



## From the President's Chair

By Dr. William E. Chesser



Alabama has a unique program in which dental hygienists can be trained while working in private practice dental offices across our state. Many of the newer graduates may not be aware that this is the only program in the entire nation which boasts this method of training licensed hygienists.

Of course, there are several formal hygiene programs throughout the state which offer this training. The beauty of the **ADHP (Alabama Dental Hygiene Program)** is that a student can earn a salary while being trained in the office of a dentist/sponsor, thereby gaining practical experience each working day.

The only downside of this program is that these licenses may only be used in the State of Alabama. If a prospective hygiene student plans to practice out of state, a two-year school will be a better choice in career planning.

The ADHP has been actively effective in our state, undergoing constant upgrading through the years, since **1919**. Originally, the program was termed a "preceptorship", but this term is no longer appropriate. Those persons who successfully complete the program are **Registered Dental Hygienists, (RDH)**, and are eligible for licensure in the State of Alabama.

There is ample proof that the citizens of the state have benefitted from this program, and the state has continued to maintain a higher ratio of qualified RDH's to licensed dentists than any other state in the nation. In my opinion, more preventive dentistry is found here than anywhere else in the country.

No other state can equal Alabama in overcoming a dental hygienist shortage. Any licensed dentist, no matter how remotely located the practice may be, can have available a fully-trained RDH.

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Prospective students must be at least **18 years old** and have earned a **high school education** or a **GED** equivalent. In addition, the candidate must have **two years' experience as a dental assistant**.

The **sponsor** must oversee the progress of the student throughout the year of instruction, remaining fully involved in the process. Each sponsor must attend a **Certification Seminar**, and is encouraged to attend one **lecture at UAB**, accompanied by his or her student. **CE credit** is awarded the Dentist for this.

The ADHP is directed by the **Board of Dental Examiners of Alabama (BDEAL)**, in conjunction with the **UAB School of Dentistry**. This is no easy undertaking, and students must work hard to complete the instruction successfully. After earning passing grades in the program, candidates

must then pass both a written and clinical licensing exam as well as an Alabama Jurisprudence Exam.

Until 2012, the BDEAL conducted this exam. However, state auditors advised that the BDEAL should not conduct an exam within its own program. In 2012, the BDEAL contracted with the **Council on Interstate Testing Agency (CITA)**, which now administers the same licensing exam which hygiene candidates take anywhere in the country.

In **2015**, hygiene candidates in Alabama earned a **100% passing rate** in CITA testing. WOW!

The ADHP is successful, and we must do everything possible to improve and protect it. Here is yet another reason each of us can be proud to be a dentist in Alabama.

## FYI

- ☞ If you haven't renewed your license (and permits) or you did but don't see "proof" of payment on your credit/debit card bill contact us immediately. Time is running out for us to process a renewal in time for you to be legal to practice on January 2. Dentists, look for payment for ALL of your permits: (Dental, CS, OCS, PA, GA)
- ☞ The Board no longer sells Drug Log Books. You can download 2 pdfs from [www.dentalboard.org/professionals/permit-application-and-order-forms](http://www.dentalboard.org/professionals/permit-application-and-order-forms) that contain the information and pages needed to print your own drug logs. Print and hole punch and you will have as many pages as you need.
- ☞ Continuing Education Rules have changed. Please see 270-X-4.04 in BOARD RULES on the Board's homepage [www.dentalboard.org](http://www.dentalboard.org).

## Wellness

By Dr. Adolphus Jackson



The ADA Principles of Ethics and Code of Professional Conduct states that it is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents that impair the ability to practice and all dentists have an ethical obligation to urge chemically-impaired colleagues to seek treatment.

The Alabama Wellness Program was designed as an interventional tool to protect the public and give care to impaired dental health professionals who are licensed in Alabama. At present, there are 108 licensed individuals being monitored for some period of time after they have completed treatment. We are identifying 6 to 10 health professionals each year; approximately 70% are dentists and 30% dental hygienists. Each one of these individuals is given the name of a Wellness committee member (who is usually in recovery) to whom they can call for assistance in matters dealing with re-integration into practice.

The recovery rate for dentists who receive the appropriate treatment has been quoted very high, as much as 90 percent for health professionals. There is only a four percent relapse rate of these individuals in Alabama. Dentists become highly motivated once they realize that their license, their livelihood, their whole identity, depends on getting well. If you or someone you know in the dental profession has a problem, please encourage them to contact Dr. Garver. He and his committee are here to help.

