvania	301
4	Maryland	176	Outside U.S./Canada	294
5	Pennsylvania	152	Maryland	245
6	California	103	New York	241
7	North Carolina	101	Massachusetts	190
8	Florida	100	West Virginia	112
9	West Virginia	85	California	109
10	New Jersey	85	Kentucky	100

Source: Va. Healthcare Workforce Data Center

38% of all dentists earned their high school degree in Virginia, and 34% received their initial professional degree in the state.

Among dentists who received their initial license in the past five years, 27% earned their high school degree in Virginia, while 16% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Dental School	#
1	Virginia	300	Virginia	182
2	Outside U.S./Canada	249	Outside U.S./Canada	97
3	Maryland	39	Pennsylvania	74
4	North Carolina	33	New York	67
5	California	27	Maryland	57
6	Florida	24	Massachusetts	54
7	New York	23	Washington, D.C.	53
8	Pennsylvania	23	California	34
9	New Jersey	17	Illinois	26
10	Georgia	15	Kentucky	23

Source: Va. Healthcare Workforce Data Center

One quarter of Virginia's licensees were not part of the state's dental workforce. 90% of these licensees worked at some point in the past year, including 83% who worked as dentists.

At a Glance:

Not in VA Workforce

Total:	1,885
% of Licensees:	25%
Federal/Military:	14%
VA Border State/DC:	20%

A Closer Look:

Highest Dental Degree		
Degree	#	%
Baccalaureate	42	1%
Graduate Certificate	35	1%
Masters	62	1%
Doctorate/Professional	4,125	97%
Total	4,263	100%

Source: Va. Healthcare Workforce Data Center

A little over 2 out of every 5 of dentists carry educational debt, including 69% of those under the age of 40. For those in debt, their median debt is between $140,000 and $150,000.

At a Glance:

Education

Doctorate/Professional: 97%
Baccalaureate: 1%

Educational Debt

Carry debt: 41%
Under age 40 w/ debt: 69%
Median debt: $140k-$150k

Residencies

GPR-1: 12%
AEGD: 11%
Orthodontics: 7%

Residencies/Special Training Programs		
Residency	#	%
General Practice Residency -1 (GPR-1)	699	12%
Advanced Education in General Dentistry (AEGD)	601	11%
Orthodontics	304	7%
Pediatric Dentistry	248	4%
General Practice Residency -2 (GPR-2)	157	3%
Oral and Maxillofacial Surgery	150	3%
Endodontics	147	3%
Periodontology	139	2%
Prosthodontics	100	2%
Dental Public Health	18	0%
Oral and Maxillofacial Pathology	9	0%
Oral and Maxillofacial Radiology	7	0%
At Least One	2,240	39%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Dentists		Dentists under 40	
	#	%	#	%
None	2,149	59%	334	31%
Less than $40,000	217	6%	49	4%
$40,000-$59,999	125	3%	35	3%
$60,000-$79,999	93	3%	23	2%
$80,000-$99,999	96	3%	32	3%
$100,000-$119,999	115	3%	33	3%
$120,000-$139,999	70	2%	27	2%
$140,000-$159,999	71	2%	32	3%
$160,000-$179,999	59	2%	38	3%
$180,000-$199,999	50	1%	34	3%
$200,000 or More	599	16%	456	42%
Total	3,644	100%	1,093	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: <1%

Positions Held

1 Full-time: 70%
2 or More Positions: 14%

Weekly Hours:

40 to 49: 30%
60 or more: 3%
Less than 30: 14%

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	<1%
Employed in a dentistry related capacity	4,113	96%
Employed, NOT in a dentistry related capacity	19	<1%
Not working, reason unknown	0	0%
Involuntarily unemployed	13	<1%
Voluntarily unemployed	58	1%
Retired	73	2%
Total	**4,282**	**100%**

Source: Va. Healthcare Workforce Data Center

96% of Virginia's dentists are employed in the profession, and 70% currently have one full-time job. 30% of dentists currently work between 40 and 49 hours per week, while only 3% work 60 hours per week or more

Current Positions		
Positions	#	%
No Positions	144	3%
One Part-Time Position	530	13%
Two Part-Time Positions	198	5%
One Full-Time Position	2,914	70%
One Full-Time Position & One Part-Time Position	274	7%
Two Full-Time Positions	27	1%
More than Two Positions	70	2%
Total	**4,157**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	144	3%
1 to 9 hours	88	2%
10 to 19 hours	183	4%
20 to 29 hours	326	8%
30 to 39 hours	1,833	44%
40 to 49 hours	1,222	30%
50 to 59 hours	214	5%
60 to 69 hours	70	2%
70 to 79 hours	17	0%
80 or more hours	29	1%
Total	**4,126**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	37	1%
Less Than $30,000	94	3%
$30,000-$69,999	182	5%
$70,000-$109,999	469	14%
$110,000-$149,999	568	17%
$150,000-$189,999	512	15%
$190,000-$229,999	452	14%
$230,000-$269,999	268	8%
$270,000-$309,999	219	7%
$310,000-$349,999	86	3%
More than $350,000	441	13%
Total	3,328	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $150k-$160k

Benefits

Retirement: 42%

Paid Vacation: 22%

Satisfaction

Satisfied: 95%

Very Satisfied: 68%

Job Satisfaction		
Level	#	%
Very Satisfied	2810	68%
Somewhat Satisfied	1147	28%
Somewhat Dissatisfied	157	4%
Very Dissatisfied	39	1%
Total	4,153	100%

Source: Va. Healthcare Workforce Data Center

The typical dentist made between $150,000 and $160,000 in the past year. Among dentists who were compensated at the primary work location with either a salary or an hourly wage, 42% had access to a retirement plan and 22% received paid vacation leave

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,735	42%	47%
Paid Vacation	910	22%	29%
Paid Sick Leave	607	15%	20%
Group Life Insurance	631	15%	20%
Dental Insurance	576	14%	18%
Signing/Retention Bonus	225	5%	8%
Receive at least one benefit	2,125	52%	59%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience involuntary unemployment?	42	1%
Experience voluntary unemployment?	215	4%
Work part-time or temporary positions, but would have preferred a full-time/permanent position?	101	2%
Work two or more positions at the same time?	670	12%
Switch employers or practices?	232	4%
Experienced at least 1	1,056	18%

Source: Va. Healthcare Workforce Data Center

1% of Virginia's dentists experienced involuntary unemployment at some point during the last year. By comparison, Virginia's average monthly unemployment rate was 2.9% in the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 4%
New Location: 19%
Over 2 years: 71%
Over 2 yrs., 2nd location: 56%

Employment Type

Salary/Commission: 60%
Business/Practice Income: 32%
Hourly Wage: 3%

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	89	2%	50	5%
Less than 6 Months	219	5%	117	12%
6 Months to 1 Year	341	8%	90	10%
1 to 2 Years	544	13%	153	16%
3 to 5 Years	642	16%	173	18%
6 to 10 Years	625	15%	138	15%
More than 10 Years	1,607	40%	220	23%
Subtotal	89	2%	50	5%
Did not have location	4,067	100%	941	100%
Item Missing	72		4,735	
Total	1,582		44	

Source: Va. Healthcare Workforce Data Center

Over seven out of ten dentists have worked at their primary location for at least two years.

60% of dentists are salary or wage employees, while 32% receive income from their own practice

Employment Type		
Primary Work Site	#	%
Salary/ Commission	1,974	60%
Business/ Practice Income	1,053	32%
By Contract	125	4%
Hourly Wage	111	3%
Unpaid	26	1%
Subtotal	3,290	100%
Did not have location	72	
Item Missing	2,359	

Source: Va. Healthcare Workforce Data Center

[1] According to the U.S. Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate over the past year fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate from December 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	44%
Top 3 Regions:	80%
Lowest Region:	1%

Locations

2 or more (Past Year):	17%
2 or more (Now*):	22%

44% of all dentists work in Northern Virginia, the most of any region in Virginia. With only 1% of the workforce, Eastern Virginia has the fewest number of dentists of any region in the state.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	72	1%	139	3%
1	4,663	82%	3,087	75%
2	646	11%	601	15%
3	253	4%	237	6%
4	43	1%	26	1%
5	17	0%	15	0%
6 or More	27	1%	19	1%
Total	**5,720**	**100%**	**4,125**	**100%**

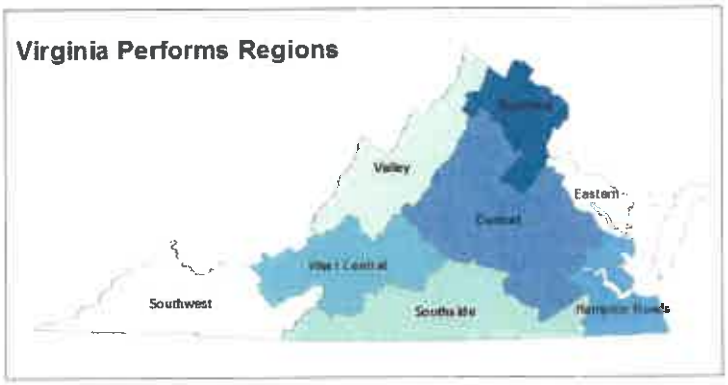
*At the time of survey completion, Jan. 2022-Dec. 2022 (birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	762	19%	158	16%
Eastern	52	1%	14	1%
Hampton Roads	694	17%	145	15%
Northern	1,778	44%	432	44%
Southside	101	2%	14	1%
Southwest	101	2%	16	2%
Valley	204	5%	43	4%
West Central	294	7%	63	6%
Virginia Border State/DC	29	1%	39	4%
Other US State	32	1%	46	5%
Outside of the US	0	0%	1	0%
Total	**4,047**	**100%**	**971**	**100%**
Item Missing	1,601		14	

Source: Va. Healthcare Workforce Data Center



75% of dentists currently have just one work location, while 15% have two different work locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-profit	3,503	91%	794	87%
Non-profit	106	3%	41	5%
State/local government	121	3%	51	6%
Veterans Administration	16	<1%	2	<1%
U.S. Military	96	2%	18	2%
Other Federal Government	14	<1%	2	<1%
Total	3,856	100%	908	100%
Did not have location	72		4,735	
Item missing	1,791		77	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

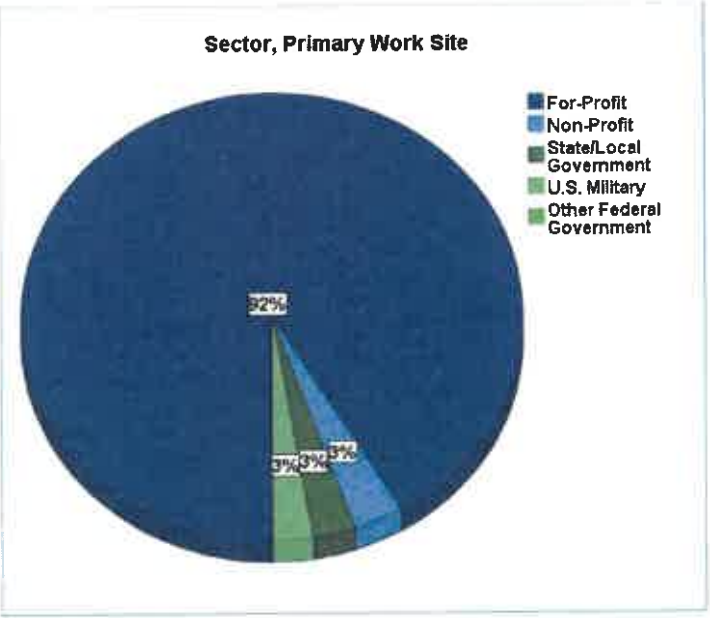
Sector

For Profit: 91%
Federal: 3%

Top Establishments

Solo Practice: 62%
Group Practice: 23%

91% of dentists worked in for-profit establishments. Another 6% worked for a government agency, including 3% who worked for the state government



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	3,696	65%
Medicare	3,616	63%
Private Insurance	1,183	21%
Medicaid	678	12%
At least one	3,819	67%

Source: Va. Healthcare Workforce Data Center

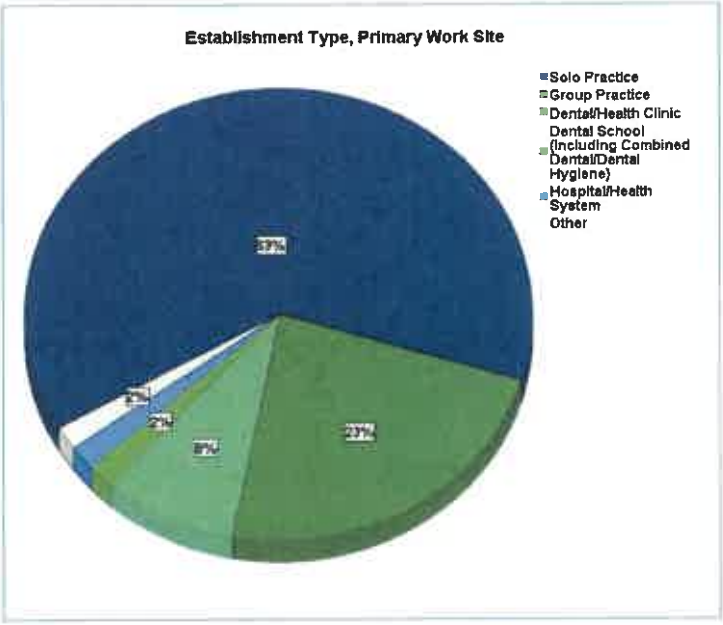
Cash/self-pay the most commonly accepted form of payment among Virginia's dentistry workforce whereas Medicaid is the least commonly accepted form of payment

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,373	63%	481	54%
Group Practice	855	23%	222	25%
Dental/Health Clinic	312	8%	87	10%
Dental School (including Combined Dental/Dental Hygiene)	58	2%	16	2%
Hospital/Health System	58	2%	23	3%
Corrections	31	1%	18	2%
Public Health Program	16	0%	0	0%
Nursing Home/Long-Term Care Facility	9	0%	7	1%
Supplier Organization	7	0%	4	0%
Dental Hygiene Program (Community College)	4	0%	8	1%
K-12 School or Non-Dental College	3	0%	0	0%
Insurance	2	0%	1	0%
Other	50	1%	24	3%
Total	**3,779**	**100%**	**891**	**100%**
Did Not Have a Location	72		4,735	

Source: Va. Healthcare Workforce Data Center

Close to two-thirds of dentists work at a solo dental practice as their primary work location, while another 23% work at a group dental practice. Dental/health clinics were also significant employers of Virginia's dental workforce.

Among those dentists who also have a secondary work location, more than three-quarters work at a private dental practice, including 54% who work at a solo dental practice.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	80%-89%
Administration:	1%-9%

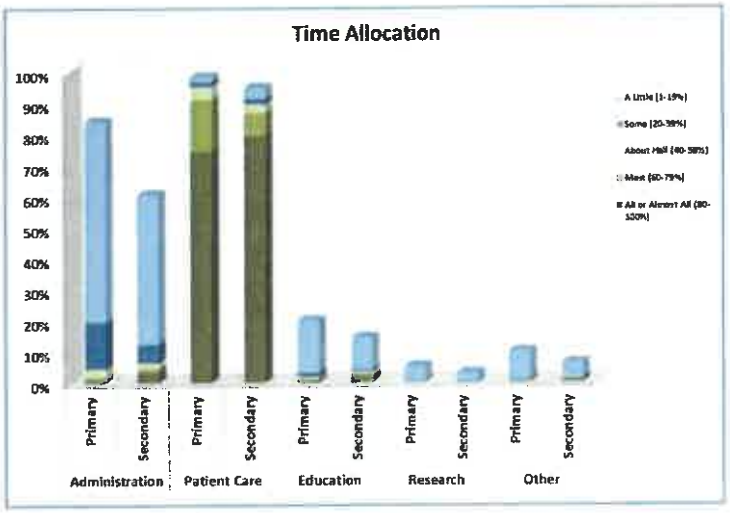
Roles

Patient Care:	91%
Administrative:	2%
Education:	1%

Patient Care Dentists

Median Admin Time:	1%-9%
Ave. Admin Time:	10%-19%

A Closer Look:



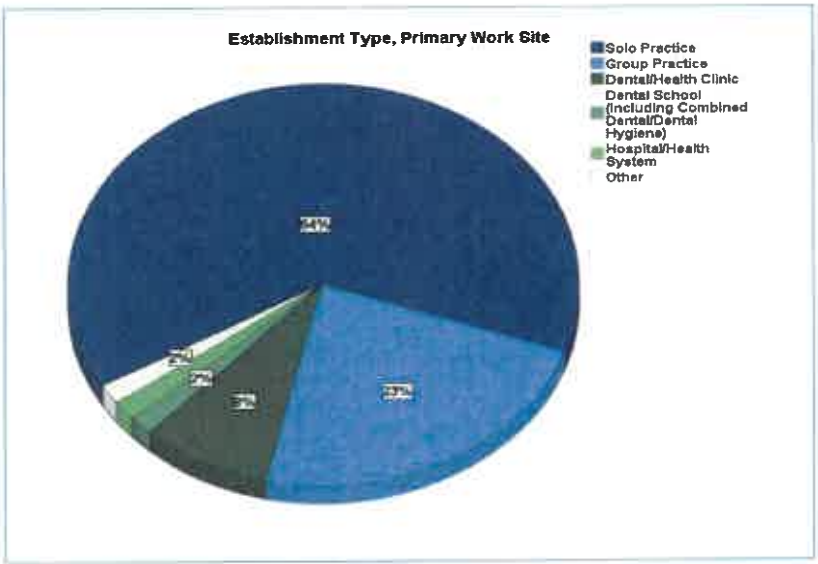
Source: Va. Healthcare Workforce Data Center

A typical dentist spends most of his time caring for patients, with most of the remaining time spent doing administrative and education tasks. 91% of dentists fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	1%	4%	74%	76%	1%	3%	0%	0%	0%	0%
Most (60-79%)	1%	1%	17%	10%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	3%	2%	5%	5%	1%	1%	0%	0%	0%	0%
Some (20-39%)	17%	9%	2%	2%	1%	1%	0%	1%	1%	1%
A Little (1-20%)	62%	48%	1%	3%	20%	15%	4%	4%	9%	8%
None (0%)	16%	37%	1%	4%	78%	81%	95%	95%	90%	91%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Total

Primary Location: 50-74

Secondary Location: 1-24

Hygiene Checks by Support Personnel (Median)

Primary Location: 1-24

Secondary Location: None

The typical dentist treated between 50 and 74 patients per week at his primary work location. Nearly half of those visits were hygiene checks by support personnel.

# of Patients Per Week	Primary Work Location				Secondary Work Location			
	Total		Hygiene Checks*		Total		Hygiene Checks*	
	#	%	#	%	#	%	#	%
None	117	3%	1,645	43%	77	8%	493	55%
1-24	453	12%	870	23%	409	45%	292	32%
25-49	887	23%	678	18%	219	24%	70	8%
50-74	830	21%	367	10%	89	10%	25	3%
75-99	568	15%	147	4%	47	5%	13	1%
100-124	443	11%	72	2%	36	4%	2	0%
125-149	217	6%	16	0%	12	1%	2	0%
150-174	133	3%	21	1%	8	1%	1	0%
175-199	66	2%	7	0%	0	0%	2	0%
200-224	78	2%	9	0%	6	1%	0	0%
225-249	24	1%	2	0%	7	1%	1	0%
250-274	12	0%	1	0%	0	0%	0	0%
275-299	5	0%	0	0%	3	0%	0	0%
300 or more	35	1%	4	0%	1	0%	0	0%
Total	**3,868**	**100%**	**3,840**	**100%**	**914**	**100%**	**902**	**100%**

*Performed by Support Personnel

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Dentists		Dentists over 50	
	#	%	#	%
Under age 50	90	3%	-	-
50 to 54	201	6%	-	-
55 to 59	504	14%	89	6%
60 to 64	897	26%	303	20%
65 to 69	926	26%	475	32%
70 to 74	486	14%	337	23%
75 to 79	161	5%	129	9%
80 or over	68	2%	56	4%
I do not intend to retire	163	5%	102	7%
Total	3,496	100%	1,491	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Dentists

Under 65:	48%
Under 60:	23%

Dentists 50 and over

Under 65:	26%
Under 60:	6%

Time until Retirement

Within 2 years:	8%
Within 10 years:	28%
Half the workforce:	By 2042

48% of dentists expect to retire by the age of 65, but only 26% of those dentists who are age 50 or over expect to retire by the same age. Meanwhile, about 21% of all dentists expect to work until at least age 70, including 5% who do not expect to retire at all

Within the next two years, only 2% of Virginia's dentists plan on leaving the state and 1% plan on leaving the profession. Meanwhile, 11% of dentists plan on increasing their patient care activities, and 12% plan on pursuing additional educational opportunities

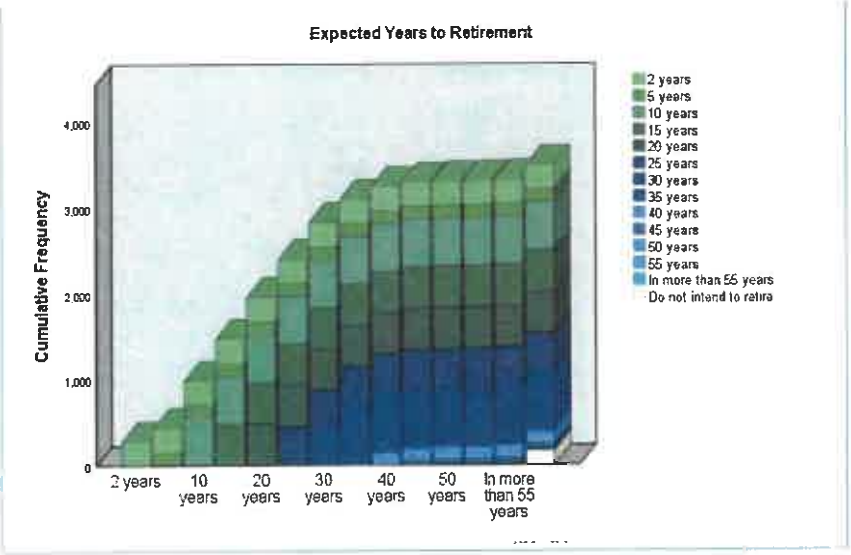
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	84	1%
Leave Virginia	102	2%
Decrease Patient Care Hours	596	10%
Decrease Teaching Hours	26	0%
Increase Participation		
Increase Patient Care Hours	654	11%
Increase Teaching Hours	243	4%
Pursue Additional Education	660	12%
Return to Virginia's Workforce	35	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for dentists. 8% of dentists expect to retire within the next two years, while 28% expect to retire in the next ten years. More than half of the current dentistry workforce expect to retire by 2042.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	285	8%	8%
5 years	149	4%	12%
10 years	556	16%	28%
15 years	484	14%	42%
20 years	486	14%	56%
25 years	444	13%	69%
30 years	425	12%	81%
35 years	271	8%	89%
40 years	149	4%	93%
45 years	49	1%	94%
50 years	13	0%	95%
55 years	7	0%	95%
In more than 55 years	16	0%	95%
Do not intend to retire	163	5%	100%
Total	**3,497**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2032. Retirement will peak at 16% of the current workforce around 2032, before declining to under 10% of the current workforce again around 2057.

