



**STAFF  
AND  
BOARD**

## From the President's Chair

### The Importance of Continuing Education in the Dental Profession

By: Adolphus Myron Jackson, D.M.D.



“INTELLECTUAL GROWTH SHOULD COMMENCE AT BIRTH AND CEASE ONLY AT DEATH.”

-ALBERT EINSTEIN

**E**instein got it right, as continual growth in education is a lifetime process! Learning is a very dynamic tool that includes a wide array of techniques and methods that are continuously being studied and practiced every day. Accordingly, continuing education (CE) in dentistry is imperative to the success of our professional organizations, businesses, and patients alike.

Dental professionals are required to complete CE to comply with laws essential to maintaining licenses and/or certifications with respective membership organizations or licensing boards. The Board of Dental Examiners of Alabama requires dentists and dental hygienists to abide by *Code of Alabama* (1975), § 34-9-15.

CE is a vehicle that spreads and encourages the best practices among all dental professionals globally. CE allows dental professionals to keep abreast of their fields by refining current care techniques into more efficient and optimal treatment options.

Here are a few good reasons why CE benefits dental professionals:

- Dental professionals are able to improve skills and learn the latest techniques via CE requirements.
- CE ensures that patients are offered the latest diagnostic and preventive methods in the industry.

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- CE introduces new career paths to professionals who are beginning careers in the dental industry. It provides opportunities for growth and advancements for dentists and their staffs while also providing opportunities to enhance their skills and techniques.
- CE allows practitioners to learn and discover viable ways to improve patient care while effectively managing a career in the ever-changing landscape of dentistry.
- CE further provides an opportunity for professional colleagues to support and exchange ideas.

Flexible programs such as webinars, online courses, and face-to-face seminars are readily available for obtaining CE to address various professional needs for those with busy schedules.

With today's ever increasing clinical and technological advances, no one can afford to ignore CE or diminish its value. Participating in and applying what is learned from CE courses is the key to being our best in this ever-evolving, fast paced, and enriching dental community.

In my opinion, CE in organized dentistry benefits both professionals and patients. Dental professionals work together to promote education and enhancements to models and methods for the benefit of our patients. Thus, we will continue learning and developing dentistry for the benefit of everyone.

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## Frequently Asked Questions

### Continuing Education

❖ The Board does not accredit continuing education courses. This is done by the Academy of General Dentistry or American Dental Association; the Board will accept their accreditation for courses. The individuals taking and/or giving any continuing education courses are each responsible for ensuring that the course meets the requirements of Alabama Administrative Rule 270-X-4.04.

### Patient Records

❖ The Alabama Dental Practice Act does not address the length of time that you must maintain patient records; however, retention of lab prescriptions is found in *Code of Alabama* (1975), § 34-9-21 wherein it states lab prescriptions must be retained for two years. Considering forensic value and the need for defending a patient complaint, you should also check with your malpractice insurance carrier and/or the ADA for further guidance relating to records retention (including lab prescriptions).

## ADIEU

By: William E. Chesser, D.M.D.



I have been honored to serve on the Board of Dental Examiners of Alabama for the past five years. Working with the fine men and women associated with our Board during my tenure has been a pleasure.

Your Board members have worked as a fine-tuned team to deliver decisions which protect

the public, as well as our profession. Some policy changes will be sent to the Legislature in 2018 for consideration.

Each member brings his or her own experiences, ideas, and intuitive clarification to the team. Your newly-elected Board member, Dr. Kevin Sims, will bring his unique background as a periodontist to serve as a valuable asset to the Board.

The Board staff are to be congratulated for their efforts in keeping the office afloat during the two months we were without an executive director.

In January of this year, Matt Hart was engaged as our new executive director. Mr. Hart has done an exemplary job getting up to speed. He is a lawyer, having graduated from The University of Alabama School of Law. He earned his undergraduate degree in accounting from The University of Tennessee.

When the Sunset Committee met in Montgomery in September, 2016, we were issued two basic demands: (1) hire a bookkeeper; and (2) settle the situation with the Expanded-Duty Dental Assistant

(EDDA). Since Mr. Hart's employment, we have hired Cassandra Harlequin, an experienced bookkeeper, and she is doing an outstanding job.

After much debate and several surveys of Alabama dentists, your Board decided to recommend that the EDDA language be removed from the Dental Practice Act, should the Legislature agree. Approximately two-thirds of those who responded to the surveys did not agree with creating an EDDA category of licensure.

Also to be presented to the Legislature will be a statute to allow hygienists to administer local anesthetic by infiltration. Proper training will be required, of course, to be determined by the Board.

