

Vermont State Board of Dental Examiners

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Newsletter Fall 2005

Greetings from the Chair!

The Vermont State Board of Dental Examiner'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, as well as registering dental hygienists, and assistants. We also investigate complaints received by the Secretary of State's Office made by the general public.

This newsletter is to update you, "the entire dental team", as to what is currently going on in Montpelier. For the last couple of years hundreds of hours were spent re-writing the rules for dentistry, a special thanks to Charles Bowen, D.D.S. who spear headed this huge task, as well as Larry Novins, our Legal Council.

Respectfully,

Randall A. Miller, D.D.S., Chair

License Fees 2005

The Board of Dental Examiners is part of the Office of Professional Regulation, a division of the office of the Secretary of State. The profession's license fees must fund all operations of the board. In 2004 the board was faced with a deficit of \$136,758 and raised the licensing fees. This increase was enough to cover operating expenses for the period but only pay down a small portion of the deficit. It is estimated the deficit will be \$87,470 by the end of fiscal year 2005.

The expenses of the board are divided into five parts:

1. Direct expenses of the Board (Example: printing, postage, per diem, etc.) Actual Expenses for Fiscal Year 2005 – \$15,136
2. Board advisor and expense allocation – the support the board receives from personnel in the Secretary of States Office. - Actual Expenses for Fiscal Year 2005 – \$8,300
3. Licensing cost allocation – the operating cost to support the Office of Professional Regulation licensing activities. - Actual Expenses for Fiscal Year 2005 – \$54,729 (2,027 licenses @ \$27 each)
4. Investigation cost allocation – which is based on the number of complaints the board has to investigate. - Actual Expenses for Fiscal Year 2005 – \$35,264 (32 complaints @ 1,102 each)
5. Prosecution cost allocation – again this is based on the number of cases that the state must prosecute against members of the profession. - Actual Expenses for Fiscal Year 2005 – \$16,992 (16 prosecutions @ \$1,062 each)

To fund these expenses and pay off the deficit fees have been increased for license renewals in 2005.

The new fees will be:

Dentists	\$355 (an increase of \$55)
Hygienists	\$125 (an increase of \$20)
Assistant	\$ 75 (an increase of \$10)

Wesley Baker, D.M.D.

Conscious Sedation Update

The American Association of Dental Examiners (AADE) encouraged state boards to develop a permit and evaluation process for dentists administering conscious sedation. Our permit and evaluation process includes: Need for Conscious Sedation Endorsement; How to Apply for Conscious Sedation Endorsement; Issuance of Endorsement; Facility and Personnel Requirements; Records of Conscious Sedation Administration; Renewal of Conscious Sedation Endorsement: Continued Competence; Others Permitted to Administer Conscious Sedation; Exemptions from Conscious Sedation Endorsement Requirement; and Incident Reports.

This necessitates a third level of anesthesia requirement and represents a significant change from our previous rules.

Pending approval of the proposed rules, effective January 1, 2007 no dentist shall administer a pharmaceutical agent or agents to induce conscious sedation without first obtaining a conscious sedation endorsement from the Board of Dental Examiners. To check the status of the Proposed Rules go to: <http://vtprofessionals.org/opr1/dentists/>

The best thing you can do is to become familiar with these rules. The new handbook will be mailed to you when complete (around January 2006)

Linda Retchin, R.D.H.

Tips for Avoiding Complaints

Some New Points of Interest:

We all have had cases that didn't go as we had planned. If this happens, keep the patient informed and try to rectify it as best you can. This may include referring the patient out to a specialist.

For all practitioners, become better at the things you do well. Take courses on your weaker subjects and if you still struggle, consider excluding these from your practice (dentures, endodontics, surgery, etc.)

When writing prescriptions for narcotics, always write out the number of pills you wish dispensed so that 16 (sixteen) isn't altered to read 46 (forty six) pills.

If a patient requests their records, make them available in a timely manner.

Document, Document, Document... The Board continually sees cases in which the documentation in patient records is below the acceptable standard. When making notations in records, more is always better.

John C. Langfeldt, D.D.S.