At a Glance:

FTEs

Total:	4,307
FTEs/1,000 Residents[2]:	0.4984
Average:	0.76

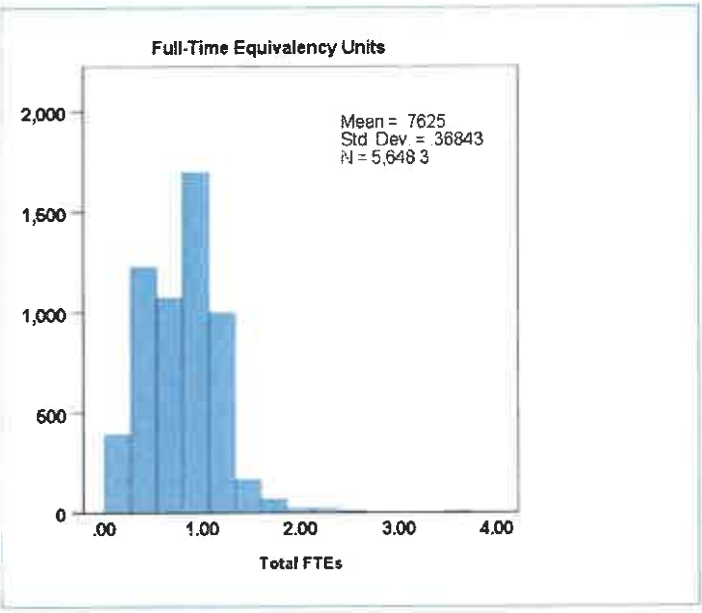
Age & Gender Effect[3]

Age, Partial Eta[2]:	Small
Gender, Partial Eta[2]:	Small

Partial Eta Explained:
Partial Eta[2] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

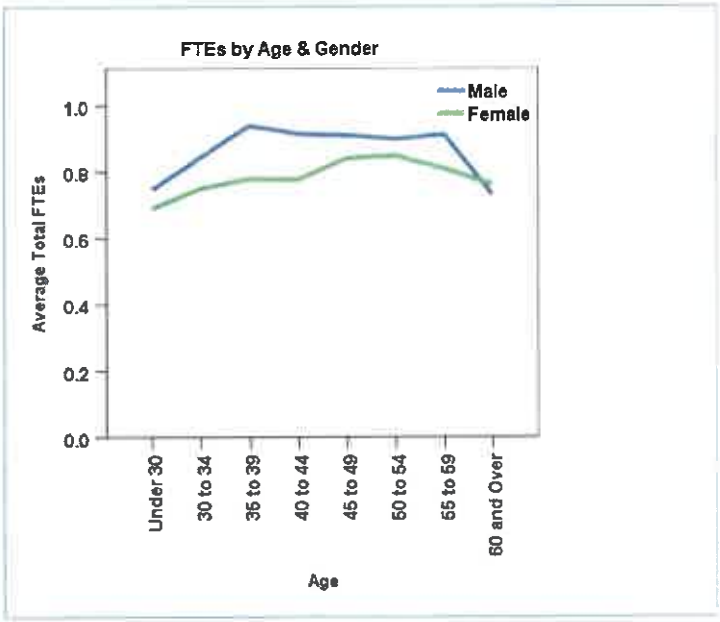


Source: Va. Healthcare Workforce Data Center

The typical (median) dentist provided 0.76 FTEs during the past year, or approximately 32 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.72	0.72
30 to 34	0.78	0.72
35 to 39	0.90	0.91
40 to 44	0.77	0.77
45 to 49	0.86	0.84
50 to 54	0.74	0.79
55 to 59	0.84	0.81
60 and Over	0.61	0.50
Gender		
Male	0.84	0.88
Female	0.78	0.84

Source: Va. Healthcare Workforce Data Center

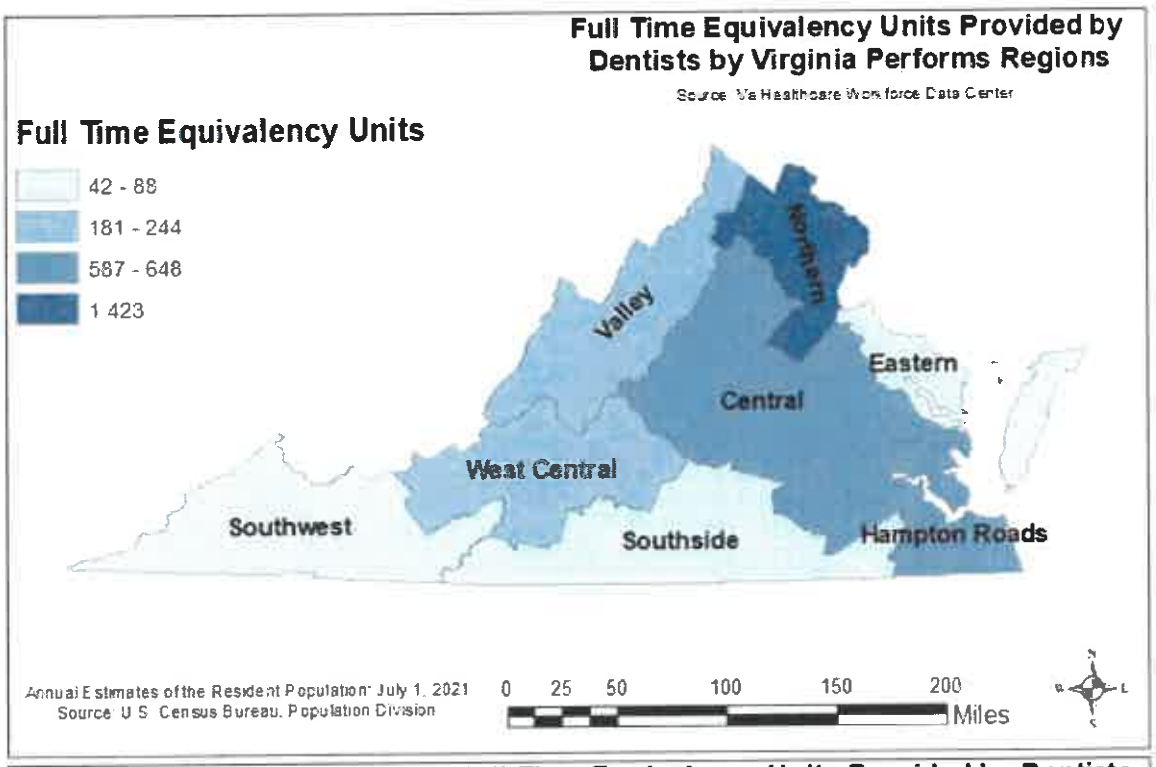


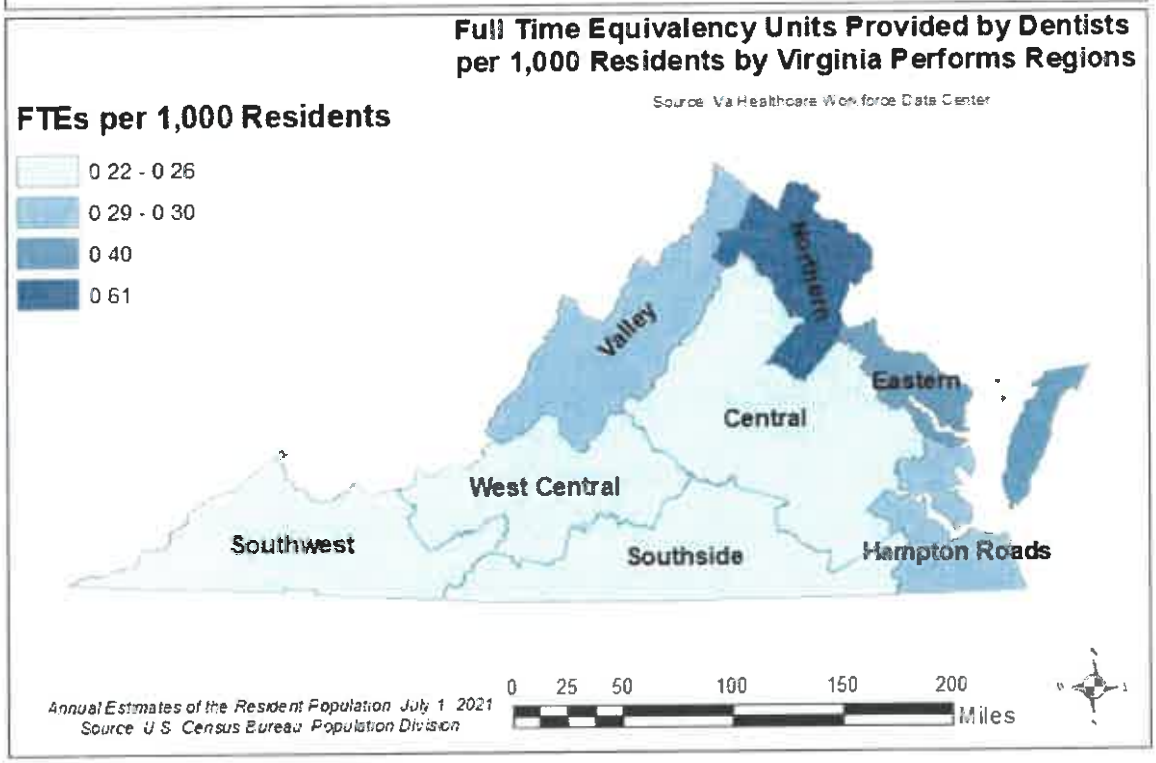
Source: Va. Healthcare Workforce Data Center

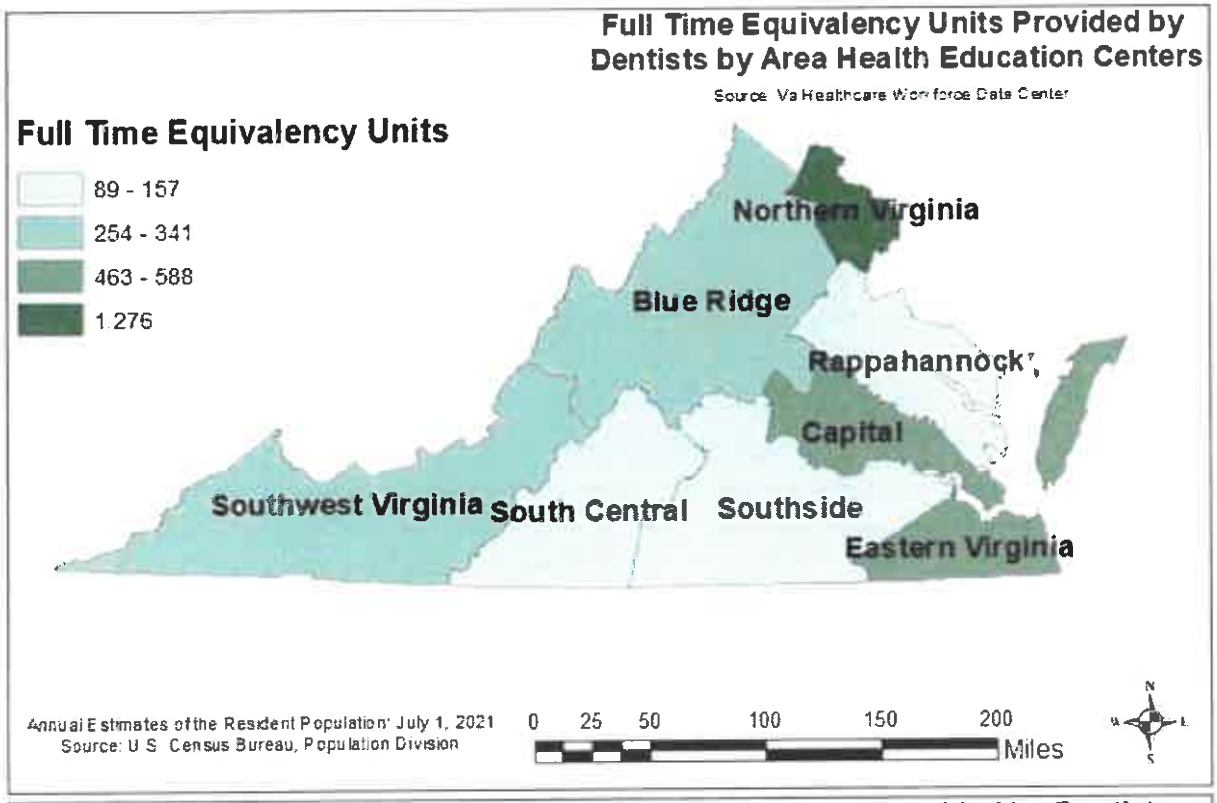
[2] Number of residents in 2019 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Interaction effect is significant).