The Wellness Program has a Deferral Program as part of its service to Dentists and Hygienists. Those individuals who self-report their problem to the committee are rewarded for taking this difficult step by signing non-public agreements, not being reported to the NPDB or third parties (insurance companies), and receiving no public disciplinary action by the Board. Since its inception a little over 8 years ago, we have seen this part of our program's success grow as dentists and dental hygienists realize the benefit of coming forward with their struggles rather than waiting for the *proverbial axe to fall*. The percentage of health professionals discovered versus those who self report has dropped from about 90 to 50 percent over the past three years. More individuals are voluntarily entering the deferral program.

CURRENT DENTAL, HYGIENE, and CONTROLLED ROSTERS are now available in EXCEL format on our website [www.dentalboard.org](http://www.dentalboard.org). They are updated monthly and can be downloaded and sorted.

## Expanded Duties Dental Assistant

By Dr. Gerald Walker



In 2014, Expanded Duty Dental Assistant (EDDA) was included in the Dental Practice Act. However, the exact allowable duties were not defined. In order to decide on the allowable duties and educational requirements for EDDAs, the

Board of Examiners and ALDA sent out surveys to the dentist licensees for feedback of the dentists' opinions. The Board and ALDA then formed a committee composed of the two entities to evaluate the responses and formulate a recommendation on defining the EDDA'S duties. Fast-forward to 2016 and the required visit to the State Sunset Committee by the Board, and the recommended EDDA duties are still not defined. The Board recently deliberated for many hours to blend the dentists' supported allowable duties and the Board's survey results; the debate is still without resolve.

Board members seriously discussed allowing hygienists to administer buccal anesthetic infiltration on patients at the last two meetings. I personally feel that this one allowable duty by a hygienist will increase the efficiency of a dental practice

and place this "EDDA" on parity for all practices, large or small.

The only states that do not allow Hygienists to administer local anesthesia are North Carolina, Georgia, Alabama, Mississippi, Delaware and Texas. All other states allow hygienists to administer local anesthetics. The state of Washington began this program in 1971; therefore, this is not a new concept.

This procedure can be approved through a Board Rule and we will not have to petition the Legislature to allow this to be implemented. However, it is utmost important that the training and education be adequate before this can be implemented. I personally believe that a committee composed of all aspects of dentistry be formed to determine the training and education of the hygienists. The safety of the public must be the prime concern in the training for this to be successful.

The EDDA issue is something our state is going to have to face and address in the future. The Legislature has declared this to be addressed and now the Board is obligated to comply.

Input from ALL licensees will be needed in order to come to an agreeable path of coexistence on this subject.

# Dentistry

## Stresses, Substance Abuse, and the Value of Self-Reporting

By Dr. Douglas Beckham



Dentistry is the profession I love. My father was also a dentist, so I have seen a long and broad spectrum of dentistry, the individual dentist's makeup, and the pitfalls of our profession. Substance abuse has a special meaning to me as it has touched me very close-

ly with many close friends as well as other dentists. Much of my data was pulled from the referenced article.

According to Arizona medical examiner Michael A. Sucher, M.D., approximately 10 to 12% of the general population has a substance abuse problem. For physicians and dentists, it jumps to 12 to 19 percent. That's approximately one in 10 for the general population and moving closer to 1 in 7 for the medical profession. For dentists, the breakdowns in the drugs of choice are as follows: 37% choose alcohol, 31% choose prescription drugs, mainly opiates (hydrocodone) and anti-anxiety drugs, 5% use nitrous oxide, and 10% use street drugs.

It is believed that the Type A personality type found in medical and dental professionals predisposes us to these addictions. Harold Crossley, D.D.S., Ph.D., of the University of Maryland, contends that most dentists, as well as addicts, exhibit behaviors described as "anal retentive,

obsessive-compulsive, controlling, and manipulative" (Curtis, 2011).

The consistent exposure to stress, financial or personal, has also been cited as one of the most powerful triggers for substance abuse to the vulnerable individual. The 2003 ADA Dentist Well Being Survey shows dentists as more susceptible to substance abuse than any other population. Why? We see other dentists not as colleagues, and sources of help, but competitors. This perception results in constant pressure to be better than our peers.

The one bit of good news is that as the dentist's number of clinical experiences increases, the perception of stress decreases. Age and experience do have some benefits.

### Self-Reporting -- What is it?

Self-reporting is a diversion program for the dentist or the hygienist, meaning the individual is "diverted" from having the board take a formal action to an alternative way of addressing the issue. The key factor is that it requires 100% compliance. The impaired individual has to adhere to the program's recommendations of treatment and must also comply with mandatory and random testing.