Issues that may result in a complaint:

Having a complaint filed against you can be extremely disruptive and upsetting. 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 need to be 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)

Actions Taken by the Board

Between July 2004 and June 2005 the Board opened 32 new cases, investigated 25, closed 18 cases and took the following actions:

Two dentists were fined \$1,000.00 each for allowing a non registered assistant to practice.

Two dental assistants were fined \$250.00 each for practicing without first being registered by the Board.

A dentist was issued an administrative penalty of \$1,000, her license to practice was suspended for seven days, and then placed on conditions for two years for failing to properly document treatment in patient dental records and charges.

A dentist's license was revoked based on felony convictions in another State for grand larceny, insurance fraud, and falsifying business records.

A dentist was disciplined for substance abuse, placing him under strict conditions for a minimum period of two years.

Another dentist was disciplined for substance abuse, placing him under strict conditions for a minimum period of five years.

A dentist previously disciplined by the Board was disciplined again for failing to comply with the original Order.

The full text of these decisions can be found at: <http://vtprofessionals.org/opr1/searchdiscipline.htm>

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).

Proper sterilization is an important part of an effective infection control program to protect employee, and patient health.

Richard A. Dickinson, D.D.S.

2005 NERB Update

The American Association of Dental Examiners (AADE) has recently undertaken the significant task of developing a national uniform clinical examination for licensure. This will, by design, lead to complete freedom of movement among dentists that can only be attainable with an exam that is recognized by all licensing boards. The committee that has undertaken the preliminary development tasks is called the American Dental Licensure Examination Committee (ADLEC). ADLEC is composed of direct representation from 27 states, 14 of the 15 testing agencies originally attending the committee, and endorsements from 42 state dental boards. ADLEC members are truly the "cream of the crop" in the field of clinical testing. As the national association representing the state dental boards of the United States, the AADE's only constituency and stakeholder is the public, dentistry's patients. A hallmark principle of public protection is that the evaluation process be the result of an independent third-party who has no stake in the outcome of that examination. By evaluating both the individual receiving a license, and the educational process by which that individual was prepared, the standards established by the independent third-party representing the public are fulfilled.

Concurrently, a second group, sponsored by the American Dental Education Association (ADEA), is developing a version of a national clinical examination for licensure. They currently have the backing of the leadership of the ADA and ASDA. It is the opinion of the ADEA and ADA that they are somehow better suited to fulfill the critical role in protection of the public and do not wish to be involved with ADLEC.

The Vermont State Board of Dental Examiners supports the AADE's development of a national clinical examination for licensure. While we encourage ADEA, the ADA and ASDA to share its ideas and concerns as the new examination process develops and evolves, it should leave the development of the exam itself in the hands of an independent third-party.

NERB continues to refine the Curriculum Integrated Format of the NERB licensing exam. In 2006, all schools taking the exam will participate through the CIF process. This allows for the test to be taken while the student is still in dental school and allows for remediation before graduation. In this respect, most dentists will be able to receive their license to practice upon graduation.

The NERB exam for 2006 has a slightly different look to it than previous years. The Mannequin Examination will be split into separate prosthodontic and endodontic sections. The prosthodontic examination will consist of a porcelain-fused-to-metal crown preparation, cast metal crown preparation and a ceramic crown preparation. The endodontic exam will consist of access opening, instrumentation and obturation of an anterior tooth and an access opening into a posterior tooth. The DSCE, restorative and periodontal examinations will stay essentially the same as last year. In addition, an analytical scoring model for the prosthodontic, endodontic, restorative, and periodontal examinations will occur. This involves three examiners independently scoring each criterion, selecting the median score and having the computer calculate a score of 1-100 based on each of the criteria median scores.

Thomas Opsahl, D.M.D.

Office Location / Meeting Dates Contact Information

Location: 26 Terrace Street
Montpelier, VT 05609-1101.

Hours: Monday thru Friday / 7:45 a.m. - 4:30 p.m.

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: Diane Lafaille at the above address, e-mail dlafaille@sec.state.vt.us, phone 802-828-2390.

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