

# Vermont State Board of Dental Examiners Newsletter

## Board Members

James Wright, D.D.S., Chair  
Randall Miller, D.D.S.  
Thomas Opsahl, D.M.D.  
Dorothy Wootton, R.D.H.  
Raymond McCandless, Public Member

Charles Bowen, D.M.D.  
Richard A. Dickinson, D.D.S.  
Linda Retchin, R.D.H.  
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November 14, 2003

## Greetings from the Chair!

The Board's primary responsibility is to protect health, safety, and welfare of all Vermonters. We do this by updating dental laws and rules, licensing dentists wishing to practice in Vermont, and investigating complaints made by the general public.

This newsletter is to update you, "the dental team", as to what is currently going on in Montpelier; the issues, the concerns, and most importantly, specific complaints made by "your patients" that must be investigated and dealt with by this Board.

Prevention is much better than "ignorance." If the Office of Professional Regulation sends you a letter informing you that a complaint has been filed, it ruins your day! Look to our "Tips for Avoiding Complaints" found later in this Newsletter.

Each member of the Board has written on a specific subject. Please feel free to contact the Board if you have any questions.

Sincerely,

Jim Wright, D.D.S., Chair

## Dentist and Assistant Fined \$ 1,250.00

The Board took disciplinary action against a dentist and fined him \$1,000.00 for allowing a non registered assistant to practice in his employ.

In addition, the non registered assistant, upon issuance of her registration, was fined \$250.00 for practicing without first being registered by the Board.

## Increase in License and Renewal Fees

An increase in expenses, due primarily to an increased number of investigations and higher legal costs has created a financial situation where the Board needed to assess higher registration and licensure fees in the future. As you know your renewal notice arrived a month late this year. The reason for the delay was that the Office was working hard with the legislature to obtain authorization for the fee increase approved by the Dental Board to occur before your renewal date.

Unfortunately, the legislative action did not occur, for reasons unrelated to the merit of the dental fee bill, and these renewals are set at the old rate. Please note that the Board is currently running a deficit of over \$100,000 which will not be solved by this renewal.

We hope will be remedied early in the 2004 legislative session. You may expect a supplemental bill at that time.

Newly registered TDA's and CDA's must complete a CPR or Emergency Office Procedures Course before their first biennial renewal to be in compliance. Renewals will be denied until the Course is completed. Any dental assistant monitoring nitrous oxide MUST have a current CPR certificate BEFORE doing so and MUST maintain its current status.

Reminder: All dentists and hygienist must maintain current evidence of having completed a course in emergency office procedures pursuant to Rule 3.6.

Dorothy Wootton, R.D.H., Board Member

### **Jurisprudence Examination**

This past Spring, the Board decided to offer Jurisprudence Exams on-line. This eliminates the burden for dentists and hygienists, applying for licensure in Vermont, to make a trip to Montpelier to take the exam. The on-line test contains revised questions and can be taken anywhere that you connect to the Internet. The added expense of going to Montpelier to take the exam is therefore eliminated. Ten participants took advantage of this new process.

In the Spring, graduating seniors at the University of Vermont are still offered our Jurisprudence Examination at UVM as a courtesy. This year Dr. Charles Bowen and Dr. Randall Miller administered the exam to the students.

When the exam is successfully completed on-line or in person, and all other requirements for licensure have been met, a license is then mailed to the applicant by the Office of Professional Regulation.

Linda Retchin, R.D.H., Board Member

### **NERB Update**

The Northeast Regional Board of Dental Examiners (NERB) has instituted a Curriculum Integrated Format (CIF) of its Clinical Examinations in Dentistry, which began on September 14, 2002.

The CIF has provided senior students from the Class of 2003 substantially the same opportunity to complete the NERB Clinical Examinations in Dentistry prior to graduation. As of May 2003, over five hundred dental students from five dental schools have fully participated in the NERB Clinical Examinations in Dentistry. All participants in the CIF had the opportunity to take the Dental Simulated Clinical Examination throughout the senior year and took the Patient Clinical Examinations (Periodontics and Restorative Dentistry) in the late February, early March time frame, with re-takes as were necessary in the latter part of April or early May. Each school participating had a better pass rate on the CIF Simulated Clinical Examination than on the equivalent Exercise during the Spring 2001 examination series. Pass rates on the Clinical Examinations are still pending.

Students, faculty, school staff and examiners uniformly reported that the CIF resulted in a more relaxed atmosphere for the examinees. The participants reported that the experience was less stressful than previously anticipated. To date, six additional dental schools have elected to participate in the NERB CIF in 2004 and all the dental schools that took the CIF this year have committed to participate in the CIF again next year.

Thomas Opsahl, D.M.D., Board Member

### **Dental Assistants**

It has been over a year since the Board of Dental Examiners made a concerted effort to correct a situation where a large number of dental assistants were not registered with the Board. The Board was very lenient in allowing a long grace period without penalty to have the unregistered assistant come into compliance. The grace period is long past and it is necessary to remind all dentists that they are responsible to ascertain that all employed dental assistants are in compliance with the Laws and Rules

of the Board. The Board must be notified within 30 days of the date of hire of any dental assistant. The assistant is subject to the Rules and Laws of the state immediately upon being hired even though the Board has not yet been informed of the person. NOTE: No assistant may take x-rays without holding the proper endorsement issued by the Board.

### **Nitrous Oxide**

For those dentists who continue to use nitrous oxide, your dental auxiliary who is monitoring a patient breathing nitrous oxide, must have a current certificate in CPR that has been renewed annually.