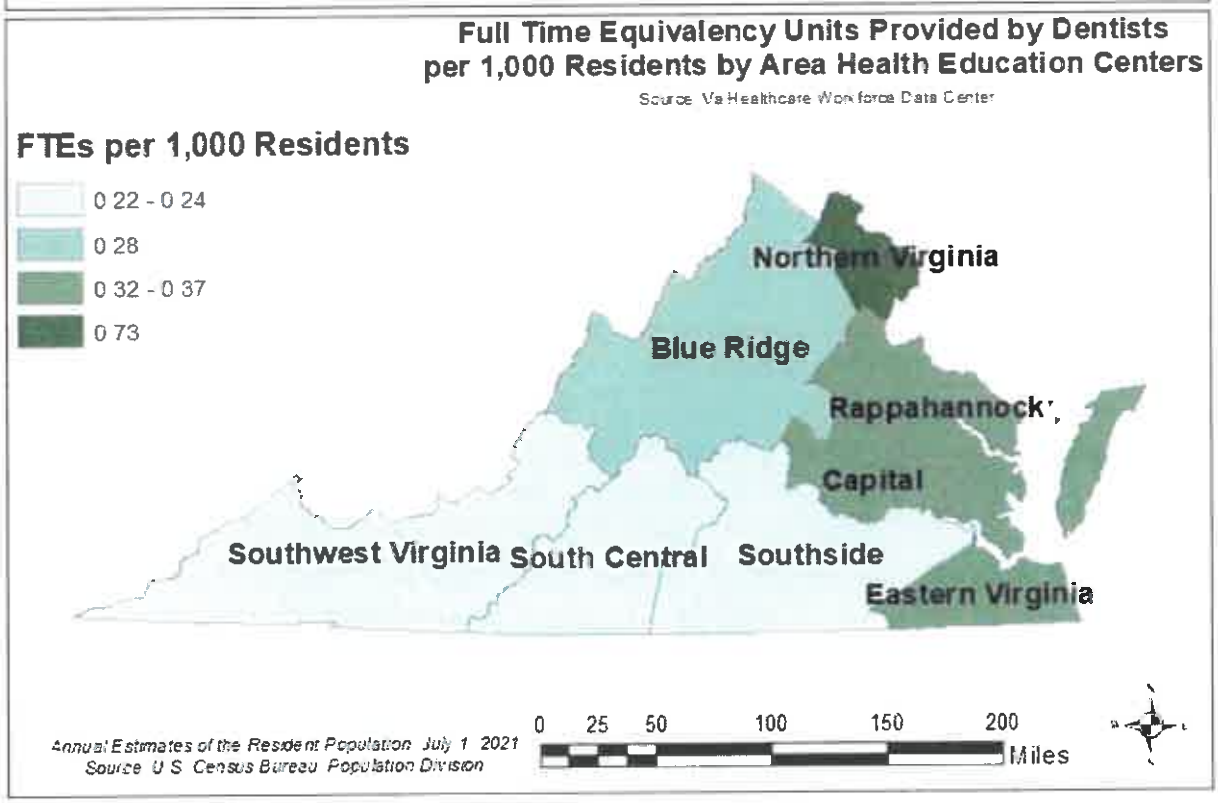
Maps

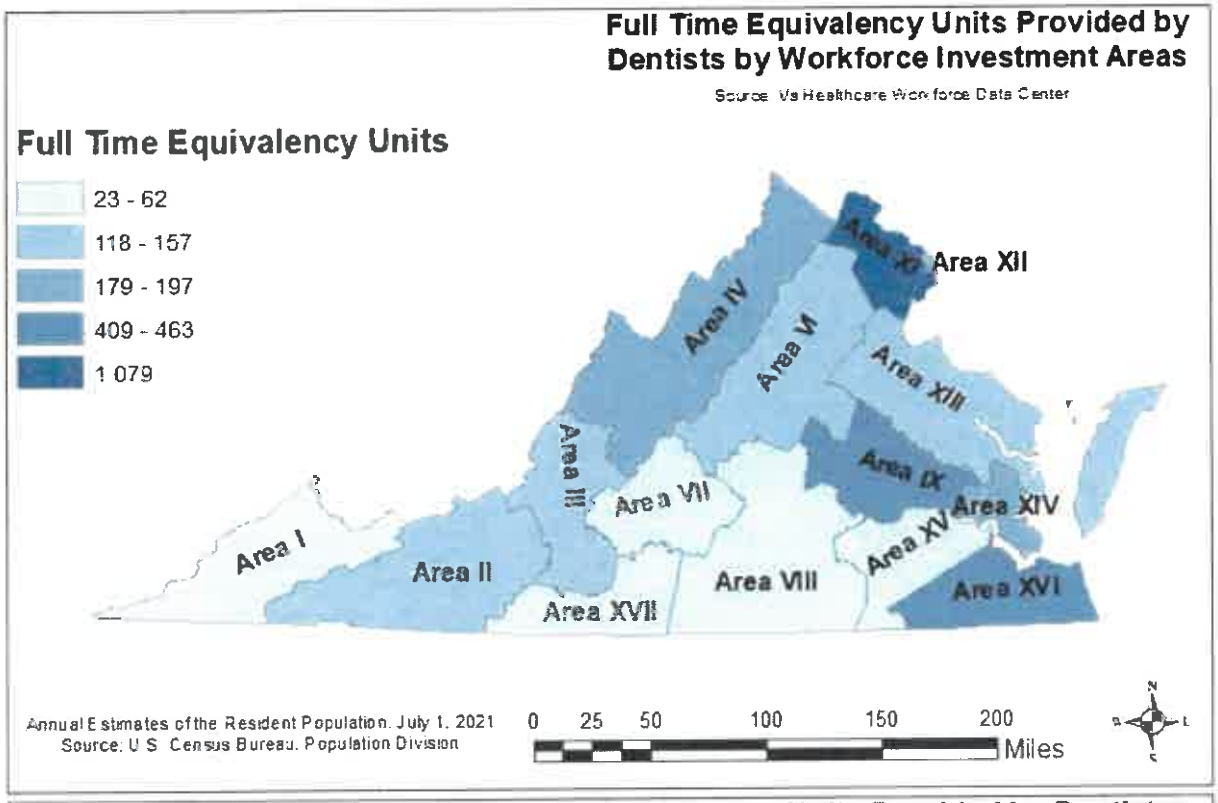
Virginia Performs Regions

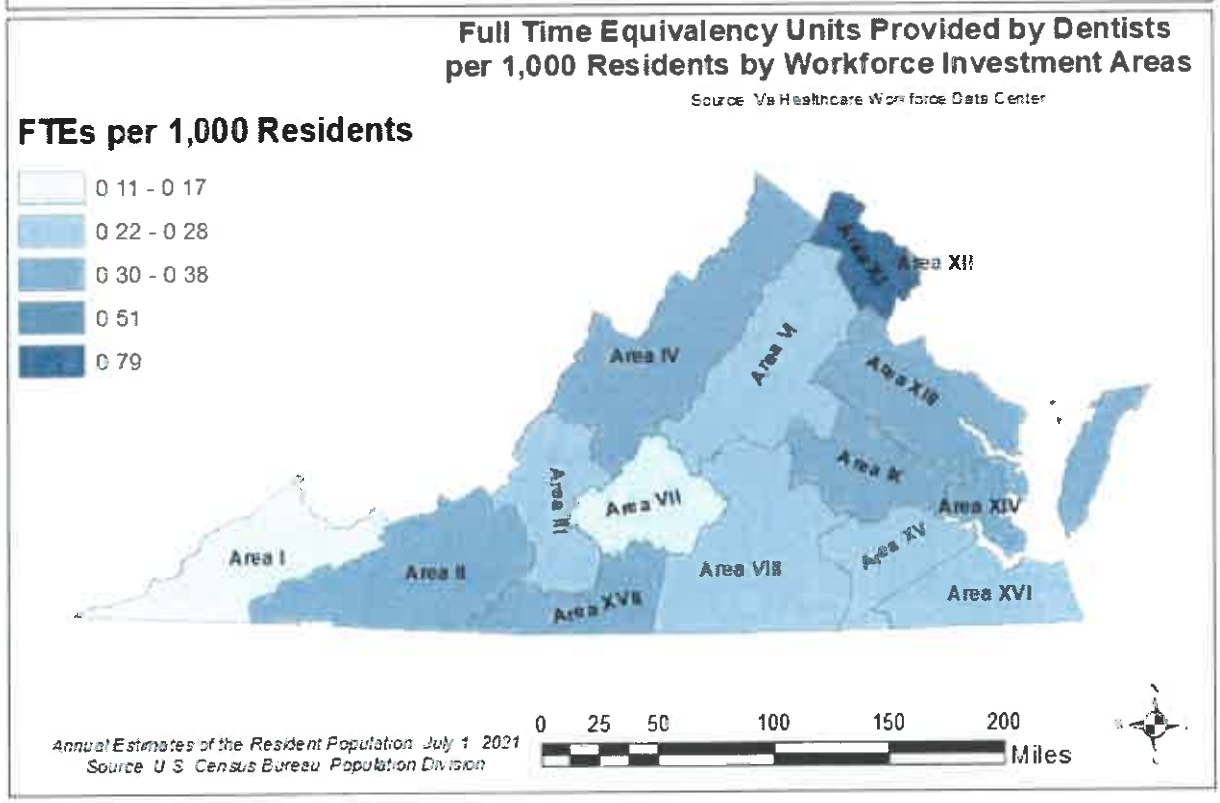


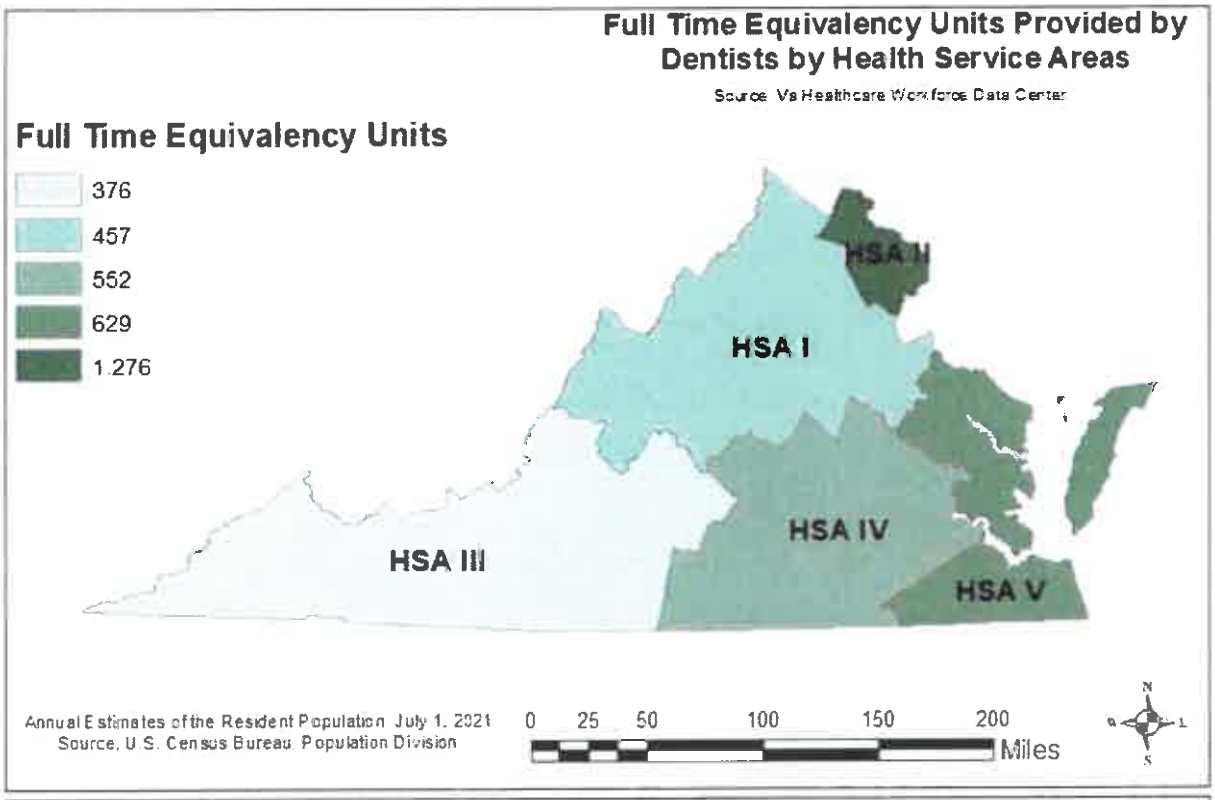


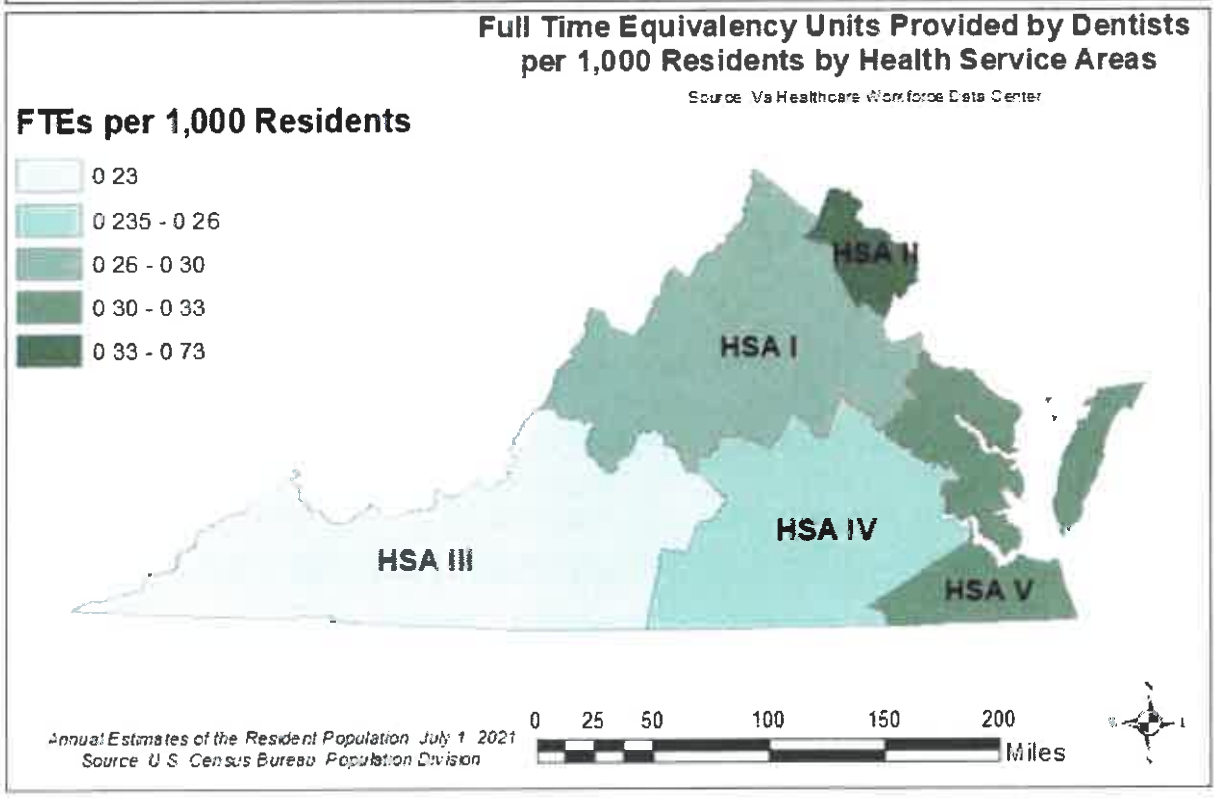

Full Time Equivalency Units Provided by Dentists by Area Health Education Centers
Source Va Healthcare Workforce Data Center
Full Time Equivalency Units
89 - 157
254 - 341
463 - 588
1 276
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population July 1, 2021
Source: U S Census Bureau, Population Division
0 25 50 100 150 200
Miles

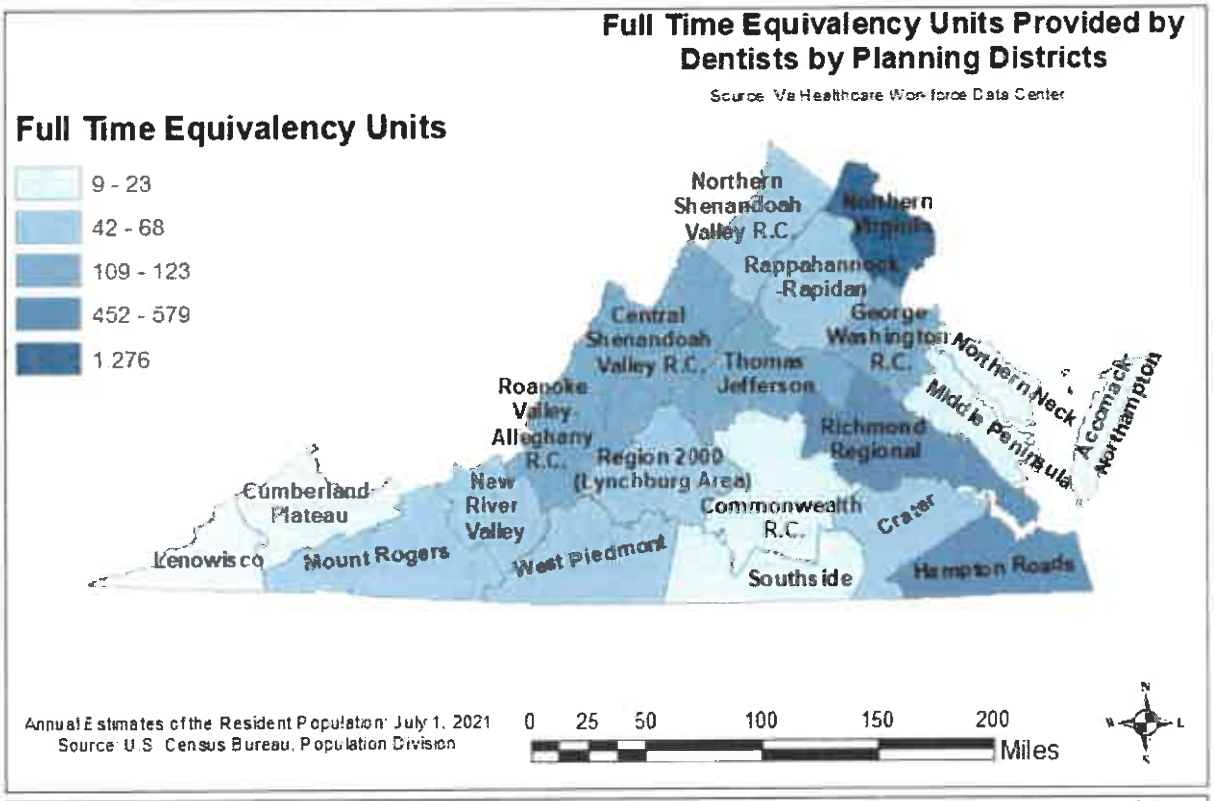

Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Area Health Education Centers
Source Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0 22 - 0 24
0 28
0 32 - 0 37
0 73
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population July 1 2021
Source U S Census Bureau Population Division
0 25 50 100 150 200
Miles

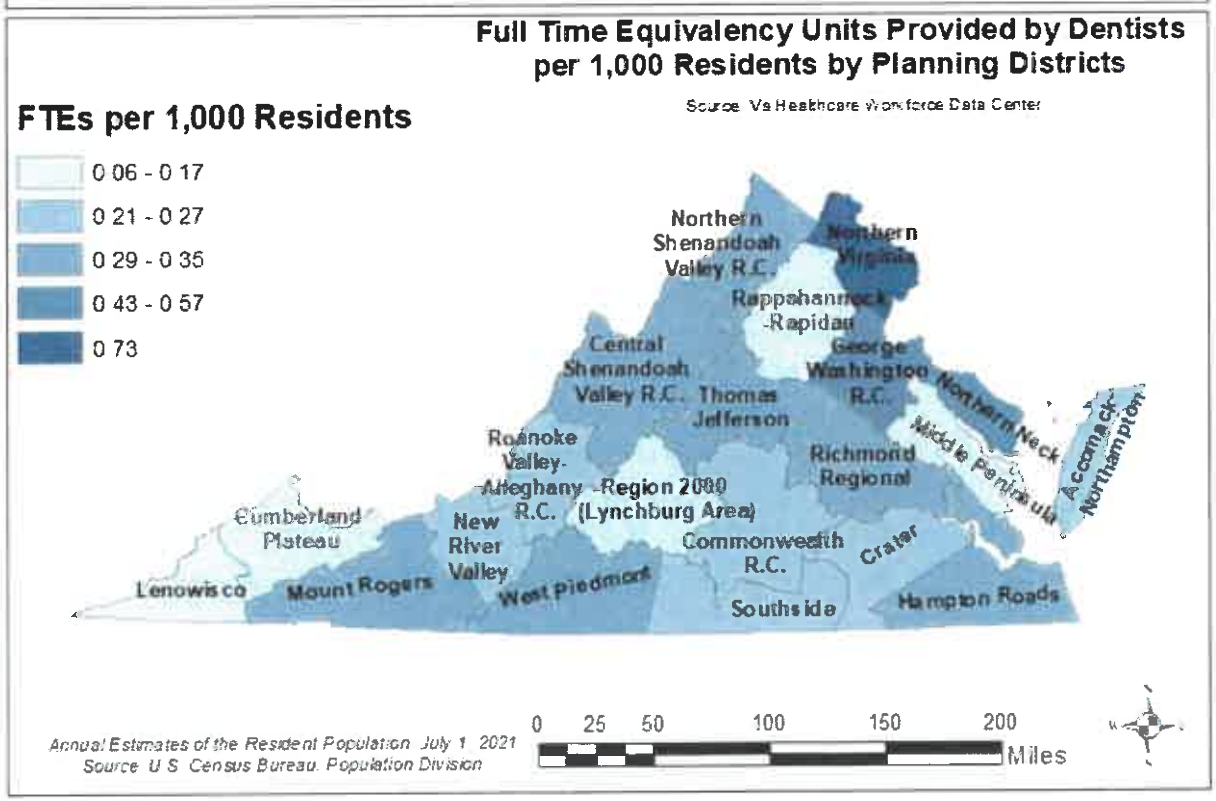

Full Time Equivalency Units Provided by Dentists by Workforce Investment Areas
Source Va Healthcare Workforce Data Center
Full Time Equivalency Units
23 - 62
118 - 157
179 - 197
409 - 463
1 079
Area XI
Area XII
Area IV
Area VI
Area XIII
Area III
Area VII
Area IX
Area XIV
Area I
Area II
Area XV
Area VIII
Area XVI
Area XVII
Annual Estimates of the Resident Population. July 1, 2021
Source: U S Census Bureau. Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Workforce Investment Areas
Source Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0 11 - 0 17
0 22 - 0 28
0 30 - 0 38
0 51
0 79
Area XI
Area XII
Area IV
Area VI
Area XIII
Area III
Area VII
Area IX
Area XIV
Area I
Area II
Area XV
Area VIII
Area XVI
Area XVII
Annual Estimates of the Resident Population July 1 2021
Source U S Census Bureau Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Dentists by Health Service Areas
Source Va Healthcare Workforce Data Center
Full Time Equivalency Units
376
457
552
629
1.276
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population July 1, 2021
Source, U S. Census Bureau Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Health Service Areas
Source Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0 23
0 235 - 0 26
0 26 - 0 30
0 30 - 0 33
0 33 - 0 73
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population July 1 2021
Source U S Census Bureau Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Dentists by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
9 - 23
42 - 68
109 - 123
452 - 579
1,276
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Richmond Regional
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Dentists per 1,000 Residents by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06 - 0.17
0.21 - 0.27
0.29 - 0.35
0.43 - 0.57
0.73
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
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Region 2000 (Lynchburg Area)
Richmond Regional
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New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	4,084	83.62%	1.1959	1.068789	2.354254
Metro, 250,000 to 1 million	325	83.38%	1.199262	1.071793	2.360872
Metro, 250,000 or less	439	87.70%	1.14026	1.019062	2.24472
Urban pop 20,000+, Metro adj	59	77.97%	1.282609	1.146281	2.524948
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	147	72.11%	1.386792	1.239391	2.730045
Urban pop, 2,500-19,999, nonadj	60	93.33%	1.071429	0.957547	2.109218
Rural, Metro adj	94	74.47%	1.342857	1.200125	2.643554
Rural, nonadj	23	82.61%	1.210526	1.08186	2.383047
Virginia border state/DC	809	72.56%	1.378194	1.231706	2.713119
Other US State	1,452	75.21%	1.32967	1.18834	2.617594

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	200	41.00%	2.439024	2.109218	2.730045
30 to 34	877	68.42%	1.461667	1.264019	1.63607
35 to 39	1,097	76.75%	1.30285	1.126678	1.458304
40 to 44	1,039	84.60%	1.182025	1.022191	1.323062
45 to 49	839	87.72%	1.139946	0.985802	1.275962
50 to 54	764	87.83%	1.138599	0.984637	1.274455
55 to 59	609	90.31%	1.107273	0.957547	1.239391
60 and Over	2,067	81.62%	1.225252	1.059573	1.371447

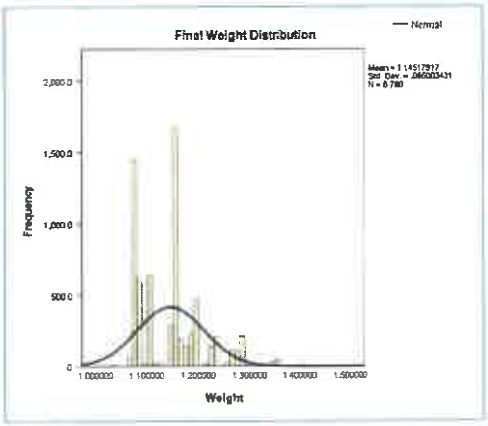
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods:

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.8071



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Dental Hygienist Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
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Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 5,000 Dental Hygienists voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Dentistry express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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The Dental Hygienist Workforce At a Glance:

The Workforce

Licensees:	6,390
Virginia's Workforce:	5,290
FTEs:	3,426

Survey Response Rate

All Licensees:	81%
Renewing Practitioners:	88%

Demographics

Female:	98%
Diversity Index:	40%
Median Age:	43

Background

Rural Childhood:	36%
HS Diploma in VA:	60%
Prof. Degree in VA:	67%

Education

Associate:	55%
Baccalaureate:	40%

Finances

Median Income:	$60k-$70k
Retirement Benefits:	56%
Under 40 w/ Ed. Debt:	46%

Current Employment

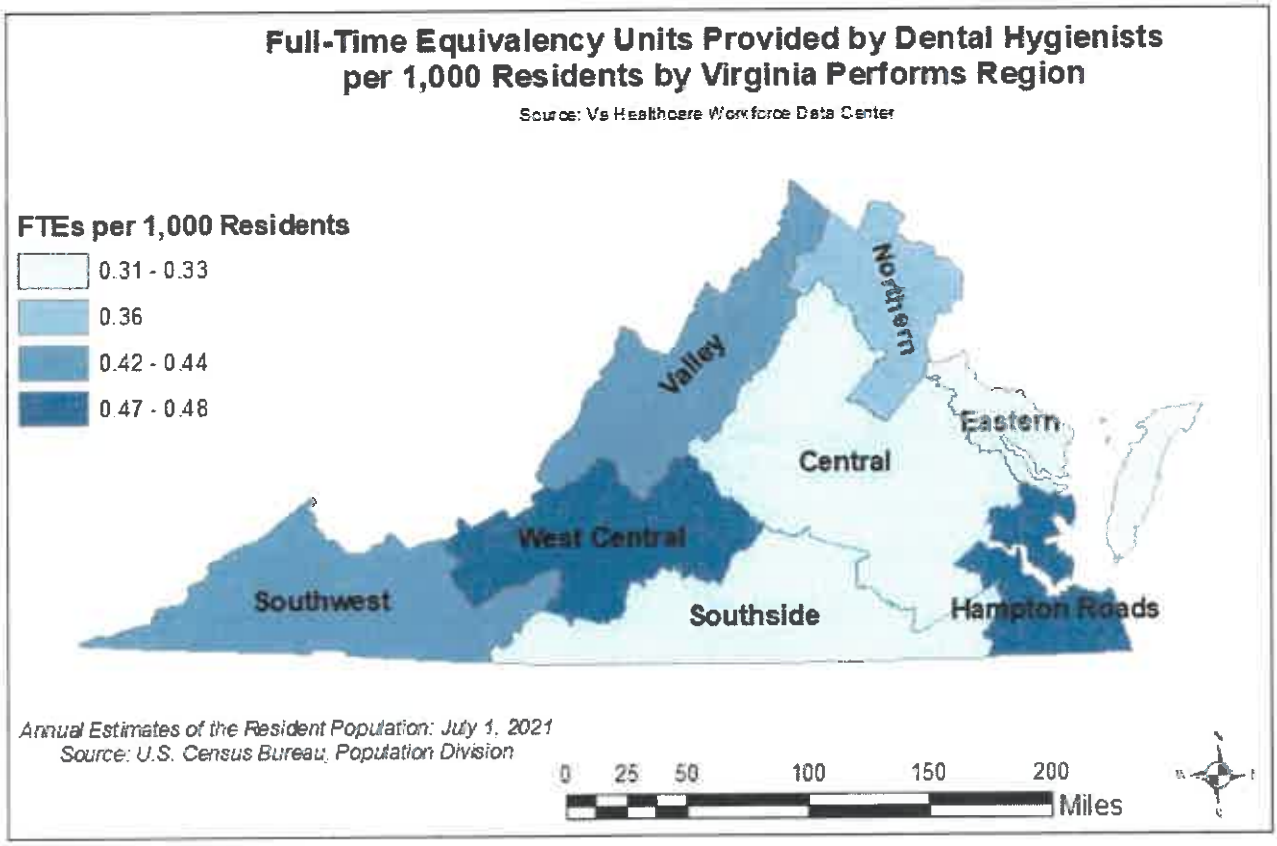
Employed in Prof.:	90%
Hold 1 Full-Time Job:	58%
Satisfied?:	95%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	57%

Time Allocation

Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	92%



Results in Brief

This report contains the results of the 2022 Dental Hygienist Workforce survey. More than 5,174 dental hygienists voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place annually on an ongoing basis during the birth month of each dental hygienist. These survey respondents represent 81% of the 6,390 dental hygienists who are licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 5,290 dental hygienists participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's dental hygienist workforce provided 3,426 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than two out of every five dental hygienists are under the age of 40, and 97% of dental hygienists who are under the age of 40 are female. In a random encounter between two dental hygienists, there is a 40% chance that they would be of different races or ethnicities, a measure known as the diversity index. For dental hygienists who are under the age of 40, this diversity index increases to 44%. This makes Virginia's dental hygienist workforce less diverse than the state's population as a whole, which has a comparable diversity index of 58%. More than one-third of all dental hygienists grew up in a rural area, and 21% of dental hygienists who grew up in a rural area currently work in a non-metro area of Virginia. In total, 10% of all dental hygienists work in a non-metro area of the state.