### What does it offer?

The individual licensee approaches the Board, acknowledging a substance abuse problem, and requests assistance. The individual's name is

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kept strictly confidential. As long as the individual maintains sobriety and complies with ALL of the Wellness Committee’s requirements, and maintains recovery, there is never public disclosure.

**What is the alternative?**

**Potential Loss of Everything!** Family, dental license, and the hard earned privilege to practice dentistry. If **YOU** have a problem, please contact Dr. Michael Garver at 251-605-2883. A more in-depth article on our Wellness Program can be found on our website at [www.dentalboard.org](http://www.dentalboard.org). The Board of Dental Examiners of Alabama tempers justice with compassion.

**WISHING EVERYONE A GREAT HOLIDAY SEASON!**



**Understanding Your Anesthesia Permit**

By Ms. Susan Wilhelm, JD



There are many questions that the BDEA handles on a regular basis. We hope this makes your understanding of our regulations clearer. The safety of your patient is everyone’s primary concern.

**Oral Conscious Sedation:** this restricted permit allows the dispensing and administration of a safe dosage of a medication that is specifically designed to provide a level of sedation during a dental procedure. The dosage should be carefully calculated to account for the patient’s size, weight and duration of the procedure. The depth of sedation must be minimal maintaining a level of safety that is monitored by verbal communication as well as necessary monitoring equipment.

**Parenteral Sedation:** This restricted permit allows the dispensing and administration of a safe dosage of medication, that bypasses the gastro intestinal tract. Usually administered through intravenous means, the dosage and administration **MUST** ensure that there is a solid margin of safety to prevent the patient from entering a stage of general anesthesia.

If a practitioner employs a CRNA to assist in the administration of anesthesia, it is critical to know that the level of sedation administered under the supervision of the treating dentist **MUST NOT EXCEED** the permitted level for the DENTIST. Medications that *may violate* the margin of safety, mentioned above, are prohibited.

**General Anesthesia:** This permit is restricted to a dentist, whom is both educationally qualified by Statute and has the necessary case experience to safely manage the unconscious patient.

**SAFETY:** It is critical to assess the medications and emergency equipment that would be required to manage a patient while under the effects of these medications. All levels of sedation pose certain risks. Understanding the risks, the safety parameters of the medication and the proper use of resuscitative equipment helps ensure a safe procedure for your patient.

## Why We Have a Dental Board

By Dr. Stephen R. Stricklin



Boards are created and sanctioned by the Legislature for the protection of the public. The Board of Dental Examiners of Alabama is one of approximately sixty boards in Alabama charged with this duty. In our role of protection, the Board

oversees the Dental Practice Act, which consists of statutes and rules voted on by the Board to govern the practice of dentistry. In order to change a law or present a new law requires opening the Dental Practice Act.

A major duty of the Board is to ensure that only qualified dentists and hygienists are allowed to practice. Each year, dentists and hygienists must renew their licenses. The Board recognizes licensure by regional exam (SRTA, CITA, CRDTS, etc. clinical exams) or by licensure by credentials (you have practiced for at least five years along with satisfaction of other criteria).

Another duty of the Board is to investigate complaints by the public and other practitioners. A patient may submit a written notarized complaint to the Board. Complaints cover a host of issues such as ill-fitting crowns or dentures, extraction of the wrong teeth, non-licensed person is practicing dentistry – for example, we had a hygienist administering anesthesia, extracting teeth, and presenting dentures, all in the comfort of the patients' homes. All complaints are assigned any-

mously to a Board member who evaluates the complaint. We may ask for, or subpoena, your records to further evaluate the complaint. The complaint is then presented anonymously to the entire Board. The Board may rule: no evidence to sustain, issue a letter of concern, outside the jurisdiction, or notice for a hearing.

The Board is very concerned about drug and alcohol abuse, and we are alerted to this problem in a variety of ways. If you do have a problem, and have the sense to recognize it, you can take advantage of the Board's Wellness Committee. By reporting your problem to the Board, our wellness chairperson can assist you in obtaining help. You don't lose your license if you comply with recommended treatment and it is not reported to anyone. All boards go before the Sunset Committee which consists of 12 members of the legislature. They are required to review the operations of state agencies and evaluate the boards' actions and how well we are fulfilling our mandate to protect the public each year. The Sunset Committee can recommend one of three alternatives: continue without modifications, continue with modifications, or termination. The Department of Examiners of Public Accounts assists the committee by obtaining, compiling, and evaluating information. Further, the Department produces a report on each agency for use by the committee. The Board of Dental Examiners of Alabama appeared before the Sunset Committee in September. Along with other issues, the committee was concerned regarding reasons why the Board had

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been slow in developing rules and education requirements of Expanded Duty Dental Assistants. Developing a program to produce EDDAs is no easy task. The Board assured the committee that it will continue to work toward creating a licensed non-dentist to assist in providing dental care.