I would suggest taking the time to again read through the book containing the laws and rules that govern our profession of dentistry, dental hygiene and dental assistants. If you can't locate your book, you can find them on the Board's Web Page: <http://vtprofessionals.org/opr1/dentists/>

Charles Bowen, D.M.D., Board Member

### **Sterilization Cycles**

“The routine use of biological, or spore tests, to verify the adequacy of sterilization cycles is recommended by the American Dental Association and the Centers for Disease Control (CDC). For most dental practices, weekly verification should be adequate. Chemical indicators in the form of strips, vials, and tapes placed on the outside or inside of the pack indicate, by color change, that the items have been processed or some conditions for sterilization have been met. Biological indicators test for the actual killing of bacterial spores, which are the most resistant microbial forms. Biological indicators for monitoring steam autoclave or chemical vapor (alcohol-formaldehyde-water) sterilization contain spores of *Bacillus stearothermophilus*” (JADA 116(2):241-248, 1988).

In October the CDC is coming out with new guidelines which will continue to recommend the weekly monitoring process.

Richard A. Dickinson, D.D.S., Board Member

### **Tips for Avoiding Complaints**

What follows is a composite of some of the issues that may result in the filing of a complaint against a practitioner. Having a complaint filed against you can be extremely disruptive and upsetting. If a case alleges unprofessional conduct, as defined by the Board's laws and rules, the Office will order an investigation. Although many complaints do not result in disciplinary action, they are still investigated. Many of those complaints that are closed might have been avoided altogether if the practitioner had better communication with the patient. Many insurance carriers, and many states now ask if you are, or have ever been the subject of an investigation.

If a complaint is filed and the Investigating Team finds unprofessional conduct, the Board has the authority to take disciplinary action. We hope that you will read this carefully. It does not cover every possible scenario, but it may help you avoid common pitfalls that result in a complaint, and/or disciplinary action. Some of these items may seem to be unimportant, but every one of them is based on an actual complaint.

- \* Be absolutely sure that all your dental assistants, and hygienists are properly registered with this Office. You will be held responsible if it is determined that you allowed an unregistered, or unqualified person to perform work in your practice. It is your license that is at risk.
- \* Billing an insurance company for any type of oral evaluation done by a hygienist and not the dentist could be fraud. The collection and recording of some data and the components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist.
- \* A dentist has a responsibility to periodically see patients who receive dental services in their practice. While the frequency of evaluations by the dentist are not defined in the laws, they should be regular in nature. The Board considers regular to be, at least, annually.

- \* It is inappropriate to write a prescription for a relative, friend, or even a patient of record, if that drug is not being used within the scope of the dentist's practice.
- \* The performance of an intra-oral task by a dental assistant shall be under the direct supervision of a dentist. The dentist must be on the premises, but not necessarily in the room with the assistant.
- \* Coronal polishing and placement of sealants is within the scope of duties that a dentist may assign to Traditional Dental Assistants. The Board does not consider a coronal polishing by a dental assistant to be comparable to an oral prophylaxis as defined in the CDT II (Codes: 01110 & 01120).
- \* Failing to make available promptly a copy of a patient's dental records or radiographs to a patient, the patient's representative, succeeding health care professionals or institutions, upon proper request may be grounds for discipline. Fees as outlined in Title 18, § 9419 may be charged for copying and duplicating, but copies cannot be withheld for failure to pay fees (including duplicating charges) or as an incentive to secure payment for a balance on a patient bill. The Board interprets promptly to mean within thirty days of receipt of the request.
- \* Termination of dental services. When a decision has been made to terminate a patient from your practice, the Board strongly encourages the practitioner to do so in writing. Termination should not occur during the course of treatment for a procedure that requires multiple visits, such as crown work. However, if it does, the patient should also be provided with names of other practitioners whom they can contact.
- \* Fitting dentures in terms of your patients satisfaction (partials or complete) is difficult at best. Quite often a patient does not understand fully the common problems that occur in making dentures. They assume that the dentures were improperly made, when in fact it may be how they fit that causes the problem. Be absolutely sure to take the time to explain to new denture patients, as well as patients who have had

dentures but are replacing them, what you expect in terms of fit. Find out what their expectations are of how the dentures might fit. That is the time to correct any mis-perception they may have. With some patients you may need to have more visits for adjustments than with others, be flexible, and communicate.

- \* Informed Consent - many times practitioners assume that their patients fully understand what they are doing, and what will happen. More often than not, this is not the case. Practitioners can save themselves a lot of hassle by being sure that patients know at each visit what is planned, and what it entails. This helps to avoid the possibility that the patient expects one procedure, and you perform another. Be especially communicative when dealing with minor children, keep the parent(s) informed before proceeding.
- \* Review the ADA Code of Ethics ([www.ada.org](http://www.ada.org))

**Office Location / Meeting Dates  
Contact Information**

**Location:**

26 Terrace Street  
Montpelier, VT 05606-1106.

**Hours:**

The Office is open from 7:45 a.m. to 4:30 p.m., Monday through Friday.

**Meetings:**

Board meetings are held the second Wednesday of each month (the Board does not meet in May) and are open to the public.

**Contact Information:**

Questions should be directed to Diane Lafaille at the above address, or you can e-mail her at [dlafaille@sec.state.vt.us](mailto:dlafaille@sec.state.vt.us), or contact her by phone at 802-828-2390.

The Board's Web Page can be found at: <http://vtprofessionals.org/opr1/dentists/>