Obviously, the fate of each proposed change is ultimately in the hands of the Legislature.

Approximately a year ago, Dr. Matthew Litz was hired to be the coordinator for the ADHP. Under his direction, the program has flourished. This is a "jewel" of a program, one which other states would like to have! We want to continue to ensure its success.

In my humble opinion, the Board will continue to prosper under the able leadership of President - Dr. Adolphus Jackson, Vice President - Dr. Gerry Walker, Secretary/Treasurer - Dr. Doug Beckham, Board Members - Dr. Steve Stricklin, Dr. Mark McIlwain, Dr. Kevin Sims, Ms. Sherry Campbell, Executive Director - Mr. Matt Hart, and Prosecuting Attorney - Dr. Donna Dixon.

Godspeed to everyone holding positions on this most important Board of Dental Examiners of Alabama.

## Challenges Facing Dentistry

By: Gerry Walker, D.M.D.



The Board of Dental Examiners is charged with protecting the public, as it should be, but to accomplish this charge is a difficult task while maintaining the autonomy of the dental profession. The Board is comprised of practicing

dentists and a dental hygienist, so we wear at least two hats in our decision-making process. As a result, we need organized dentistry's input on helping us make prudent and fair decisions. Dentistry is under attack from many sides. Government regulations, insurance companies, and the development of new practice models, make the practice of dentistry much more complex than it was when I began practicing 35 years ago. Nevertheless, the Board is not charged with helping dentistry, it is charged with enforcing the Dental Practice Act to protect the public.

Despite this complexity, the Board and organized dentistry need to and must work together to achieve what is best for our patients and the public. The access to care issue, valid or not, is an example of a common subject that both the Board and organized dentistry must face in their partnership. To achieve common ground we must work in unison to find solutions to benefit the patients we are privileged to serve.

The relationship of the Board and the Alabama Dental Association (ALDA) has seen many

changes through the years. I can remember when, just a few years ago, ALDA and the Board did not have a very harmonious relationship. I am happy to say that relationship has changed over the past several years. The Board is composed of many different "actively practicing dentists" as is required by the Dental Practice Act. Therefore, anything the Board decides in its rulings and changes directly affect those of us on the Board as well. This keeps us grounded in our decisions as we fulfill our responsibilities of protecting the public.

The Board members contemplate, research, and discuss the proactive proposals we present long and hard before we decide to proceed with a certain course of action. We do not take our responsibilities and charges lightly before reaching a decision regarding our proposals and mandates. We rely on honest and open input from our legal counsel, comparative decisions of other states, government updates, our colleagues, and organized dentistry in order to come to a consensus for proactive proposed changes. Sometimes we do not all agree on a certain path, but we function under the democratic process and go forth with what the majority approves. This is how America and all governing bodies should work.

We have now proposed to implement the allowable duty of infiltration injection by licensed hygienists. Forty-four of the fifty states already allow this. The Board believes that it is time to join the rest of the nation and allow for properly and adequately trained hygienists to perform this dental procedure in our state.

The Board has continuously had extensive discus-

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sions on the training that will be required of hygienists prior to performing this duty and other limitations that will be placed upon them; and ALDA has been a valuable participant in most of these discussions. Additional discussion will be inevitable, should the Legislature decide to allow this duty, as the Board would be required to set the specifics of this permitted duty through Board Rule. Prior to implementing any specific rule, the Board would solicit and welcome the input of

ALDA and anyone else who seeks to provide a perspective, as a public hearing is an invaluable component of the rulemaking process. Again, the democratic and representative process prevails.

Therefore, as we proceed down this path I implore every licensed dentist to voice their opinion on this issue to the Board and our dental leaders as we work together to achieve a harmonious solution.

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## Happy Holidays

By: Michael Garver, D.M.D.



### Happy Holidays!

I wish each of you a peaceful and joyous end of 2017. Take a moment to read Dr. McIlwain's article on prescribing. It is factual, to the point, and appropriate for where we are today.

I know you are reading a lot about the opioid crisis. We have been through a lot of these crises, and I have been at this position for at least four of them. Drug addicts and alcoholics do not care for crisis or plenty, feast, or famine. They will substitute for another drug regardless of price or availability. They will sell drugs, themselves, or any of their possessions just for another high.

That is why your Board started this wellness program: to protect the public against harm from a health professional's drug use, to help the profes-

sional seek treatment, and to facilitate the healthy return to his/her family and peers. It has been a great success. Without fail, 100% of dental health professionals who present themselves through our deferral program and who have followed the committee's and treatment center's recommendations, have a license to practice in our state.