Among all dental hygienists, 90% are currently employed in the profession, 58% have one full-time job, and 53% work between 30 and 39 hours per week. The typical dental hygienist earns between $60,000 and $70,000 per year. In addition, nearly four out of every five dental hygienists receive at least one employer-sponsored benefit, including 56% who have access to a retirement plan. Among all dental hygienists, 95% indicated that they are satisfied with their current work situation, including 61% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2017 dental hygienist workforce. The number of licensed dental hygienists in Virginia has increased by 8% (6,390 vs. 5,907). At the same time, the size of the dental hygienist workforce has increased by 10% (5,290 vs. 4,804), and the number of FTEs provided by this workforce has grown by 9% (3,426 vs. 3,148). Virginia's renewing dental hygienists are less likely to respond to this survey (88% vs. 94%).

The median age of Virginia's dental hygienists has fallen (43 vs. 44). The diversity index of this workforce has increased (40% vs. 33%) during a time in which the diversity index of the state's overall population has also increased (58% vs. 56%). Dental hygienists are slightly more likely to have grown up in a rural area (36% vs. 35%), and dental hygienists who grew up in a rural area are also slightly more likely to work in a non-metro area of Virginia (21% vs. 20%). Overall, dental hygienists are more likely to work in a non-metro area of the state (10% vs. 9%).

Although dental hygienists are less likely to be employed in the profession (90% vs. 92%), they are more likely to hold one full-time job (58% vs. 52%) and work between 30 and 39 hours per week (53% vs. 51%). The percentage of dental hygienists who have worked at their primary work location for more than two years has fallen (57% vs. 66%). The one-year rates of involuntary unemployment (1% vs. 2%) and underemployment (4% vs. 9%) have also declined.

While the median debt amount among dental hygienists with education debt has increased ($20k-$30k vs. $10k-$20k), the median annual income of this workforce grew as well ($60k-$70k vs. $50k-$60k). Dental hygienists are more likely to receive this income in the form of an hourly wage (82% vs. 78%) instead of a salary (15% vs. 21%). In addition, dental hygienists are more likely to receive at least one employer-sponsored benefit (79% vs. 74%), including those with access to a retirement plan (56% vs. 49%). Dental hygienists are more likely to indicate that they are satisfied with their current work situation (95% vs. 93%), including those who indicated that they are "very satisfied" (61% vs. 59%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,686	89%
New Licensees	302	5%
Non-Renewals	402	6%
All Licensees	6,390	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly nine out of every ten renewing dental hygienists submitted a survey. These represent 81% of the 6,390 dental hygienists who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	246	546	69%
30 to 34	151	698	82%
35 to 39	154	704	82%
40 to 44	134	695	84%
45 to 49	108	609	85%
50 to 54	96	567	86%
55 to 59	92	549	86%
60 and Over	235	806	77%
Total	1,216	5,174	81%
New Licenses			
Issued in Past Year	270	32	11%
Metro Status			
Non-Metro	108	514	83%
Metro	776	3,760	83%
Not in Virginia	332	900	73%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted throughout 2022 on the birth month of each renewing practitioner.
2. **Target Population:** All dental hygienists who held a Virginia license at some point in 2022.
3. **Survey Population:** The survey was available to dental hygienists who renewed their licenses online. It was not available to those who did not renew, including some dental hygienists newly licensed in 2022.

Response Rates	
Completed Surveys	5,174
Response Rate, All Licensees	81%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Dental Hygienists

Number:	6,390
New:	5%
Not Renewed:	6%

Response Rates

All Licensees:	81%
Renewing Practitioners:	88%

At a Glance:

Workforce

Dental Hygienist Workforce:	5,290
FTEs:	3,426

Utilization Ratios

Licensees in VA Workforce:	83%
Licensees per FTE:	1.86
Workers per FTE:	1.54

Definitions

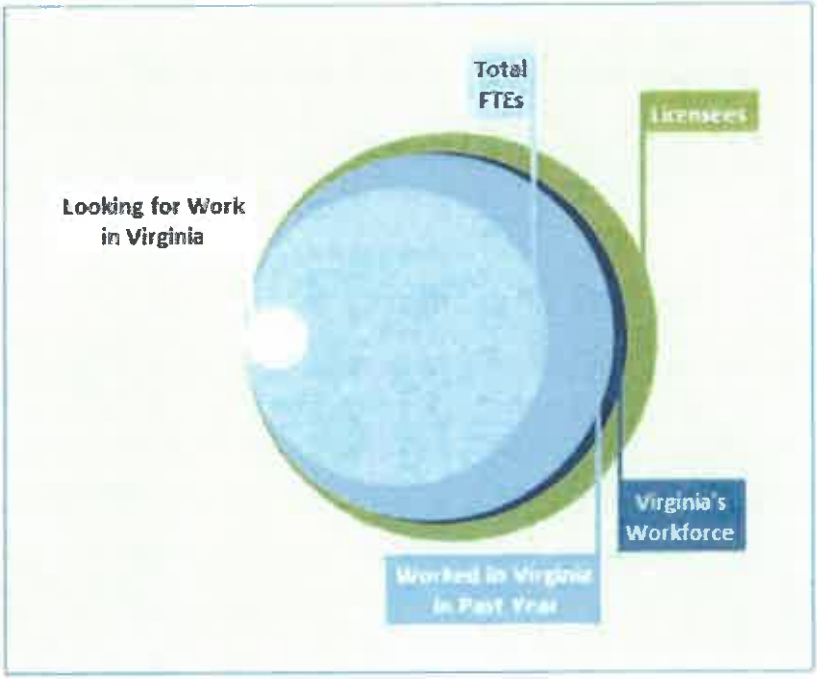
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Dental Hygienist Workforce

Status	#	%
Worked in Virginia in Past Year	5,136	97%
Looking for Work in Virginia	154	3%
Virginia's Workforce	5,290	100%
Total FTEs	3,426	
Licensees	6,390	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	26	4%	630	96%	656	14%
30 to 34	17	3%	635	97%	652	14%
35 to 39	13	2%	612	98%	625	14%
40 to 44	17	3%	573	97%	590	13%
45 to 49	8	2%	478	98%	486	11%
50 to 54	11	2%	433	98%	444	10%
55 to 59	2	1%	436	100%	438	10%
60 and Over	8	1%	648	99%	656	14%
Total	102	2%	4,445	98%	4,547	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Dental Hygienists		Hygienists Under 40	
	%	#	%	#	%
White	60%	3,496	76%	1,438	74%
Black	19%	266	6%	119	6%
Asian	7%	355	8%	176	9%
Other Race	0%	50	1%	13	1%
Two or More Races	3%	118	3%	68	3%
Hispanic	10%	285	6%	141	7%
Total	100%	4,570	100%	1,955	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	98%
% Under 40 Female:	97%

Age

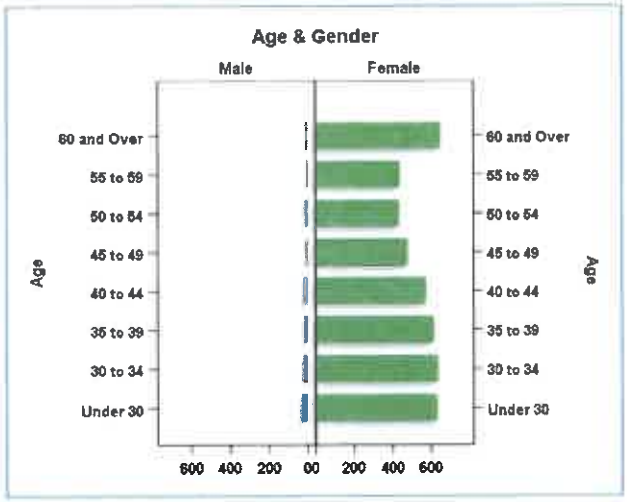
Median Age:	43
% Under 40:	43%
% 55 and Over:	24%

Diversity

Diversity Index:	40%
Under 40 Div. Index:	44%

In a chance encounter between two dental hygienists, there is a 40% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 58%

Among the 43% of dental hygienists who are under the age of 40, 97% are female. In addition, the diversity index among dental hygienists who are under the age of 40 is 44%



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	13%
Rural Childhood:	36%

Virginia Background

HS in Virginia:	60%
Prof. Edu. in VA:	67%
HS or Prof. Edu. in VA:	73%

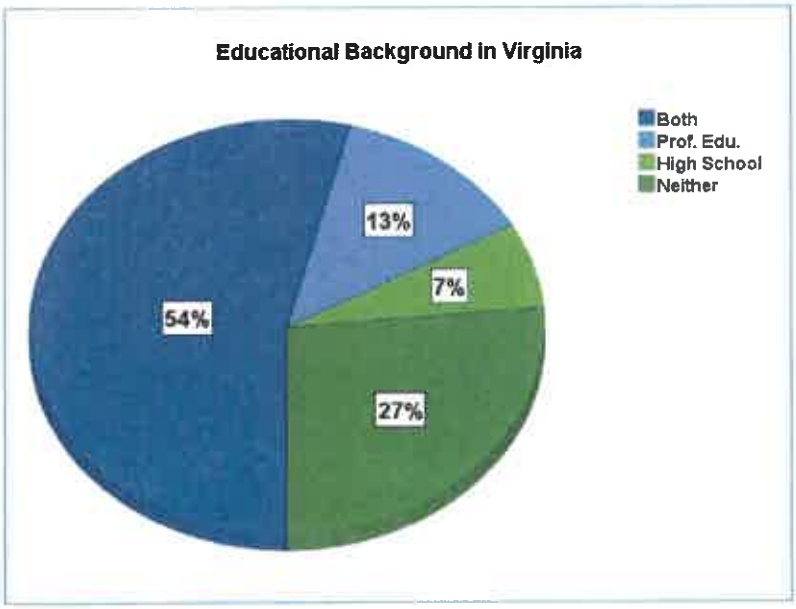
Location Choice

% Rural to Non-Metro:	21%
% Urban/Suburban to Non-Metro:	4%

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	23%	62%	16%
2	Metro, 250,000 to 1 Million	56%	37%	7%
3	Metro, 250,000 or Less	63%	30%	7%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	66%	25%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	72%	24%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	91%	5%	4%
8	Rural, Metro Adjacent	69%	18%	13%
9	Rural, Non-Adjacent	77%	17%	6%
	Overall	**36%**	**52%**	**13%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all dental hygienists grew up in a rural area, and 21% of dental hygienists who grew up in a rural area currently work in a non-metro area of the state. In total, 10% of all dental hygienists currently work in a non-metro area of Virginia

Top Ten States for Dental Hygienist Recruitment

Rank	All Dental Hygienists			
	High School	#	Professional Degree	#
1	Virginia	2,740	Virginia	3,001
2	Outside U.S./Canada	294	North Carolina	182
3	Pennsylvania	144	Maryland	161
4	Maryland	135	West Virginia	118
5	New York	126	New York	110
6	West Virginia	123	Pennsylvania	108
7	North Carolina	112	Florida	100
8	Florida	87	Washington, D.C.	77
9	New Jersey	79	Tennessee	69
10	Michigan	67	Michigan	54

Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 60% received their high school degree in Virginia, and 67% received their initial professional degree in the state.

Among dental hygienists who obtained their initial license in the past five years, 53% received their high school degree in Virginia, and 59% received their initial professional degree in the state

Rank	Licensed in the Past Five Years			
	High School	#	Professional Degree	#
1	Virginia	486	Virginia	542
2	Outside U.S./Canada	77	Maryland	47
3	Maryland	36	North Carolina	35
4	New York	26	Florida	28
5	Florida	26	New York	26
6	West Virginia	26	West Virginia	24
7	Pennsylvania	24	Pennsylvania	17
8	Ohio	23	Ohio	15
9	New Jersey	19	Texas	14
10	North Carolina	19	Washington, D.C.	14

Source: Va. Healthcare Workforce Data Center

In total, 17% of Virginia's licensees did not participate in the state's dental hygienist workforce. Nearly 80% of these licensees worked at some point in the past year, including 65% who currently work as dental hygienists.

At a Glance:

Not in VA Workforce

Total:	1,101
% of Licensees:	17%
Federal/Military:	5%
VA Border State/DC:	17%

A Closer Look:

Highest Professional Degree		
Degree	#	%
Certificate	79	2%
Associate Degree	2,445	55%
Baccalaureate Degree	1,791	40%
Post-Graduate Cert.	11	0%
Master's Degree	119	3%
Doctorate	5	0%
Total	4,449	100%

Source: Va. Healthcare Workforce Data Center

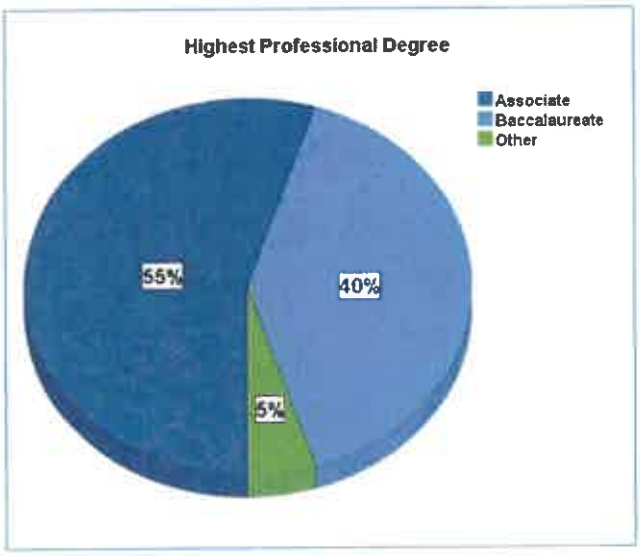
At a Glance:

Education

Associate: 55%
Baccalaureate: 40%

Education Debt

Carry Debt: 29%
Under Age 40 w/ Debt: 46%
Median Debt: $20k-$30k



Source: Va. Healthcare Workforce Data Center

More than half of all dental hygienists hold an associate degree as their highest professional degree, while another 40% hold a baccalaureate degree.

Nearly 30% of dental hygienists carry education debt, including 46% of those dental hygienists who are under the age of 40. For those dental hygienists with education debt, their median debt amount is between $20,000 and $30,000

Education Debt				
Amount Carried	All Dental Hygienists		Hygienists Under 40	
	#	%	#	%
None	2,854	71%	939	54%
Less than $10,000	320	8%	215	12%
$10,000-$19,999	242	6%	174	10%
$20,000-$29,999	183	5%	134	8%
$30,000-$39,999	107	3%	81	5%
$40,000-$49,999	81	2%	54	3%
$50,000-$59,999	67	2%	45	3%
$60,000-$69,999	43	1%	30	2%
$70,000-$79,999	24	1%	13	1%
$80,000-$89,999	25	1%	19	1%
$90,000-$99,999	16	0%	8	0%
$100,000 or More	40	1%	20	1%
Total	4,004	100%	1,731	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 90%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 58%
2 or More Positions: 11%

Weekly Hours:

40 to 49: 13%
60 or More: 1%
Less than 30: 26%

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Dental Hygiene	4,074	90%
Employed, NOT in a Capacity Related to Dental Hygiene	171	4%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	11	< 1%
Voluntarily Unemployed	218	5%
Retired	60	1%
Total	**4,536**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 90% are currently employed in the profession. 58% hold one full-time job, and 53% work between 30 and 39 hours per week

Current Positions		
Positions	**#**	**%**
No Positions	289	6%
One Part-Time Position	1,069	24%
Two Part-Time Positions	203	5%
One Full-Time Position	2,589	58%
One Full-Time Position & One Part-Time Position	259	6%
Two Full-Time Positions	4	0%
More than Two Positions	41	1%
Total	**4,454**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	289	7%
1 to 9 Hours	155	4%
10 to 19 Hours	331	8%
20 to 29 Hours	656	15%
30 to 39 Hours	2,329	53%
40 to 49 Hours	564	13%
50 to 59 Hours	35	1%
60 to 69 Hours	14	0%
70 to 79 Hours	14	0%
80 or More Hours	13	0%
Total	**4,400**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	39	1%
Less than $20,000	216	6%
$20,000-$29,999	132	4%
$30,000-$39,999	223	6%
$40,000-$49,999	359	10%
$50,000-$59,999	554	15%
$60,000-$69,999	699	19%
$70,000-$79,999	596	16%
$80,000-$89,999	464	13%
$90,000-$99,999	183	5%
$100,000 or More	184	5%
Total	3,650	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $60k-$70k

Benefits

Paid Vacation: 71%

Retirement: 56%

Satisfaction

Satisfied: 95%

Very Satisfied: 61%

Job Satisfaction		
Level	#	%
Very Satisfied	2,714	61%
Somewhat Satisfied	1,490	34%
Somewhat Dissatisfied	174	4%
Very Dissatisfied	51	1%
Total	4,429	100%

Source: Va. Healthcare Workforce Data Center

The typical dental hygienist makes between $60,000 and $70,000 per year. In addition, 79% of dental hygienists receive at least one employer-sponsored benefit, including 56% who have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,899	71%	70%
Retirement	2,285	56%	55%
Paid Sick Leave	1,464	36%	36%
Dental Insurance	895	22%	22%
Group Life Insurance	677	17%	16%
Signing/Retention Bonus	267	7%	7%
At Least One Benefit	3,218	79%	77%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	#	%
Experience Involuntary Unemployment?	67	1%
Experience Voluntary Unemployment?	393	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	215	4%
Work Two or More Positions at the Same Time?	618	12%
Switch Employers or Practices?	440	8%
Experience at Least One?	1,408	27%

Source: Va. Healthcare Workforce Data Center

Over the past year, 1% of dental hygienists have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	165	4%	100	12%
Less than 6 Months	306	7%	133	16%
6 Months to 1 Year	461	11%	125	15%
1 to 2 Years	893	21%	162	19%
3 to 5 Years	809	19%	137	16%
6 to 10 Years	516	12%	79	9%
More than 10 Years	1,097	26%	108	13%
Subtotal	4,247	100%	843	100%
Did Not Have Location	221		4,415	
Item Missing	822		32	
Total	5,290		5,290	

Source: Va. Healthcare Workforce Data Center

More than 80% of all dental hygienists receive an hourly wage at their primary work location

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 8%
New Location: 24%
Over 2 Years: 57%
Over 2 Yrs., 2nd Location: 38%

Employment Type

Hourly Wage: 82%
Salary/Commission: 15%

Nearly 60% of all dental hygienists have been employed at their primary work location for more than two years

Employment Type		
Primary Work Site	#	%
Salary/Commission	510	15%
Hourly Wage	2,716	82%
By Contract	38	1%
Business/Practice Income	16	0%
Unpaid	14	0%
Subtotal	3,295	100%
Did Not Have Location	221	
Item Missing	1,774	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate from December 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	32%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or More (Past Year):	20%
2 or More (Now*):	17%

Source: Va. Healthcare Workforce Data Center

Nearly three-quarters of all dental hygienists work in Northern Virginia, Hampton Roads, and Central Virginia.

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	162	4%	311	7%
1	3,372	77%	3,337	76%
2	599	14%	557	13%
3	209	5%	173	4%
4	19	0%	8	0%
5	8	0%	2	0%
6 or More	32	1%	13	0%
Total	**4,401**	**100%**	**4,401**	**100%**

*At the time of survey completion, Jan. 2022-Dec. 2022 (birth month of respondent).