If you should ever have a question, conflict, or concern, please feel free to contact the Board office.



### A Note from Dr. Stricklin



*SECTION 1557* The latest government intrusion into our dental practice is

#### *SECTION 1557.*

See the October 3, 2016 ADA News. If you no longer have the article, go to **ADA.org**. and sign in. On the right side of the page is information about section 1557.

You are not going to like this!

**Big brother is looking over our shoulders.**

## HOW TO

- ◆ **Update us with any new contact information:** Send home or office address, phone, fax, email, employer **within 30 days of any changes:** EMAIL linda@dentalboard.org , fax or mail.
- ◆ **Change your name on your license:** Send a copy of marriage or divorce certificate and how you want your name to appear on your license. There is no charge for this service but it does not include a *wall certificate*. Email linda@dentalboard.org, fax or mail.
- ◆ **Purchase a new wall certificate:** Mailing a check for \$25.00 with your request.
- ◆ Read **Alabama Dental Practice Act** and **Board Rules** from links on our homepage www.dentalboard.org.
- ◆ **File a complaint:** Complaints must be filed against a licensee (dentist or hygienist) on the Board’s official complaint forms found under the *PUBLIC* tab on our home webpage. If you are unable to print the forms contact the office and we will mail them to you.

## Annual Overview for the Hygienist

By Sherry S. Campbell, RDH



Let me begin with my sincere *thank you* to the hygienists of Alabama for this opportunity and privilege to serve our citizens and you. Having just completed my first year as your dental hygiene representative on the Board of Dental Examiners of Alabama.

It has been a busy, interesting, intense, and educational year. I have greatly enjoyed and benefited from travelling to other states to learn how to better serve and become a better board member. The ability to maintain fairness to all dental hygienists when disciplinary actions are needed is a duty that is not taken lightly.

Regretfully many hygiene licensees have had their license revoked or suspended due to drug and or alcohol abuse. It saddens me that there are many cases that involve these issues in our profession. We are fortunate to have a Wellness Program.

We now have an Educational Director for the Alabama Dental Hygiene Program (ADHP), Dr. Matthew Litz. Having an educational director will enable our program to improve and produce the highest quality dental hygienist to serve our communities. The 2016 ADHP class had 130

graduates who took the CITA Regional Clinical Hygiene Exam that resulted in 21 failures. The CITA retake exam was administered in August and all 21 passed this exam. Year to date we have licensed 19 hygienists from Wallace State and 6 from Fortis.

Three ADHP Instructor Certification courses for sponsoring dentist were held this year. This should help to increase the clinical competency for this graduating class. We currently have 185 students enrolled in the ADHP.

Please review the updated changes to Rule 270-X-4.04 as it effects your continuing education requirements. You will now be required to complete 12 hours of CE every year beginning October 1 ending September 30 of the following year. Only two hours of infection control CE credits can only be used every 4 years. You will now be required to maintain all documentation and information for a period of two years. This should be easier to retain in the event you are selected for audit.

The Board is currently working on allowable duties and educational requirements for the Expanded Duty Dental Assistants (EDDA).

I am an advocate for local anesthesia administered by the Dental Hygienist and I have collected data in support of this subject. I am hopeful that in the very near future hygienists in Alabama will be administrating local anesthesia.

## A Farewell Note

By Dr. Sam J. Citrano Jr.



As my term on the Board of Dental Examiners of Alabama has come to an end, I would like to reflect on the past five years.

Soon after I was elected, the first order of business was to hire an executive director.

We assigned her the task of correcting many of the issues and findings from the Examiners of Public Accounts report. Once these findings were corrected, we were able to focus on the remaining issues facing dentists and hygienists across the state. We designed a protocol for complaints that, for the past five years, has assured that all complaints are addressed in a timely and unbiased manner. Also, we revamped the BDEAL's website and made it more user friendly.

As technology evolved, so did the BDEAL by going to online registration for all licensees. We established a statute for expanded duty dental assistants (EDDA) and are currently moving forward with establishing the rules for licensing and practice for the EDDA. We reinstated the ADHP instructor onsite certification program and hired an educational director for the program and there are going to be changes which include implementing

an entrance exam and updating the curriculum. These changes will ensure more qualified practitioner graduates and will allow the program to become more competitive on a national level.