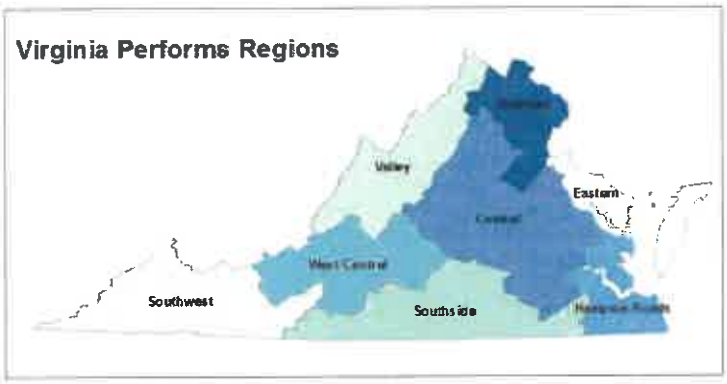
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	704	17%	137	16%
Eastern	56	1%	10	1%
Hampton Roads	1,016	24%	181	21%
Northern	1,357	32%	323	38%
Southside	138	3%	21	2%
Southwest	185	4%	32	4%
Valley	269	6%	49	6%
West Central	443	11%	77	9%
Virginia Border State/D.C.	23	1%	9	1%
Other U.S. State	16	0%	21	2%
Outside of the U.S.	1	0%	0	0%
Total	**4,208**	**100%**	**860**	**100%**
Item Missing	861		16	

Source: Va. Healthcare Workforce Data Center



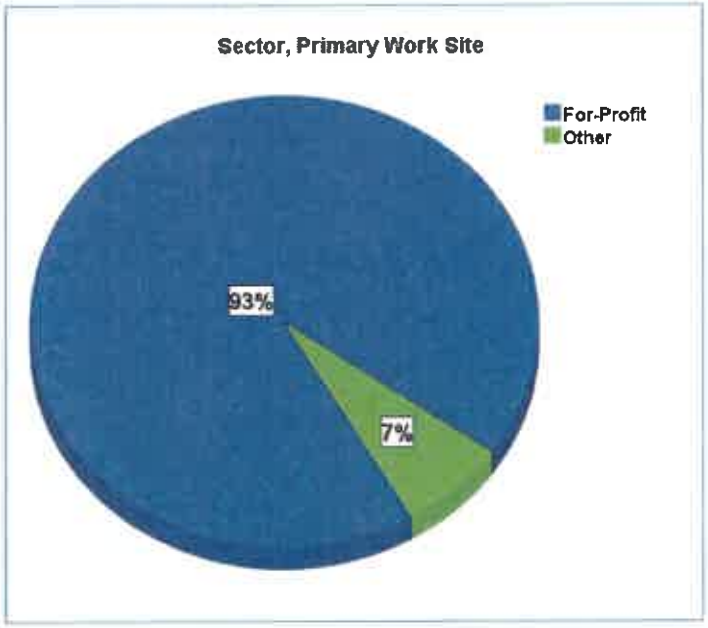
Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 17% currently have multiple work locations, while 20% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,815	93%	741	92%
Non-Profit	89	2%	19	2%
State/Local Government	112	3%	35	4%
Veterans Administration	8	0%	2	0%
U.S. Military	59	1%	4	0%
Other Federal Government	10	0%	1	0%
Total	4,093	100%	802	100%
Did Not Have Location	221		4,415	
Item Missing	976		74	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all dental hygienists, 6% work under the remote supervision of a public health dentist, and 4% work under the remote supervision of a dentist

At a Glance:
(Primary Locations)

Sector

For-Profit:	93%
Federal:	2%

Top Establishments

Solo Practice:	69%
Group Practice:	17%
Dental/Health Clinic:	9%

Remote Supervision

Public Health Dentistry:	6%
Dentistry:	4%

Most dental hygienists work in the private sector, including 93% who work in the for-profit sector.

Remote Supervision				
Response	Primary Location		Secondary Location	
	#	%	#	%
Public Health Dentistry				
Yes	256	6%	31	4%
No	3,857	94%	777	96%
Total	4,113	100%	808	100%
Dentistry				
Yes	163	4%	42	5%
No	3,936	96%	774	95%
Total	4,099	100%	816	100%

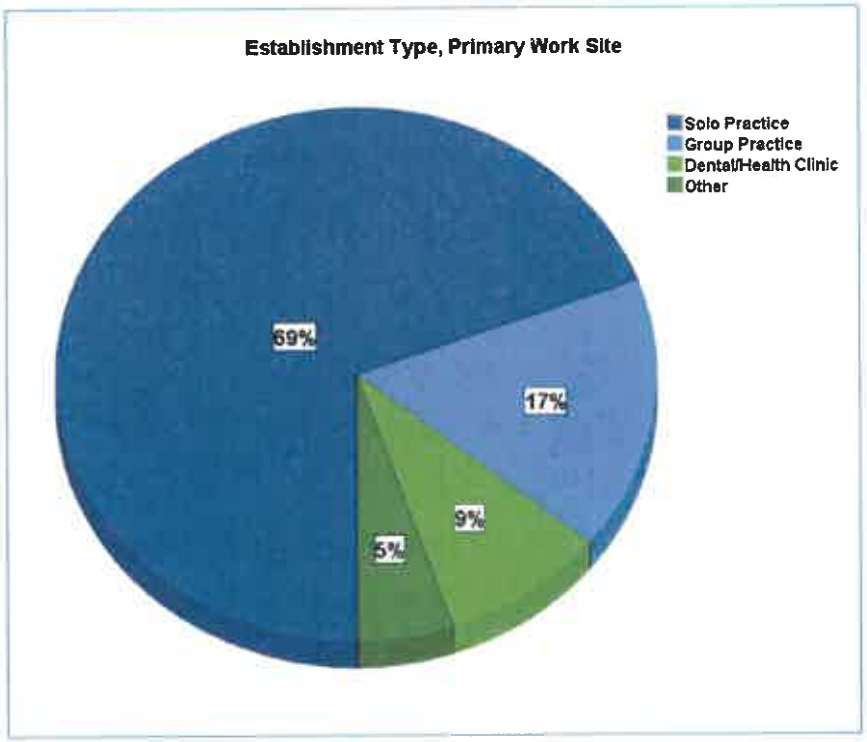
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice	2,788	69%	526	68%
Group Practice	674	17%	107	14%
Dental/Health Clinic	360	9%	63	8%
Dental School (Including Combined Dental/Dental Hygiene)	64	2%	39	5%
Hospital/Health System	25	1%	5	1%
Public Health Program	18	0%	2	0%
Corrections	14	0%	3	0%
Insurance	11	0%	2	0%
K-12 School or Non-Dental College	7	0%	0	0%
Supplier Organization	5	0%	2	0%
Nursing Home/Long-Term Care Facility	2	0%	2	0%
Other	65	2%	20	3%
Total	**4,033**	**100%**	**771**	**100%**
Did Not Have a Location	221		4,415	

Source: Va. Healthcare Workforce Data Center

Nearly 70% of dental hygienists work at a solo dental practice as their primary work location, while another 17% work at a group dental practice.

Among those dental hygienists who also have a secondary work location, 68% work at a solo dental practice, and 14% work at a group dental practice.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

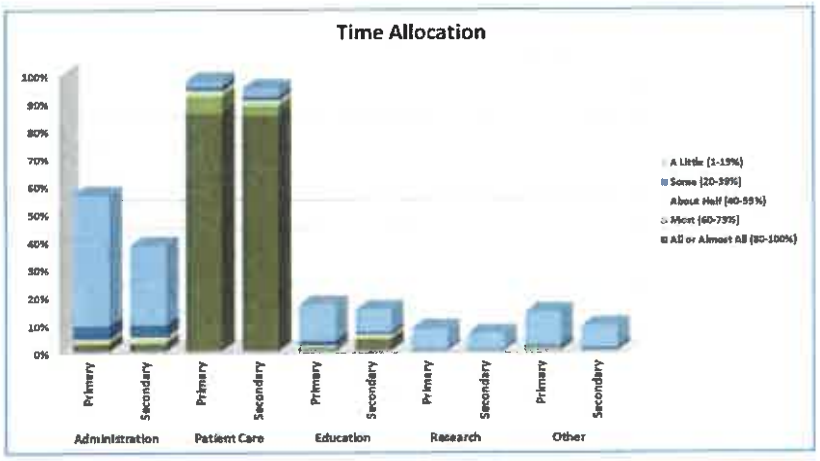
Roles

Patient Care: 92%
Administration: 3%
Education: 1%

Patient Care Hygienists

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

A Closer Look:



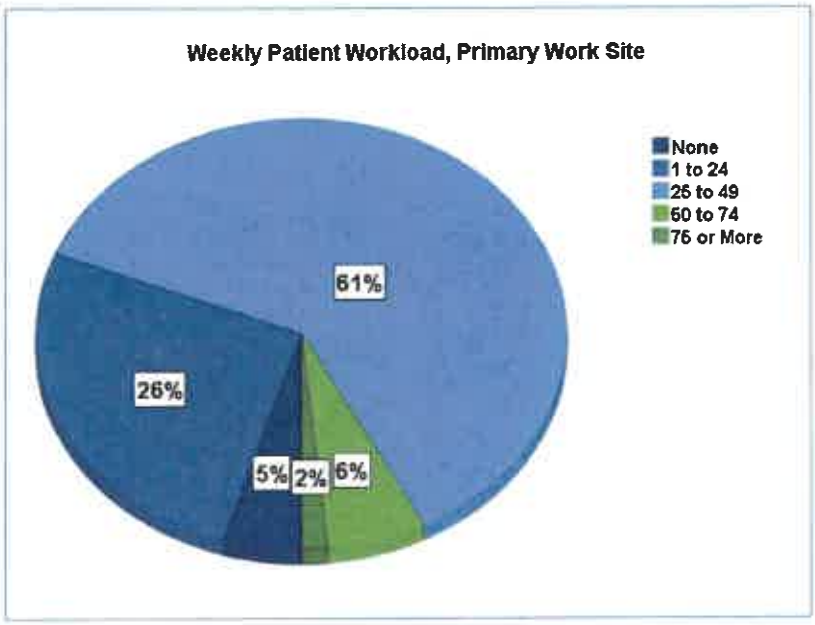
Source: Va. Healthcare Workforce Data Center

Dental hygienists typically spend most of their time treating patients. In fact, 92% of dental hygienists fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	86%	85%	1%	4%	0%	0%	1%	0%
Most (60-79%)	1%	0%	6%	3%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	1%	2%	2%	2%	1%	1%	0%	0%	0%	0%
Some (20-39%)	5%	4%	1%	1%	2%	1%	1%	1%	1%	1%
A Little (1-19%)	47%	29%	2%	3%	13%	8%	7%	6%	12%	8%
None (0%)	44%	62%	2%	5%	83%	85%	92%	94%	86%	91%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 25-49
Secondary Location: 1-24

Dental hygienists typically treat between 25 and 49 patients per week at their primary work location. For those dental hygienists who also have a secondary work location, the median patient workload is between 1 and 24 patients per week.

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	195	5%	72	9%
1-24	1,088	26%	507	63%
25-49	2,530	61%	193	24%
50-74	244	6%	21	3%
75-99	25	1%	10	1%
100-124	16	0%	2	0%
125-149	12	0%	0	0%
150-174	4	0%	0	0%
175-199	2	0%	0	0%
200 or More	8	0%	0	0%
Total	4,124	100%	805	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Dental Hygienists		Hygienists 50 and Over	
	#	%	#	%
Under Age 50	469	12%	-	-
50 to 54	386	10%	22	2%
55 to 59	698	18%	142	11%
60 to 64	1,086	28%	390	31%
65 to 69	886	23%	496	39%
70 to 74	177	5%	121	10%
75 to 79	38	1%	25	2%
80 or Over	6	0%	4	0%
I Do Not Intend to Retire	131	3%	70	6%
Total	3,877	100%	1,270	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Dental Hygienists

Under 65: 68%

Under 60: 40%

Hygienists 50 and Over

Under 65: 44%

Under 60: 13%

Time Until Retirement

Within 2 Years: 6%

Within 10 Years: 27%

Half the Workforce: By 2042

More than two-thirds of all dental hygienists expect to retire by the age of 65. Among dental hygienists who are age 50 and over, 44% expect to retire by the age of 65.

Within the next two years, 8% of Virginia's dental hygienists expect to increase their patient care hours, and 7% expect to pursue additional educational opportunities.

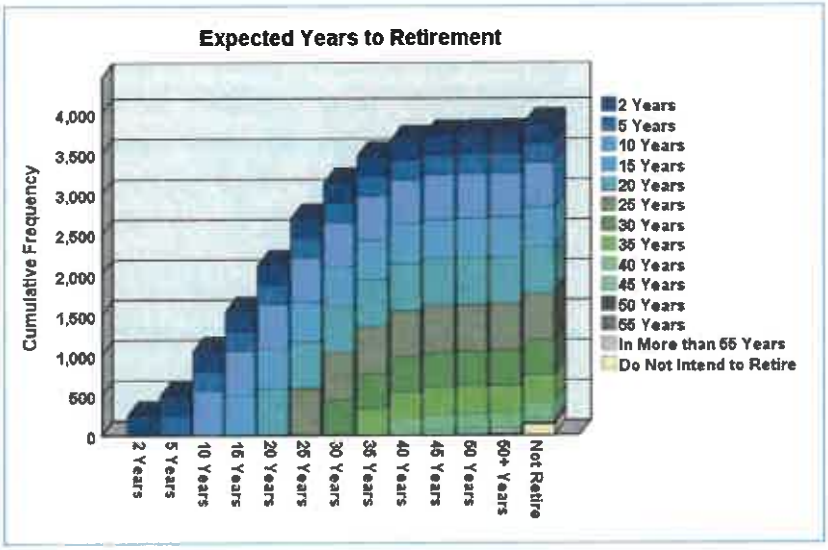
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	177	3%
Leave Virginia	158	3%
Decrease Patient Care Hours	729	14%
Decrease Teaching Hours	12	0%
Increase Participation		
Increase Patient Care Hours	422	8%
Increase Teaching Hours	119	2%
Pursue Additional Education	351	7%
Return to the Workforce	65	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for dental hygienists While only 6% of dental hygienists expect to retire in the next two years, 27% expect to retire within the next decade. More than half of the current workforce expect to retire by 2042

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	245	6%	6%
5 Years	241	6%	13%
10 Years	557	14%	27%
15 Years	494	13%	40%
20 Years	580	15%	55%
25 Years	580	15%	70%
30 Years	440	11%	81%
35 Years	329	8%	89%
40 Years	197	5%	94%
45 Years	65	2%	96%
50 Years	12	0%	96%
55 Years	0	0%	96%
In More than 55 Years	7	0%	97%
Do Not Intend to Retire	131	3%	100%
Total	3,877	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates retirement will begin to reach over 10% of the current workforce every five years by 2032 Retirement will peak at 15% of the current workforce between 2042 and 2047 before declining to under 10% again around 2057

At a Glance:

FTEs

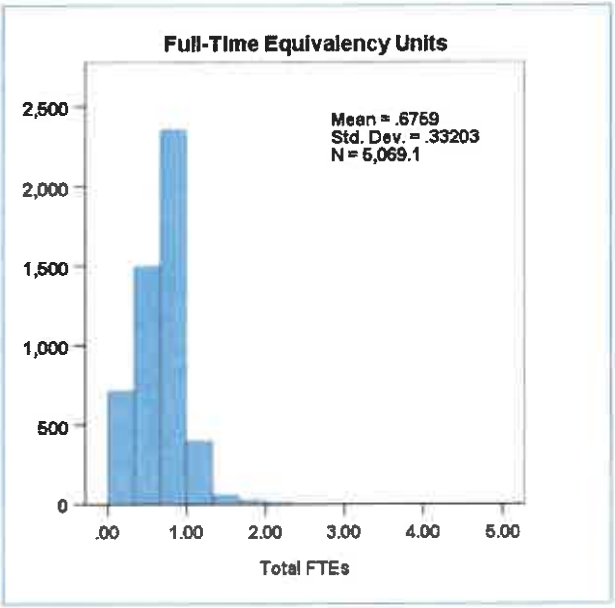
Total:	3,426
FTEs/1,000 Residents[2]:	0.396
Average:	0.68

Age & Gender Effect

Age, *Partial Eta²*:	Negligible
Gender, *Partial Eta²*:	None

Partial Eta² Explained:
Partial Eta² is a statistical measure of effect size.

A Closer Look:

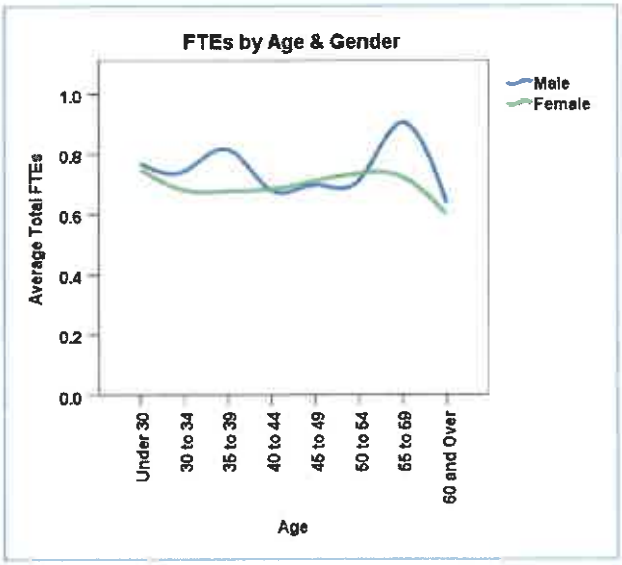


Source: Va. Healthcare Workforce Data Center

The typical dental hygienist provided 0.74 FTEs in the past year, or approximately 30 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by either age or gender.

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.74	0.78
30 to 34	0.68	0.68
35 to 39	0.69	0.75
40 to 44	0.65	0.68
45 to 49	0.73	0.80
50 to 54	0.68	0.72
55 to 59	0.73	0.80
60 and Over	0.55	0.48
Gender		
Male	0.74	0.84
Female	0.69	0.76

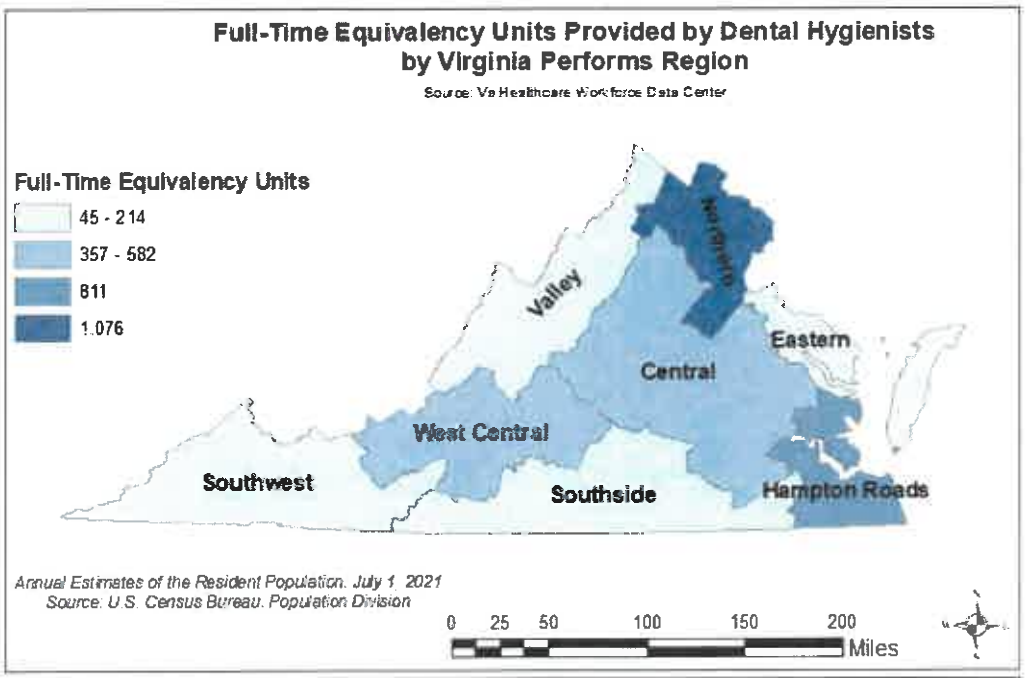
Source: Va. Healthcare Workforce Data Center

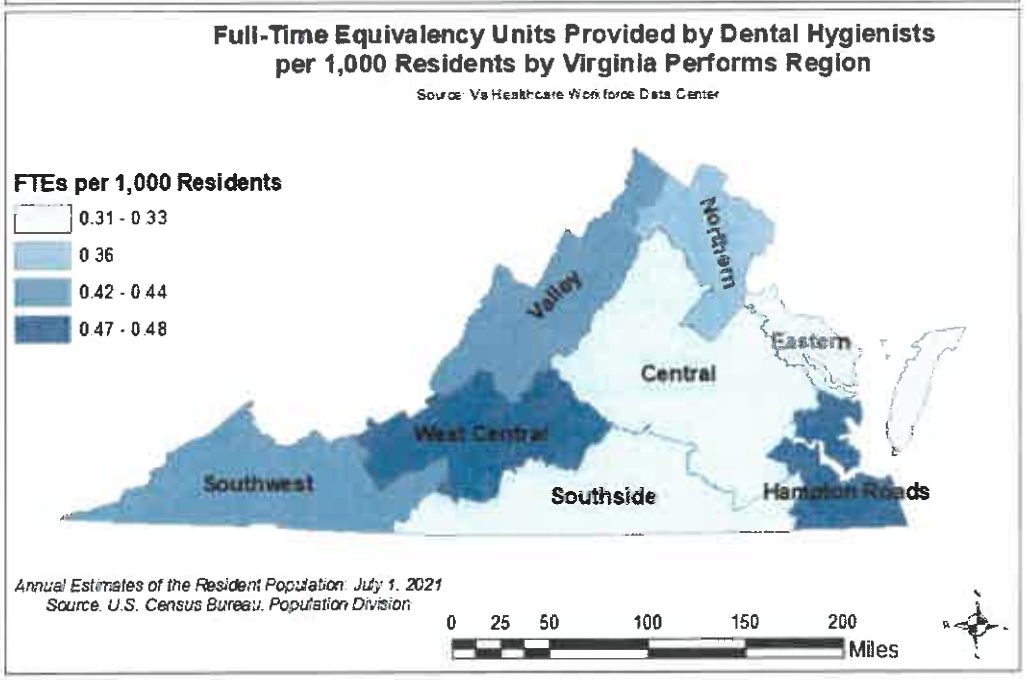


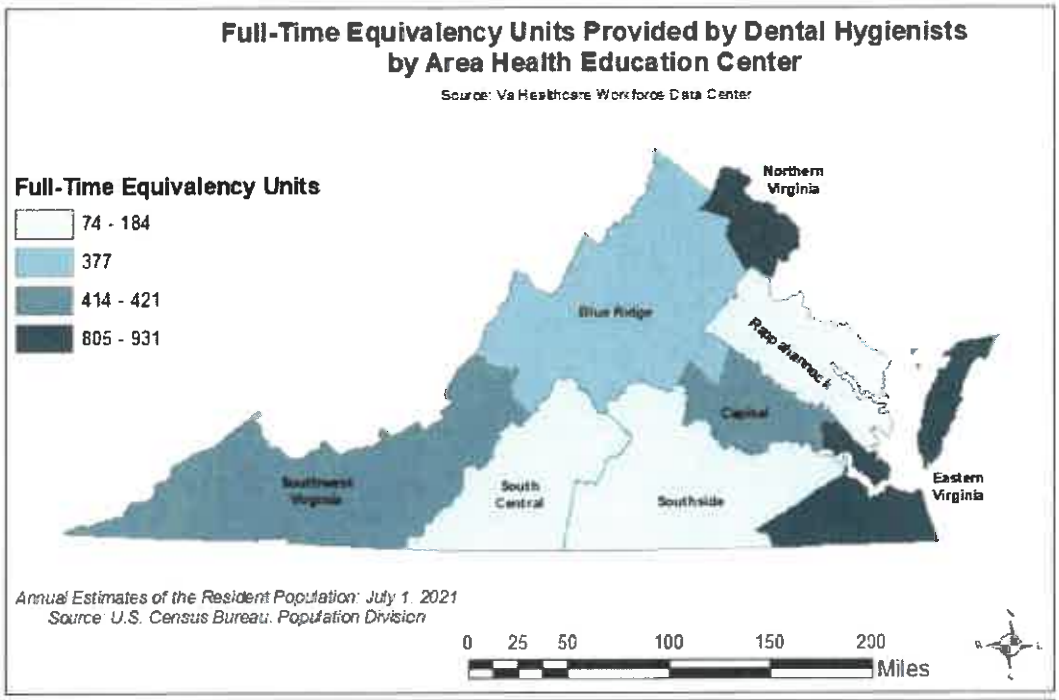
Source: Va. Healthcare Workforce Data Center

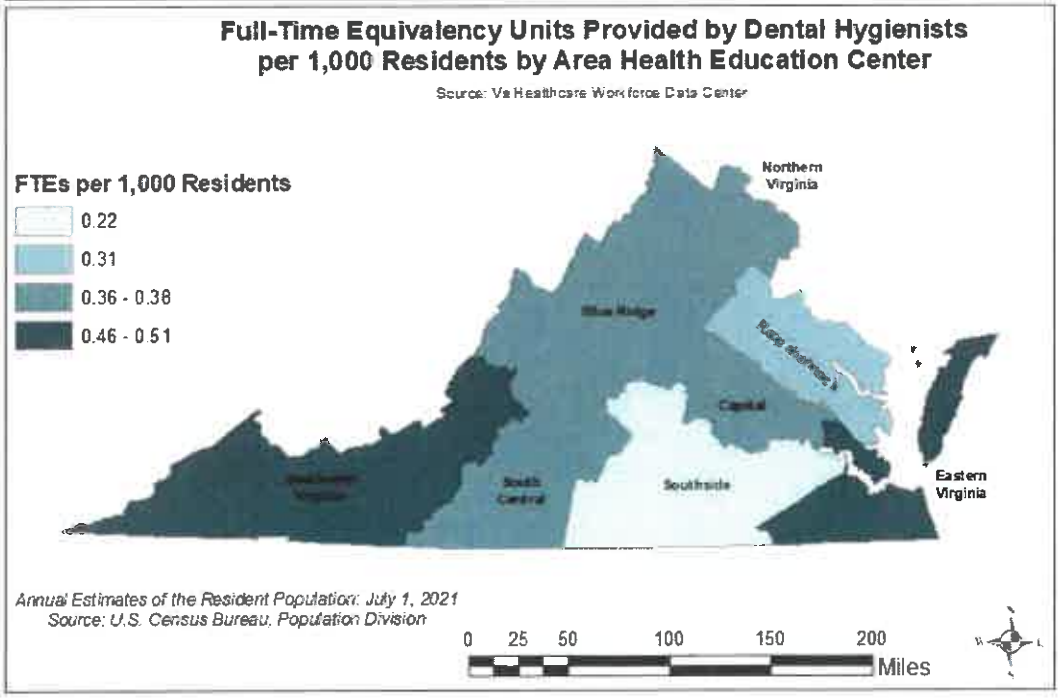
[2] Number of residents in 2021 was used as the denominator.

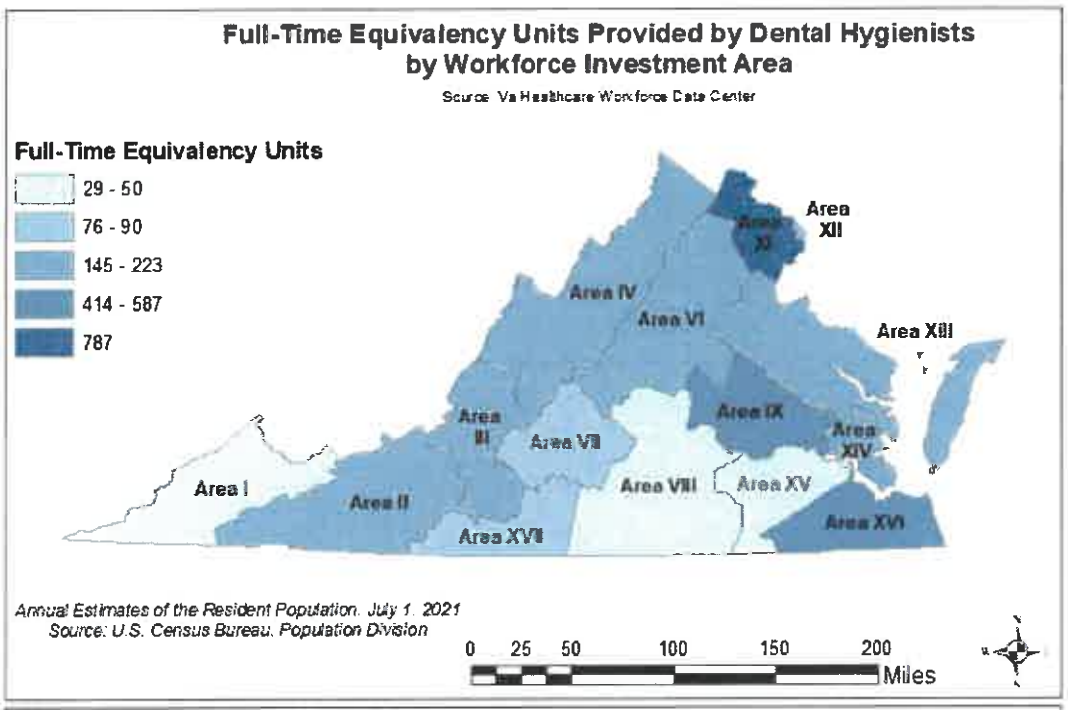
Virginia Performs Regions

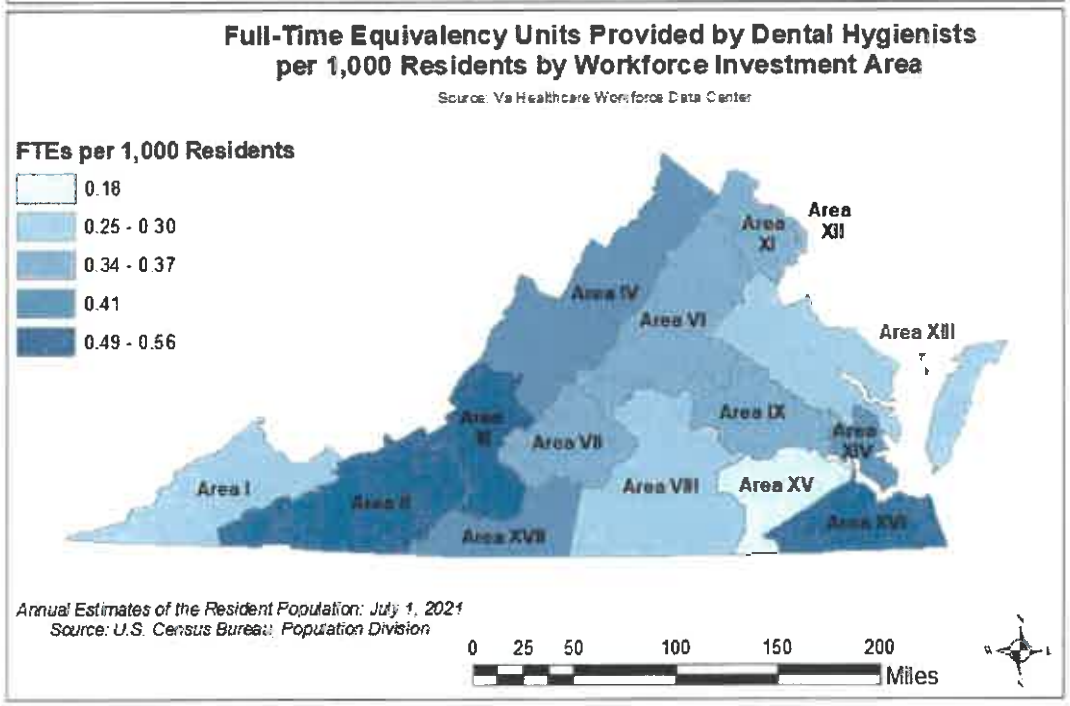


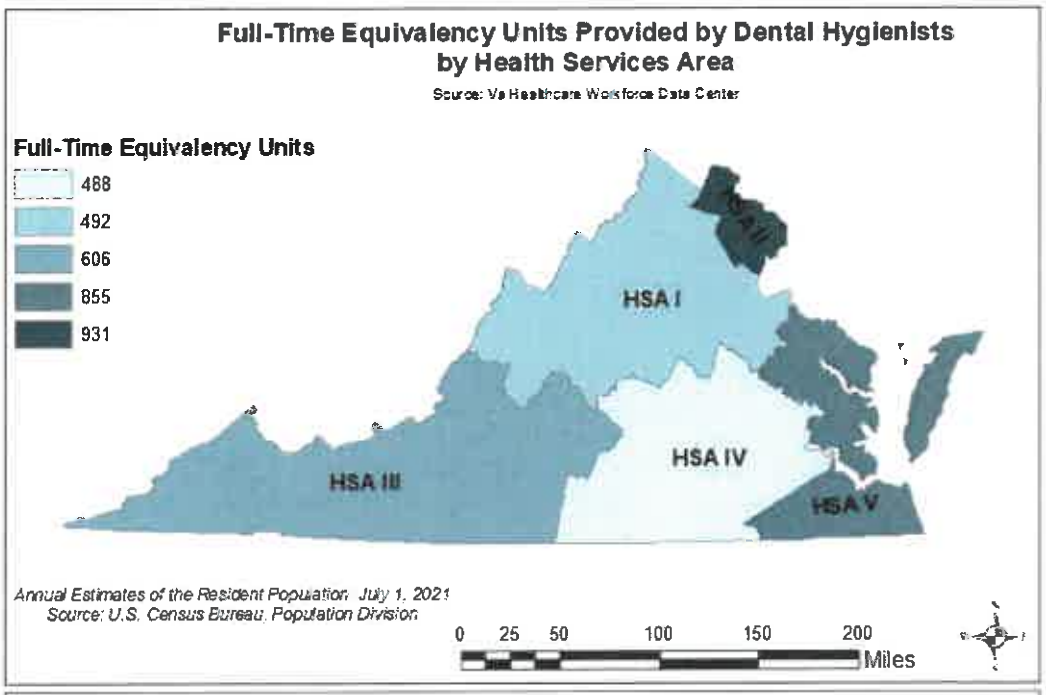


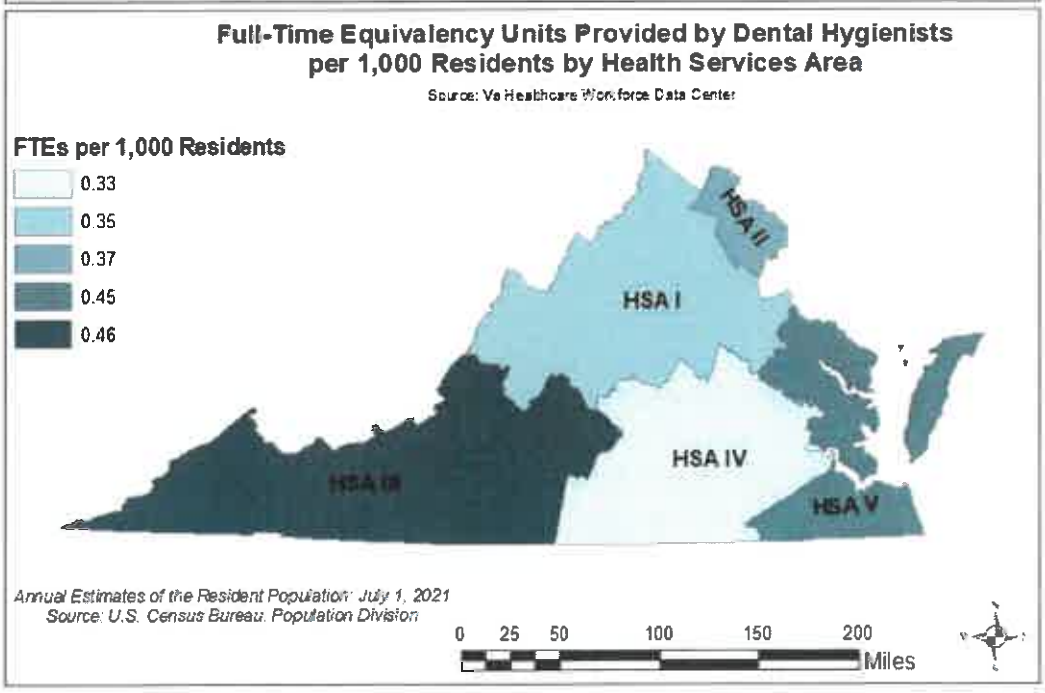

Full-Time Equivalency Units Provided by Dental Hygienists
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
74 - 184
377
414 - 421
805 - 931
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

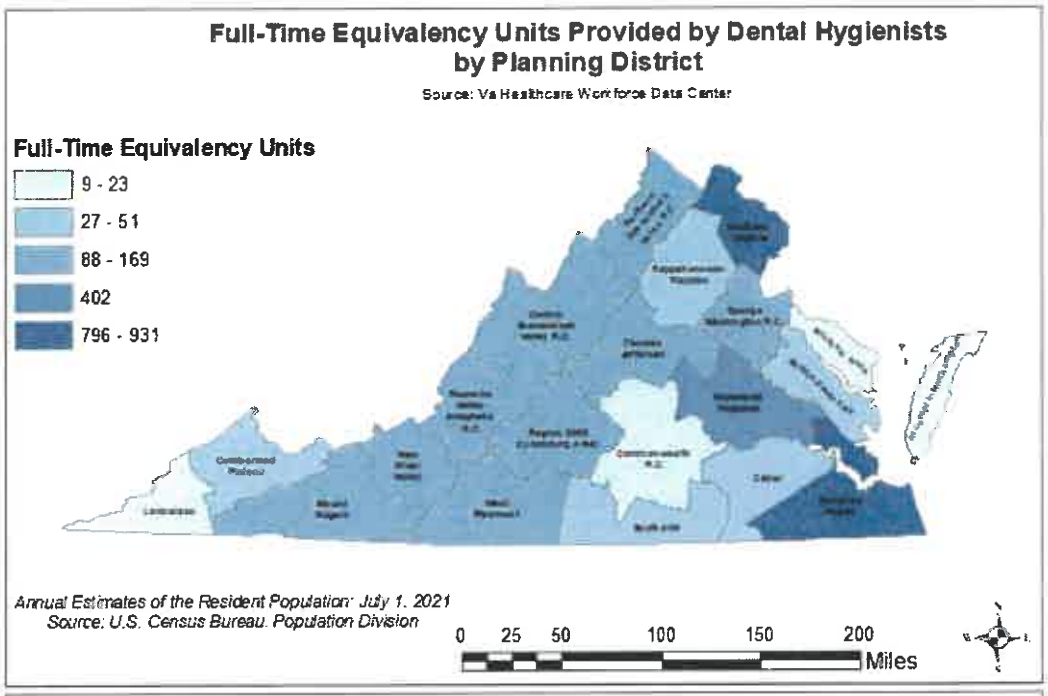

Full-Time Equivalency Units Provided by Dental Hygienists
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.22
0.31
0.36 - 0.38
0.46 - 0.51
Northern Virginia
Blue Ridge
Rappahannock
Capital
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

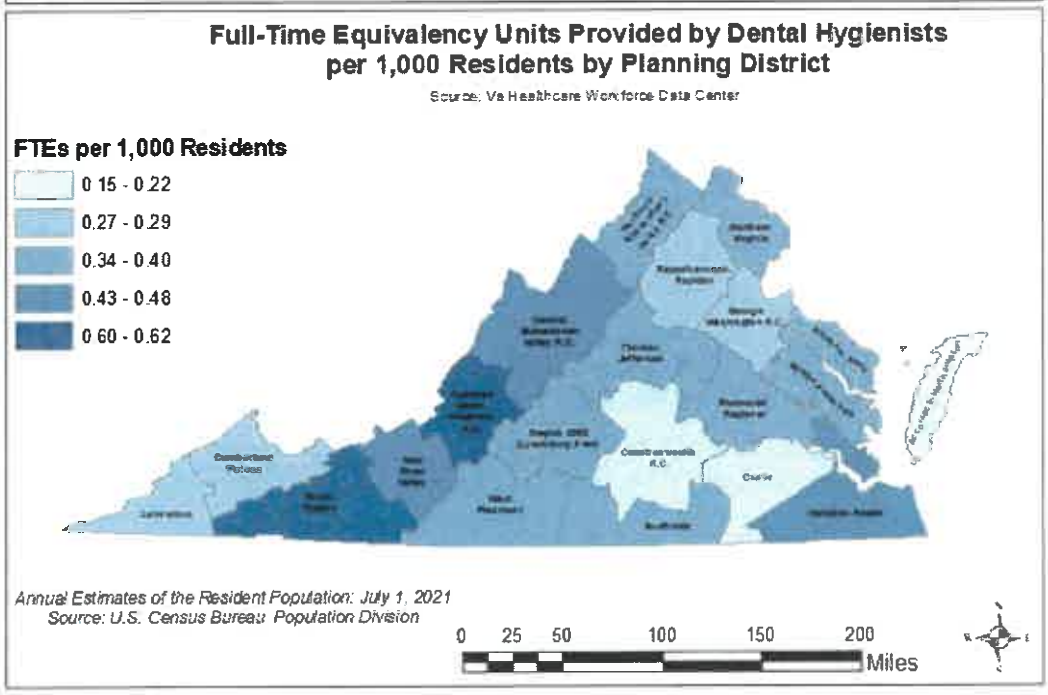

Full-Time Equivalency Units Provided by Dental Hygienists
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
29 - 50
76 - 90
145 - 223
414 - 587
787
Area XII
Area IV
Area VI
Area XIII
Area IX
Area III
Area VII
Area XIV
Area I
Area II
Area VIII
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Dental Hygienists
per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.18
0.25 - 0.30
0.34 - 0.37
0.41
0.49 - 0.56
Area XII
Area IV
Area VI
Area XIII
Area IX
Area VII
Area XIV
Area I
Area VIII
Area XV
Area XVII
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Dental Hygienists
by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
488
492
606
855
931
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Dental Hygienists
per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.33
0.35
0.37
0.45
0.46
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Dental Hygienists
by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
9 - 23
27 - 51
88 - 169
402
796 - 931
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Dental Hygienists
per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.15 - 0.22
0.27 - 0.29
0.34 - 0.40
0.43 - 0.48
0.60 - 0.62
Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,667	82.55%	1.211	1.145	1.423
Metro, 250,000 to 1 Million	426	84.04%	1.190	1.125	1.398
Metro, 250,000 or Less	443	84.65%	1.181	1.117	1.387
Urban, Pop. 20,000+, Metro Adj.	98	87.76%	1.140	1.077	1.338
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	222	83.78%	1.194	1.128	1.402
Urban, Pop. 2,500-19,999, Non-Adj.	160	85.00%	1.176	1.112	1.382
Rural, Metro Adj.	96	75.00%	1.333	1.261	1.566
Rural, Non-Adj.	46	73.91%	1.353	1.279	1.589
Virginia Border State/D.C.	585	71.62%	1.396	1.320	1.640
Other U.S. State	647	74.34%	1.345	1.272	1.580