I have had the privilege of working with some of the finest professional and knowledgeable individuals over the last five years. The experience I have gained has been invaluable. I have interacted with the board office staff over the last five years and all are very dedicated and take pride in their jobs. They were always willing to assist with the task assigned to them and perform it to their utmost ability.

The board has experienced positive changes over the last five years and I hope it will continue to make changes to better our dental profession and protect the well being and safety of the citizens of Alabama. It has been an honor and pleasure to have been elected and to have served on the BDEAL. I will always be grateful for this prestigious opportunity. I wish the best of success to the remaining board members as they move forward with many challenges facing them in dentistry. I leave with mixed emotions because of the friendships I have made over the past five years. My life has been greatly enriched by the kindness and encouragement so many of you have shown to me. Thank you for the support and guidance you have provided me during my time on the board. This has been a once in a lifetime experience and I wish you all the very best.

## Did You Know...

By Dr. Donna Dixon



Dentists in the state of Alabama may only practice within the “scope” of their profession. What does this mean? Well, the “scope of practice” describes the procedures, actions,

and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. Undoubtedly, many licensees are confused regarding this concept, since the Board has received numerous complaints regarding this issue recently.

The Dental Practice Act speaks to the concept of Scope of Practice in a couple of Sections. For instance, Section 34-9-18(a)(14) states: the Board may take disciplinary action... pertaining to licensed dentists only, by prescribing, administering or dispensing of any controlled substances enumerated in Schedules I through V contained in the Alabama Uniform Controlled Substances Act, Chapter 2 of Title 20, or any amendment or successor thereto, or any drug **not prescribed for any dentally or facially related condition**, and/or for any necessary medication during the course of treatment rendered directly by the dentist, for any person

not under his or her treatment in the regular practice of his or her profession. (Emphasis added).

Clearly, treating dentally or facially related conditions is the dentist’s scope of practice. It goes without saying, therefore, prescribing of drugs not for dentally or facially related conditions by a dentist (who does not also possess a medical license in Alabama) is grounds for disciplinary action by the Board. Unbelievable as it may be, dentists in this state have been disciplined for prescribing testosterone, thyroid medication, phentermine, and ADHD medications along with controlled substances for relatives’ back pain.

Another Section of the Dental Practice Act directly addresses Scope of Practice. Section 34-9-6(12) states: “A person shall be deemed to be practicing dentistry if he or she professes to the public by any method to bleach human teeth, performs bleaching of the human teeth alone or within his or her business, or instructs the public within his or her business, or through any agent or employee of his or her business, in the use of any tooth bleaching product.” Many of you may recall that the Board has undergone litigation in State Court regarding this issue recently!

Importantly, licensed dentists are the only individuals that may practice dentistry in Alabama.

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Therefore dental hygienists and dental assistants are not permitted to bleach teeth in this state even under this direct supervision of a dentist. Dental hygienists and assistants who bleach teeth are, therefore, in violation of state law! Dentists who permit their auxiliaries to bleach teeth are also in violation of the Dental Practice Act.

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## Dental Vigilance

By Dr. Michael Garver



Peers ask me all the time, “How can I protect myself and my staff better so that we do not experience the catastrophic problems some offices do with sometimes multiple personnel being involved in substance abuse activities?”

The answer, of course, is simple: be involved with knowing what goes on your office. We are all alike; when we are busy, everything is okay. Things do not get checked. Things get delegated. This is when it starts. Prescriptions get delegated to more than one person. They do not get written up in the chart. Drug logs are ignored. Multiple keys get issued. Nitrous tanks are not protected. Then, as Emeril would say, “**BAM!!!**” A complaint is issued or the DEA shows up at your office.

One or more of your staff have been calling in prescriptions for themselves, for their family members, taking meds from your drug locker, or even selling medications to make ends meet. My friends, this happens all the time, and with ever growing frequency. **You are the captain of your ship, and you must stand watch ALL the time.** The most trusted staff member can slip and cause fines to be levied, public hearings with the Board, and sanctions on YOUR license. Loss of third party payer support can be devastating.

The solution IS simple. **Be Vigilant.** Do not let staff call in prescriptions. Sign every prescription yourself. Keep one key for your drug locker and insist on signing the log every time meds are dispensed. Run a monthly PMDP on yourself to see what is happening in your office. Above all, take the time to really be involved in hiring your staff and in giving them responsibility. Always feel free to ask for help, whether from me or a Board member.

If you are involved, your staff will know. If you run a tight ship it will be difficult for them and YOU to get into trouble. Please call me. I am always happy to help. *Peers helping Peers.* That is the way it has always worked.