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	792	68.94%	1.451	1.338	1.640
30 to 34	849	82.21%	1.216	1.122	1.375
35 to 39	858	82.05%	1.219	1.125	1.378
40 to 44	829	83.84%	1.193	1.101	1.348
45 to 49	717	84.94%	1.177	1.086	1.331
50 to 54	663	85.52%	1.169	1.079	1.322
55 to 59	641	85.65%	1.168	1.077	1.320
60 and Over	1,041	77.43%	1.292	1.192	1.460

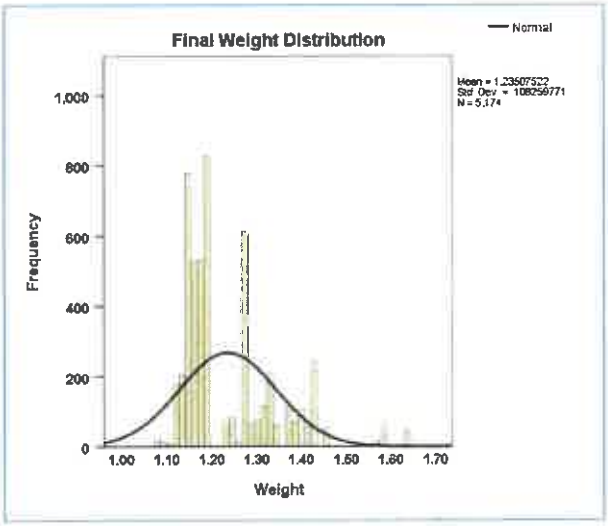
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods:

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.809703



Source: Va. Healthcare Workforce Data Center

Board of Dentistry
Current Regulatory Actions
As of February 8, 2023

VAC	Stage	Subject Matter	Date submitted*	Office; time in office**	Notes
18VAC60-21	Proposed	Elimination of restriction on advertising dental specialties	9/15/2019	Governor 1242 days (3.4 years)	Adopted on advice of Board counsel
18VAC60-21	Fast-Track	Technical corrections	11/18/2019	Published on 12/5/2022	Effective date 1/19/2023
18VAC60-21 18VAC60-25	NOIRA	Expansion and clarification of refresher coursed required for reinstatement	6/24/2022	SHHR 229 days	In response to a petition for rulemaking, the Board will consider amendments to expand the types of refresher courses reinstatement applicants may take and clarify the number of course hours and type of training required for courses.
18VAC60-21 18VAC60-30	Final	Training in infection control	7/5/2022	SHHR 218 days	Amendments require specific training in infection control for dental assistants. Promulgated in response to a petition for rulemaking.
18VAC60-21 18VAC60-25	NOIRA	Continuing education requirements for jurisprudence	7/12/2022	SHHR 211 days	Board is considering amendments to Chapters 21 and 25 to require jurisprudence continuing education for dentists and dental hygienists.
18VAC60-21	Proposed	Digital Scan Technicians	Withdrawn: 5/19/2022	SHHR 174 days	Regulations for the training of digital scan technicians to

			Re-Proposed: 8/18/2022		practice under a licensed dentist
18VAC60-30	Proposed	Elimination of direct pulp-capping as a delegable task	7/22/2022	SHHR 167 days	Eliminates direct pulp-capping as a delegable task for a DAII.

* Date submitted to current location
** As of February 8, 2023

Agenda Item: Consideration of periodic review to amend 18VAC60-21-250(C)(8)

Included in your agenda package are:

- Petition for rulemaking to amend 18VAC60-21-250(C)(8) to add "Pacific Medical Training" to the list of approved continuing education sponsors.
- Additional documentation received from the petitioner
- Comments received in response to petition on Town Hall
- 18VAC60-21-250

Action needed:

- Motion to either:
  - Take no action, specifying why; or
  - Initiate rulemaking.

COMMONWEALTH OF VIRGINIA
Board of Dentistry

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4538 (Tel)
(804) 527-4428 (Fax)
denbd@dhp.virginia.gov

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)		
Williams, Suzanne		
Street Address	**Area Code and Telephone Number**	
3103 Philmont Ave., Suite 308	484-288-2444	
City	**State**	**Zip Code**
Huntingdon Valley	PA	19006
Email Address (optional)	**Fax (optional)**	
suzanne@pacificmedicaltraining.com		

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. Requirements for continuing education 18VAC60-21-250 Section C #8

   Change 8. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society; to add Pacific Medical Training

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

   I request to add Pacific Medical Training to the approved continuing education sponsors

   Our courses follow American Heart Association guidelines, are offered in joint providership with the Postgraduate Institute for Medicine, an ADA CERP recognized provider, and accredited by the AMA, ANCC, ACPE, and ADA for up to 8 CE/CME credits. (AMA PRA Category 1)

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Signature: Suzanne Williams **Date:** 12/5/22

May 2022

JOINT ACCREDITATION™

INTERPROFESSIONAL CONTINUING EDUCATION

Postgraduate Institute for Medicine

is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team through December 2023.

Graham McMahon, MD, MMSc
President and Chief Executive Officer
ACCME

Peter H. Vlasses, PharmD, BCPS
Executive Director
ACPE

Jann T. Balmer, PhD, RN
Chairperson
ANCC Commission on Accreditation

Postgraduate Institute
for Medicine

June 1, 2021

Pacific Medical Training
3103 Philmont Ave., Suite 308
Huntingdon Valley, PA 19006

Dear Mr. Entriken:

On behalf of the Postgraduate Institute for Medicine (PIM), thank you for the opportunity to work in joint providership with Pacific Medical Training to develop the continuing medical education (CME) online activities.

PIM has approved to jointly provide the continuing education activities listed below. This decision is taken upon review and acceptance of the application submitted to PIM, and the subsequent development and review of content.

Credit Types by Activity:

- ACLS, BLS, PALS, BBP - AMA, ANCC, ACPE and ADA. Certification approved through June 1, 2024.
- Arrhythmia, 12-Lead, Stress Test/Holter, CPR/AED, Preventing Wrong Site Surgery - AMA, ANCC. Certification approved through June 1, 2024.
- Pharmacy Technician – ACPE. Certification approved through June 1, 2024.
- Clinical Documentation EHR – AMA, ACPE, ANCC. Certification approved through June 1, 2024

Sincerely,

Allison Hughes

Allison Hughes, CHCP
Director of Operations
Postgraduate Institute for Medicine

Public Petition for Rulemaking: 378

Commenter	Title	Comment	Date/ID
Amy Whitman	Oppose this Petition	I oppose this petition	1/17/23 10:15 pm CommentID:207886
Jack Greene	Vehemently Opposed to this petition	please do not grant this petition	1/17/23 10:17 pm CommentID:207887

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 60. Board of Dentistry
Chapter 21. Regulations Governing the Practice of Dentistry

Part VI. Licensure Renewal

18VAC60-21-250. Requirements for continuing education.

A. A dentist shall complete a minimum of 15 hours of continuing education, which meets the requirements for content, sponsorship, and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for any renewal of a restricted volunteer license.

1. All renewal applicants shall attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry and dental hygiene in Virginia.

2. A dentist shall maintain current training certification in basic cardiopulmonary resuscitation with hands-on airway training for health care providers or basic life support unless he is required by 18VAC60-21-290 or 18VAC60-21-300 to hold current certification in advanced life support with hands-on simulated airway and megacode training for health care providers.

3. A dentist who administers or monitors patients under general anesthesia, deep sedation, or moderate sedation shall complete four hours every two years of approved continuing education directly related to administration and monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

4. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

5. Up to two hours of the 15 hours required for annual renewal may be satisfied through delivery of dental services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

B. To be accepted for license renewal, continuing education programs shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, and stress management). Courses not acceptable for the purpose of this subsection include estate planning, financial planning, investments, business management, marketing, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subsection B of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association, their constituent and component/branch associations, and approved continuing education providers;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association, and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry, its constituent and component/branch associations, and approved continuing education providers;

7. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

8. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

9. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education;

10. A dental, dental hygiene, or dental assisting program or advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board and its affiliate, the Dental Auxiliary Learning and Education Foundation; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, Council of Interstate Testing Agencies, or Western Regional Examining Board) when serving as an examiner.

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory

military service, or officially declared disasters. A written request with supporting documents must be submitted prior to renewal of the license.

E. The board may grant an extension for up to one year for completion of continuing education upon written request with an explanation to the board prior to the renewal date.

F. A licensee is required to verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees are required to maintain original documents verifying the date and subject of the program or activity, the sponsor, and the amount of time earned. Documentation shall be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, shall submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

J. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

Statutory Authority

§§ 54.1-2400 and 54.1-2709.5 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 32, Issue 5, eff. December 2, 2015; amended, Virginia Register Volume 33, Issue 9, eff. February 10, 2017; Volume 35, Issue 5, eff. November 28, 2018.

Agenda Item: Repeal of Guidance Document 60-15

Included in your agenda package are:

- Guidance Document 60-15.

Staff Note: This document is problematic and unnecessary. Repetitive of various Code and regulatory provisions.

Action needed:

- Motion to repeal Guidance Document 60-15.

Standards for Professional Conduct In The Practice of Dentistry

Preamble

The Standards for Professional Conduct for licensees of the Virginia Board of Dentistry establishes a set of principles to govern the conduct of licensees in the profession of dentistry. Licensees must respect that the practice of dentistry is a privilege which requires a high position of trust within society. The Board maintains that adherence to these standards will safeguard patients, uphold the laws and regulations governing practice and maintain the public trust. The standards are an expression of types of conduct that are either required or encouraged and that are either prohibited or discouraged to provide further guidance on the requirements for practice set out in the Code of Virginia and the Regulations Governing the Practice of Dentistry and Dental Hygiene.

Scope of Practice

- Keep knowledge and skills current. The privilege, professional status, and a license to practice derive from the knowledge, skill, and experience needed to safely serve the public and patients.
- Seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing the knowledge and skills of those who have special skills, knowledge and experience, or advanced training.
- Do not prescribe treatment or use diagnostic techniques or diagnose, cure, or alleviate diseases, infections or other conditions that are not within the scope of the practice of dentistry or that are not based upon accepted scientific knowledge or research.
- Do not treat or prescribe for yourself.

Treating or Prescribing for Family

- Only treat and prescribe based on a bona-fide practitioner-patient relationship, and prescribe by criteria set forth in §54.1-3303 of the Code of Virginia.
- Do not prescribe to a family member a controlled substance or a medicine outside the scope of dentistry.
- When treating a family member or a patient maintain a patient record documenting a bona-fide practitioner-patient relationship.

Staff Supervision

- Protect the health of patients by only assigning to qualified auxiliaries those duties which can be legally delegated.
- Prescribe and supervise the patient care provided by all auxiliary personnel in accordance with the correct type of supervision.
- Maintain documentation that staff has current licenses, certificates for radiology, up-to-date vaccinations, CPR training, HIPPA training, and OSHA training in personnel files.

- Display documents that are required to be posted in the patient receiving area so that all patients might see and read them.
- Be responsible for the professional behavior of staff towards patients and the public at all times.
- Avoid unprofessional behavior with staff
- Provide staff with a safe environment at all times.
- Provide staff with opportunities for continuing education that will keep treatment and services up-to-date and allow staff to meet continuing education requirements
- Supervise staff in dispensing, mixing and following the instruction for materials to be used during treatment.
- Instruct the staff to inform the dentist of any event in the office concerning the welfare of the patient regarding exposures or blood borne pathogens

Practitioner-Patient Communications

- Before performing any dental procedure, accurately inform the patient or the guardian of a minor patient of the diagnoses, prognosis and the benefits, risks, and treatment alternatives to include the consequences of doing nothing.
- Inform the patient of proposed treatment and any reasonable alternatives, in understandable terms to allow the patient to become involved in treatment decisions.
- Acquire informed consent of a patient prior to performing any treatment.
- Refrain from harming the patient and from recommending and performing unnecessary dental services or procedures.
- Specialists must inform the patient that there is a need for continuing care when they complete their specialized care and refer patients to a general dentist or another specialist to continue their care.
- Immediately inform any patient who may have been exposed to blood or other infectious material in the dental office or during a procedure about the need for post exposure evaluation and follow up and to immediately refer the patient to a qualified health care professional
- Do not represent the care being provided in a false or misleading manner
- Inform the patient orally and note in the record any deviation in a procedure due to the dentist's discretion or a situation that arises during treatment that could delay completion of treatment or affect the prognosis for the condition being treated.
- Inform the patient about the materials used for any restoration or procedure such as crowns, bridges, restorative materials, ingestibles, and topicals as to risks, alternatives, benefits, and costs, as well as describing the materials, procedures, or special circumstances in the patient's notes.
- Refrain from removing amalgam restorations from a non-allergic patient for the alleged purpose of removing toxic substances from the body. The same applies to removing any other dental materials.

Patient of Record

- A patient becomes a patient of record when the patient is seated in the dental chair and examination and diagnosis of the oral cavity is initiated.

- In §54.1-2405(B) of the Code of Virginia, "current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

Patient Records

- Maintain treatment records that are timely, accurate, legible and complete.
- Note all procedures performed as well as substances and materials used.
- Note all drugs with strength and quantity administered and dispensed.
- Safeguard the confidentiality of patient records.
- Upon request of a patient or an authorized dental practitioner, provide any information that will be beneficial for the welfare and future treatment of that patient.
- On request of the patient or the patient's new dentist timely furnish gratuitously or at a reasonable cost, legible copies of all dental and financial records and readable copies of x-rays. This obligation exists whether or not the patient's account is paid in full.
- Comply with §32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.
- Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.
- Maintain records for not less than six years from the last date of treatment as required by the Board of Dentistry and maintain records for longer periods of time to meet contractual obligations or requirements of federal law.
- When closing, selling or relocating a practice, meet the requirements of §54.1-2405 of the Code of Virginia for giving notice and providing records.

Financial Transactions

- Do not accept or tender "rebates" or split fees with other health professionals.
- Maintain a listing of customary fees and represent all fees being charged clearly and accurately.
- Do not use a different fee without providing the patient or third party payers a reasonable explanation which is recorded in the record.
- Return fees to the patient or third party payers in a timely manner if a procedure is not completed or the method of treatment is changed.
- Do not accept a third party payment in full without disclosing to the third party that the patient's payment portion will not be collected.
- Do not increase fees charged to a patient who is covered by a dental benefit plan.
- Do not incorrectly describe a dental procedure in order to receive a greater payment or reimbursement or incorrectly make a non-covered procedure appear to be a covered procedure on a claim form.
- Do not certify in a patient's record or on a third party claim that a procedure is completed when it is not completed.
- Do not use inaccurate dates that are to benefit the patient; false or misleading codes; change the procedure code to justify a false procedure; falsify a claim not having done the procedure, or expand the claim.
- Avoid exploiting the trust a patient has in the professional relationship when promoting or selling a product by: advising the patient or buyer if there is a financial incentive for

the dentist to recommend the product; providing the patient with written information about the product's contents and intended use as well as any directions and cautions that apply to its use; and, informing the patient if the product is available elsewhere.

- Do not misrepresent a product's value or necessity or the dentist's professional expertise in recommending products or procedures.

Relationships with Practitioners

- Upon completion of their care, specialists or consulting dentists are to refer back to the referring dentist, or if none, to the dentist of record for future care unless the patient expresses a different preference.
- A dentist who is rendering a second opinion regarding a diagnosis or treatment plan should not have a vested interest in the patient's case and should not seek to secure the patient for treatment unless selected by the patient for care.

Practitioner Responsibility

- Once a course of treatment is undertaken, the dentist shall not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Even if fees have not been paid, emergency care must be provided during the 30-day notice period to make sure that the patient's oral health is not jeopardized or to stabilize the patient's condition.
- Only prescribe, dispense, and utilize those devices, drugs, dental materials and other agents accepted for dental treatment.
- Make reasonable arrangements for the emergency care of patients of record.
- Exercise reasonable discretion in the selection of patients. Dentists may not refuse patients because of the patient's race, creed, color, sex, or national origin.
- Do not refuse to treat a patient because the individual has AIDS, is HIV positive, or has had hepatitis. Use a proper protocol in the office to protect the public and staff.
- Follow the rules and regulations of HIPAA, OSHA, FDA, and the laws governing health practitioners in the Code of Virginia.
- Follow the applicable CDC infection control guidelines and recommendations. See https://www.cdc.gov/oralhealth/infectioncontrol/index.html
- Be knowledgeable in providing emergency care and have an acceptable emergency plan with delegated duties to the staff in written form, maintain accurate records and be current in basic CPR.
- Avoid interpersonal relationships with patients and staff that could impair professional judgment or risk the possibility of exploiting the veracity and confidence placed in the doctor-patient relationship.

Advertising Ethics

- Do not hold out as exclusive any devise agent, method, or technique if that representation would be false or misleading in any material respect to the public or patients.
- When you advertise, fees must be included stating the cost of all related procedures, services and products which to a substantial likelihood are necessary for the completion of the service as it would be understood by an ordinarily prudent person.
- Disclose the complete name of a specialty board or other organization which conferred certification or another form of credential.

Reports and Investigations

- Cooperate with any investigation initiated by an investigator or inspector from the Department of Health Professions on behalf of the Board and timely provide information and records as requested.
- Allow staff to cooperate with any investigation initiated by an investigator or inspector from the Department of Health Professions on behalf of the Board.
- Report the adverse reaction of a drug or dental device to the appropriate medical and dental community and in the case of a serious event to the Food and Drug Administration or Board of Dentistry.
- Provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.
- Become familiar with the special signs of child abuse and report suspected cases to the proper authorities.
- Report to the Board of Dentistry instances of gross or continually faulty treatment by other dentists.

Notice

This guidance document does not address every law and regulation which governs the practice of dentistry. To fully understand your legal responsibilities you should periodically review the laws, regulations, notices and guidance documents provided on the Board of Dentistry webpage, www.dhp.virginia.gov/dentistry.

Adopted: December 4, 2009
Revised: March 13, 2015, September 16, 2016, December 14, 2018

Agenda Item: Revision of Guidance Document 60-27 and repeal of Guidance Document 60-3

Included in your agenda package are:

- Redline of changes to Guidance Document 60-27, which combines 60-27 and 60-3;
- Clean version of revised 60-27; and
- Guidance Document 60-3.

Staff Note: Due to changes implemented by the Office of Regulatory Management, changes to guidance documents must be approved by the ORM prior to publication with the Registrar and opening a comment forum on Town Hall. Because of this change, staff cannot predict the effective date of the amended documents.

Action needed:

- Motion to amend Guidance Document 60-27 as presented; and
- Motion to repeal Guidance Document 60-3.

Guidance Document: 60-27
~~10, 2021~~ March 3, 2023

~~2022~~

~~Adopted~~Revised: ~~December~~

Effective: TBD~~February 3,~~

Virginia Board of Dentistry

Guidance on Sedation Permits

Applicants for Sedation Permits

- Applicants must complete an application for a permit in either moderate sedation or deep sedation/general anesthesia. ~~Applicants for a permit for the administration of sedation and anesthesia~~ Permit applicants must identify every location ~~that~~ at which the applicant will be administering sedation and anesthesia.
- The permit holder will notify the Board within 30 days of any changes in address of facilities or any additional facilities to be added to the permit (please note that a pre-permit inspection will occur if there are any additional facilities that were not pre-inspected).
- Once the application is deemed complete, an employee of the Department of Health Professions (inspector) will conduct an announced inspection(s) at all applicable locations.
- Incomplete applications for a sedation permit will expire 12 months from the date of submission.
- Every dentist who administers moderate sedation, deep sedation, or general anesthesia is required to hold a permit. Please note this does NOT apply to oral and maxillofacial surgeons ("OMS") who maintain membership in the American Association of Oral and Maxillofacial Surgeons ("AAOMS") and who provide the Board with the reports which result from the periodic office examinations required by AAOMS. Those OMS do not require a permit from the Board and are not subject to periodic inspections. Each OMS must have undergone an AAMOS periodic office examination within the five preceding years and must provide the reports of the examinations to the Board.

Pre-permit Inspection

- An employee of the Department of Health Professions (inspector) will conduct an announced inspection~~,~~ at all applicable locations~~,~~ to review compliance with: required sedation equipment pursuant to 18VAC60-21-291-(B) and 18VAC60-21-301-(C); appropriate training of staff pursuant to 18VAC60-21-260-(H)-(2), 18VAC60-21-260-(I), 18VAC60-21-260-(J), 18VAC60-21-290-(D) and (E), 18VAC60-25-100, and 18VAC60-21-300-(C); physical plant requirements pursuant to 18VAC60-21-60-(A)-(1); and Drug Control Act requirements pursuant to Virginia Code § 54.1-3404.

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- If an applicant is compliant with all applicable regulations, the applicant will receive a permit from the Board once a report of complete compliance is received from the inspector. ~~However, i~~If the applicant is found to be in non-compliance with applicable regulations, ~~however,~~ the applicant will receive a report listing the non-compliance. Depending upon the type of non-compliance, the applicant will be required to submit evidence of the correction or another announced inspection will be scheduled. When the applicant is in compliance, the applicant will receive a permit.

Periodic Office Inspection for Administration of Sedation and Anesthesia

- Periodic ~~O~~office ~~I~~inspections will be announced ~~if there was~~for permit holders with no previous disciplinary action taken by the Board. The announcement of the inspection will occur approximately five business days or less prior to the inspection.
- Unannounced ~~P~~periodic ~~O~~office ~~I~~inspections ~~that are unannounced~~ will occur ~~if there was~~for permit holders with previous disciplinary action taken by the Board.
- The permit holder will receive a copy of their preliminary onsite inspection report with listed deficiencies at the time of inspection. If the deficiency can be corrected, the permit holder may correct the deficiencies and provide proof of correction ~~of those deficiencies~~ to denbd@dhp.virginia.gov within 14 business days.
- Practitioners who practice in multiple offices shall identify each location at which sedation will be used on the permit application. Each such location will be inspected at least once in an inspection cycle. If a permit holder is the sole practitioner in each of the locations, inspections of each office will be coordinated to address findings in a comprehensive inspection report.
- Practices with multiple permit holders will be inspected for general compliance at least once in an inspection cycle. These inspections will address the compliance of each permit holder at the practice.
- Permit holders practicing on an itinerant basis shall identify a primary practice location for a periodic inspection and shall report and provide information about the arrangements in place with employing dentists to facilitate inspection of those practice settings.
- The practice locations of permit holders who use the services of another qualified health professional to administer moderate sedation, deep sedation, or general anesthesia as permitted in sections 18VAC60-21-291(A) and 18VAC60-21-301(B) shall be inspected.

Recordkeeping

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- The permit holder must comply with all applicable regulations regarding sedation recordkeeping. *See* ~~(~~ 18VAC-21-260~~-~~(C), (D), and (K), 18VAC60-21-291(D) and (E), and 18VAC60-21-301~~-~~(E) and (G)~~)~~.
- The permit holder must document within the patient record the intended level of sedation for each patient and each procedure.

OMS Requirements

- The requirement for a sedation permit does not apply to an ~~oral and maxillofacial surgeon~~ ~~(~~OMS~~)~~ who maintains membership in ~~the American Association of Oral and Maxillofacial Surgeons (~~AAOMS~~)~~ and who provides the Board with reports that result from the periodic office examinations required by AAOMS. ~~(~~*See* 18VAC60-21-300~~-~~(A)~~)~~.
- An OMS who is not a member of AAOMS must hold a sedation permit ~~if not a member of AAOMS~~. ~~-~~If the OMS holds a sedation permit and ~~then~~ later becomes a member of AAOMS, the OMS must notify the Board within 30 days of becoming a member of AAOMS.
- An OMS~~,~~ who is a member of AAOMS~~,~~ must submit AAOMS office examination reports to the Board within 30 days of receipt.

Inspection Reports and AAOMS Office Examination Results

Inspection reports and AAOMS results will be submitted to the Board for review. Board staff will review the information received to determine if a probable cause review is warranted to determine compliance with the regulatory requirements addressed in the inspection form. The inspection reports and AAOMS results are confidential documents pursuant to Virginia Code § 54.1-2400.2.

Costs Related to Inspections

Permit holders will not be charged an inspection fee for a periodic or initial inspection. A $350 fee will be charged for any additional inspections that result from a disciplinary order issued to address findings of non-compliance in periodic inspections. *See* 18VAC60-21-40.

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Virginia Board of Dentistry

Guidance on Sedation Permits

Applicants for Sedation Permits

- Applicants must complete an application for a permit in either moderate sedation or deep sedation/general anesthesia. Permit applicants must identify every location at which the applicant will be administering sedation and anesthesia.
- The permit holder will notify the Board within 30 days of any changes in address of facilities or any additional facilities to be added to the permit (please note that a pre-permit inspection will occur if there are any additional facilities that were not pre-inspected).
- Once the application is deemed complete, an employee of the Department of Health Professions (inspector) will conduct an announced inspection(s) at all applicable locations.
- Incomplete applications for a sedation permit will expire 12 months from the date of submission.
- Every dentist who administers moderate sedation, deep sedation, or general anesthesia is required to hold a permit. Please note this does NOT apply to oral and maxillofacial surgeons ("OMS") who maintain membership in the American Association of Oral and Maxillofacial Surgeons ("AAOMS") and who provide the Board with the reports which result from the periodic office examinations required by AAOMS. Those OMS do not require a permit from the Board and are not subject to periodic inspections. Each OMS must have undergone an AAMOS periodic office examination within the five preceding years and must provide the reports of the examinations to the Board.

Pre-permit Inspection

- An employee of the Department of Health Professions (inspector) will conduct an announced inspection at all applicable locations to review compliance with: required sedation equipment pursuant to 18VAC60-21-291(B) and 18VAC60-21-301(C); appropriate training of staff pursuant to 18VAC60-21-260(H)(2), 18VAC60-21-260(I), 18VAC60-21-260(J), 18VAC60-21-290(D) and (E), 18VAC60-25-100, and 18VAC60-21-300(C); physical plant requirements pursuant to 18VAC60-21-60(A)(1); and Drug Control Act requirements pursuant to Virginia Code § 54.1-3404.
- If an applicant is compliant with all applicable regulations, the applicant will receive a permit from the Board once a report of complete compliance is received from the inspector. If the applicant is found to be in non-compliance with applicable regulations, the applicant will receive a report listing the non-compliance. Depending upon the type of

non-compliance, the applicant will be required to submit evidence of the correction or another announced inspection will be scheduled. When the applicant is in compliance, the applicant will receive a permit.

Periodic Office Inspection for Administration of Sedation and Anesthesia

- Periodic office inspections will be announced for permit holders with no previous disciplinary action taken by the Board. The announcement of the inspection will occur approximately five business days or less prior to the inspection.
- Unannounced periodic office inspections will occur for permit holders with previous disciplinary action taken by the Board.
- The permit holder will receive a copy of their preliminary onsite inspection report with listed deficiencies at the time of inspection. If the deficiency can be corrected, the permit holder may correct the deficiencies and provide proof of correction to denbd@dhp.virginia.gov within 14 business days.
- Practitioners who practice in multiple offices shall identify each location at which sedation will be used on the permit application. Each such location will be inspected at least once in an inspection cycle. If a permit holder is the sole practitioner in each of the locations, inspections of each office will be coordinated to address findings in a comprehensive inspection report.
- Practices with multiple permit holders will be inspected for general compliance at least once in an inspection cycle. These inspections will address the compliance of each permit holder at the practice.
- Permit holders practicing on an itinerant basis shall identify a primary practice location for a periodic inspection and shall report and provide information about the arrangements in place with employing dentists to facilitate inspection of those practice settings.
- The practice locations of permit holders who use the services of another qualified health professional to administer moderate sedation, deep sedation, or general anesthesia as permitted in sections 18VAC60-21-291(A) and 18VAC60-21-301(B) shall be inspected.

Recordkeeping

- The permit holder must comply with all applicable regulations regarding sedation recordkeeping. *See* 18VAC-21-260(C), (D), and (K), 18VAC60-21-291(D) and (E), and 18VAC60-21-301(E) and (G).
- The permit holder must document within the patient record the intended level of sedation for each patient and each procedure.

OMS Requirements

- The requirement for a sedation permit does not apply to an OMS who maintains membership in AAOMS and who provides the Board with reports that result from the periodic office examinations required by AAOMS. *See* 18VAC60-21-300(A).
- An OMS who is not a member of AAOMS must hold a sedation permit. If the OMS holds a sedation permit and later becomes a member of AAOMS, the OMS must notify the Board within 30 days of becoming a member of AAOMS.
- An OMS who is a member of AAOMS must submit AAOMS office examination reports to the Board within 30 days of receipt.

Inspection Reports and AAOMS Office Examination Results

Inspection reports and AAOMS results will be submitted to the Board for review. Board staff will review the information received to determine if a probable cause review is warranted to determine compliance with the regulatory requirements addressed in the inspection form. The inspection reports and AAOMS results are confidential documents pursuant to Virginia Code § 54.1-2400.2.

Costs Related to Inspections

Permit holders will not be charged an inspection fee for a periodic or initial inspection. A $350 fee will be charged for any additional inspections that result from a disciplinary order issued to address findings of non-compliance in periodic inspections. *See* 18VAC60-21-40.

Virginia Board of Dentistry

Periodic Office Inspections for Administration of Sedation and Anesthesia

Purpose

The purpose of instituting periodic unannounced office inspections is to foster and verify compliance with regulatory requirements by dentists who hold a permit to administer sedation or general anesthesia (hereinafter referred to as permit holders). Verifying compliance with the requirements will assure that appropriate protections are in place for the health and safety of patients who undergo moderate sedation, deep sedation, or general anesthesia for dental treatment.

Applicable Laws and Regulation

- Employees of the Department of Health Professions, when properly identified, shall be authorized, during ordinary business hours, to enter and inspect any dental office or dental laboratory for the purpose of enforcing the provisions of this chapter as provided by §54.1-2703 of the Code of Virginia.
- The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office as provided by §54.1-2709.5 of the Code.
- Part VII of the Regulations Governing the Practice of Dentistry addresses the requirements for administration of anesthesia, sedation and analgesia beginning at 18VAC60-21-260.

Scope of Periodic Inspections

- Dentists who do not provide any level of sedation and those that only provide minimal sedation do not require a permit and are not subject to periodic inspections related to sedation and anesthesia.
- Oral and maxillofacial surgeons (hereinafter referred to as OMSs) who maintain membership in AAOMS and who provide the Board with the reports which result from the periodic office examinations required by AAOMS do not require a permit and are not subject to periodic inspections. Each OMS must have undergone an AAMOS periodic office examination within the five preceding years and the reports of the examinations are to be provided to the Board upon request.
- Every OMS who does not maintain AAOMS membership or who does not have a current AAOMS report is required to hold a permit to administer sedation or general anesthesia and is subject to periodic inspections by the Board.
- Every dentist who administers moderate sedation, deep sedation or general anesthesia is required to hold a permit. Permit holders are subject to periodic unannounced office inspections with the following two exceptions. Permit holders are not subject to periodic office inspections if they administer any of these levels of sedation to patients:
    - only as a faculty member within educational facilities owned or operated by or affiliated with an accredited dental school or program, or

  - only in a hospital or an ambulatory surgery center accredited by a national accrediting organization, such as the Joint Commission, which is granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation pursuant to § 1865 of Title XVIII of the Social Security Act (42 U.S.C. § 1395bb).
- Permit holders who practice in multiple offices shall identify each location for inspection. Each office will be inspected at least once in an inspection cycle. If a permit holder is the sole practitioner in each of the locations, inspections of each office will be coordinated to address findings in a comprehensive inspection report.
- Practices with multiple permit holders will be inspected for general compliance at least once in an inspection cycle. These inspections will address the compliance of each permit holder at the practice so that a complete inspection report is issued for each permit holder as necessary to have each permit holder's practices inspected once every three years.
- Permit holders practicing on an itinerant basis shall identify a primary practice location for a periodic inspection and shall report and provide information about the arrangements in place with employing dentists to facilitate inspection of those practice settings.
- The practice locations of permit holders who use the services of another qualified health professional to administer moderate sedation, deep sedation or general anesthesia as permitted in sections 18VAC60-21-291(A) and 18VAC60-21-301(B) of the Regulations Governing the Practice of Dentistry shall be inspected.

Inspection Cycle

The standard inspection cycle is to conduct an unannounced inspection of each permit holder's practice(s) once every three to five years. This cycle will be followed when an inspection finds that all requirements have been met or that only a few minor violations have been identified for correction. Such findings might be resolved through an advisory letter or a confidential consent agreement. Significant findings of violations may result in administrative proceedings, disciplinary action and more frequent inspections.

Initiation of Inspections

The Board will conduct a pre-inspection survey of all permit holders. The purpose of this survey will be to collect information about the level of sedation practiced, practice locations and staffing. This information will facilitate planning for inspections. Permit holders will receive a copy of this guidance document and the inspection form with the survey.

Following review of the survey results, the Enforcement Division of the Department of Health Professions will initiate unannounced inspections of the offices of permit holders.

Following initiation of the periodic inspections, the Board will send an e-mail request to each OMS for submission of the most recent reports which resulted from the periodic office examinations required by AAOMS. This request will include a form to be completed and returned to the Board with the name of the primary contact person and the name, address, and phone number of each office where the OMS practices.

Costs Related to Inspections

Permit holders will not be charged an inspection fee for a periodic inspection. A $350 fee will be charged for any additional inspections that result from a disciplinary order issued to address findings of non-compliance in periodic inspections.

Inspection Reports and AAOMS Office Examination Results

Inspection reports and AAOMS results will be submitted to the Board for review. Board staff will review the information received to determine if the results indicate that a probable cause review of a permit holder's or AAOMS member's inspection findings are in compliance with the regulatory requirements addressed in the inspection form. The inspection reports and AAOMS results are confidential documents pursuant to §54.1-2400.2 of the Code of Virginia.

Virginia Department of
Health Professions
Board of Dentistry

Disciplinary Board Report

Today's report reviews the November 1, 2022 –February 15, 2023 case activity

November 1, 2022 – February 15, 2023

The table below includes all cases that have received Board action since November 1, 2022 through February 15, 2023

Year 2022-2023	Cases Received	Cases Closed No Violation	Cases Closed W/Violation	Total Cases Closed
Nov	32	27	1	28
Dec	47	37	0	37
Jan	52	62	2	64
Feb	4	30	1	31
TOTALS	135	152	4	159

Closed Case with Violations consisted of the following:

Patient Care Related:

- **3 Standard of Care: Diagnosis/Treatment:** Instances in which the diagnosis/treatment was improper, delayed, or unsatisfactory. Also, include failure to diagnose/treat& other diagnosis/treatment issues.

Non-Patient Care Related:

- **1 Reinstatement:** An application or request for licensure, certificate, or facility reinstatement.

CCA's

There were 0 CCA's issued from November 1, 2022 through February 15, 2023.

Suspensions/Revocations

There has been 1 Summary Suspension issued from November 1, 2022 through February 15, 2023.

- 1 summary suspension for **Inability to Safely Practice:** Impairment due to use of alcohol, illegal substances, or prescription drugs or incapacitation due to mental, physical, or medical conditions.

Executive Director's Report

Board of Dentistry Cash Balance as of 12/31/22
Estimated 3.2 Million Dollars

Summary Count of Licensees and Registrants as of 2/13/23	
Dentists	7,428
Dental Hygienists	5,812
Dental Assistant IIs	48
Moderate Sedation Permits	379
Deep Sedation Permits	67
Sedation Permit Holder Locations	616
Oral/Maxillofacial Surgeons	259
Cosmetic Procedure Certification	38

Office of Health Equity
VDH VIRGINIA DEPARTMENT OF HEALTH

TOBACCO REGION REVITALIZATION COMMISSION

VIRGINIA STATE LOAN REPAYMENT PROGRAM

The Virginia State Loan Repayment Program (VA-SLRP) is a federal grant from the Health Resources Services Administration (HRSA), Bureau of Health Professions and is administered by the Virginia Department of Health (VDH) Office of Health Equity (OHE). VA-SLRP grants participants educational loan repayment in exchange for at least two years of service in a Health Professional Shortage Area (HPSA) in Virginia. For more information: **https://www.vdh.virginia.gov/health-equity/virginia-loan-repayment-programs-2/**

ELIGIBLE APPLICANTS

Both full-time and part-time health care professionals trained in the following disciplines are eligible to apply to VA-SLRP: primary care physicians, dentists, nurse practitioners, nurse midwives, physician assistants, registered dental hygienists, psychiatric nurse specialists, mental health counselors, health service psychologists, licensed clinical social workers, licensed professional counselors, alcohol and abuse counselors (Masters level), marriage and family therapists, registered nurses, and pharmacists.

APPLICATION

APPLY online NOW Click here

Apply here beginning January 1, 2023: **https://vdh.myoneflow.com/oneflow/weblogin.aspx**

VA-SLRP applications are accepted January 1-March 31 of each year.

CRITERIA

VA-SLRP participants must agree to serve at least two years initially, in a HPSA in Virginia as determined by HRSA. To locate Virginia's HPSAs by address, please visit: **https://data.hrsa.gov/tools/shortage-area**

New: The Commonwealth of Virginia will now pay the full match for eligible applicants who are selected by the advisory committee.

VA-SLRP requires a community match. The initial service obligation is two years, and for that time, the maximum payment is $100,000. An amount of $50,000 is paid by the community/Commonwealth of Virginia in the first two years of the agreement and up to $50,000 paid by the VASLRP Program. For the third and fourth renewal years, extensions can be awarded each year up to $40,000 ($20,000 VA-SLRP and $20,000 community/ Commonwealth of Virginia). All amounts are determined by the VA-SLRP advisory committee. The total awards for all four years cannot exceed $140,000 or the loan balance.

DO YOU LIVE & WORK IN THE TOBACCO REGION, OR PLAN TO?

There are funds available specifically for you! In addition to meeting the VA-SLRP requirements, you must live & work in the Tobacco Region to qualify.

Please send questions to: olivette.burroughs@vdh.virginia.gov or call 804-864-7435.

Healthcare Occupations Student Loan Repayment
Tobacco Region Revitalization Commission

The Virginia Tobacco Region Revitalization Commission (TRRC) has approved $1,051,000 to support the Virginia State Loan Repayment Program (VA-SLRP) managed by the Virginia Department of Health. In addition, the 2023 SLRP program has available $822,000 in Federal funds and $1.5 million in State funds to support loan incentive payments throughout Virginia.

The goal of VA-SLRP program is to attract health care professionals to underserved areas to improve and increase access to quality health care practitioners.

Summary of TRRC supported VDH VA-SLRP:

- Education loan repayment of up to $140,000 over four years. Yearly VDH awards range from $20,000 - $40,000 for years 1 and 2, and less in years 3 and 4. TRRC funds are limited to $40,000.

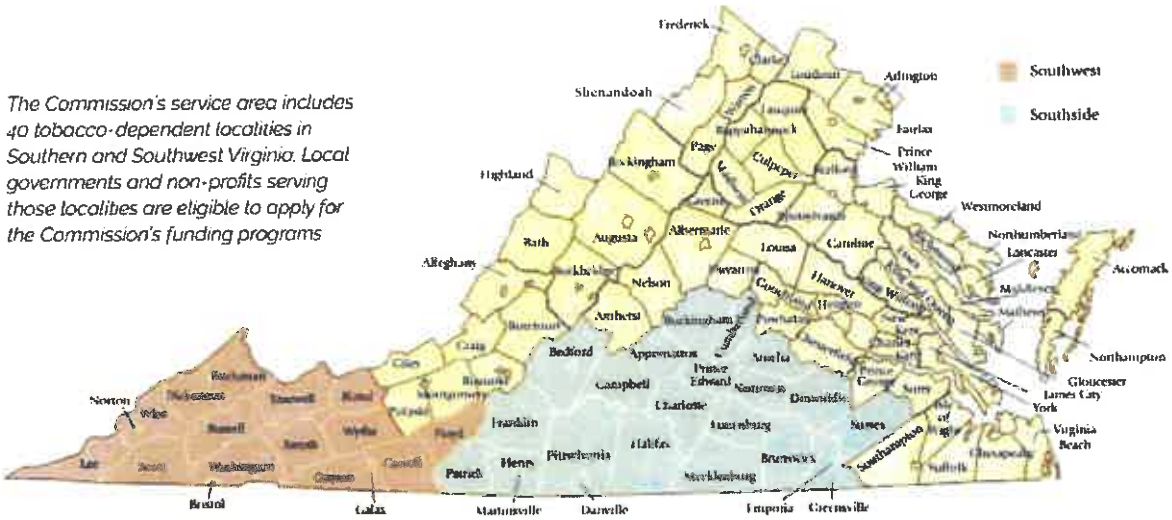
- Eligible occupations include:

Primary Care:
- **Nurse Midwives**
- **Nurse Practitioners**
- **Pharmacists**
- **Physicians**
- **Physicians Assistants**

Mental Health
- **Alcohol & Abuse Counselors**
- **Health Service Psychologists**
- **Licensed Clinical Social Workers**
- **Licensed Professional Counselors**
- **Marriage & Family Therapists**
- **Mental Health Counselors**
- **Psychiatric Nurse Specialists**

Dental Health
- **Dentists**
- **Registered Dental Hygienists**

- Participants must work at least two years at an eligible practice site in a federally designated Health Professional Shortage Area (HPSA) within the Tobacco Region's Southern and Southwest areas.



- Applications are accepted by VDH from January 1 – March 31. Awards in April 2023.

The following site types are eligible to be approved as practice sites for VA-SLRP participants:

1. Federally Qualified Health Centers (FQHCs)
- Community Health Centers (CHCs)
- Migrant Health Centers
- Homeless Programs
- Public Housing Programs

2. FQHC Look-A-Likes

3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)

4. Other Health Facilities
- Community Outpatient Facilities
- Community Mental Health Facilities
- State and County Health Department Clinics
- Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)
- Free Clinics
- Mobile Units
- School-based Programs
- Critical Access Hospitals (CAHs) affiliated with a qualified outpatient clinic
- Long-term Care Facilities
- State Mental Health Facilities

5. Indian Health Service Facilities, Tribally Operated 638 Health Programs, and Urban Indian Health Programs (ITU)
- Federal Indian Health Service (IHS) Clinical Practice Sites
- Tribal/638 Health Clinics
- Urban Indian Health Program

6. Correctional or Detention Facilities
- Federal Prisons
- State Prisons

7. Private Practices (Solo or Group)
- Shall be a public or private non-profit entity

For more information visit the VDH Virginia State Loan Repayment Program website:
http://www.vdh.virginia.gov/health-equity/virginia-loan-repayment-programs-2/

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