Your Board and committee work hand in hand with these impaired/recovering professionals, their families, friends, and co-workers to ensure that each and every dental health professional is treated with respect while helping them to become a responsible recovering professional.

So, yes, another epidemic is upon us. But as long as you, your peers, and your family are with us in our efforts, any storm or epidemic is manageable. If you or someone you know is in need of the committee's help, please make the important phone call to me at (251) 605-2883. I have my phone with me at all times. Your committee is here to help.

## From the Desk of the Executive Director

By: J. Matthew Hart, J.D.



For those of you I have not yet had the opportunity to meet or speak with over the last 12 months, please allow me to introduce myself as your new Executive Director. It is a privilege to serve you and your honorable profession in this important

role. While the Board's primary mission has always been to protect the public by ensuring the safe practice of dentistry, I want each of you to know that the Board is also here to serve and assist you with interpreting and practicing within the boundaries of the Dental Practice Act.

The Board has had a busy year in 2017 which included the hiring of a new bookkeeper, improving the review and collection of delinquent accounts, revising procedures for the indexing of complaints and reports received, as well as graduating another outstanding class from the Alabama Dental Hygiene Program.

Even more exciting changes are in store for 2018. Perhaps the most noticeable to each of you will be the Board's implementation of a new licensing database to replace our antiquated system. This new database will be based upon the same platform that is used by most of the other health profession licensing boards in Alabama. The new database

promises to be much more user-friendly and will hopefully ease many of the frustrations (of both licensees and Board staff) that emerge each renewal season. As an added benefit, the database will also provide a new interface on our website for license verification and retrieval of public documents.

The Board is also planning to put forth a comprehensive legislative package for the upcoming session beginning in January. The proposals will include several "housekeeping" matters to make the Board more efficient and effective in its operations. Additionally, based upon the substantial feedback received from practicing dentists, the Board is proposing to remove Expanded Duty Dental Assistants as a potential type of licensee and to create a permit to allow properly trained dental hygienists to administer infiltration injections. The Board believes that these proposals will help to efficiently address access to care concerns that have previously been presented and to bring us in accord with a majority of the other states. Please contact your legislators to let them know your opinions on these issues and the effect you believe they will have on dentistry in this state.

So, here's to a great 2018. Thank you again for allowing me the opportunity to serve as the director of your Board, and I hope to be able to do so for many years to come. Please do not ever hesitate to contact me or any of the Board staff if we can ever be of assistance. Happy New Year!

## Hygiene Licenses and Alabama DPA Problems

By: Douglas Beckham, D.M.D.



The Alabama Dental Practice Act states:

**§ 34-9-4  
License required to practice dental hygiene or expanded duty dental assisting.**

*It shall be unlawful for any person to practice dental hygiene or expanded duty dental assisting in the State of*

*Alabama, except:*

*(1) Those who are now licensed dental hygienists or expanded duty dental assistants pursuant to law; and*

*(2) Those who may hereafter be duly licensed and who are currently registered as dental hygienists or expanded duty dental assistants pursuant to the provisions of this chapter.*

The Board is seeing a number of violations regarding two aspects of dental hygienists' licenses. They are creating very unpleasant repercussions for the dentists and hygienists involved.

### **The Problem**

1. Dentists are unintentionally allowing unlicensed hygienists to practice under their direct supervision. While trusting the dental hygienist is important, never has the phrase, "inspect what you expect" been more fitting than in this circumstance. When a dentist trusts the hygienist to maintain his/her own license without verifying that the license has been renewed and is current, the dentist puts him/herself at risk of violating the Dental Practice Act (DPA). As the dentist is the leader of the dental team, the dentist is ultimately responsible for ensuring that any hygienist in the dental practice has a current license.

2. A number of hygienists are failing to renew their hygiene licenses each year, and continuing to practice dental hygiene without a current license.

Additionally, dentists frequently depend on temporary agencies to make sure that the temporary hygienists they send have current licenses. This misconception assumes a great deal and can present a problem for the dentist if the temporary hygienist is not, in fact, currently licensed. Although it would be ideal, the temporary service is not required to guarantee that their providers' licenses are current. The Board has no jurisdiction over the temporary agency and expects dentists to protect themselves and the patients by ensuring that any hygienist working in their office has a current license while working there, whether full-time, part-time, or temporary.

### **Easy Solution**

It is the dentist's responsibility to make sure that anyone requiring a license to work in the dental office, has one, and that it is current.

Before January 1<sup>st</sup> each year, the dentist should instate the procedure of requiring a copy of the hygienist's current license to be on file. It is already a requirement that the license be displayed in the office. If there is even the SLIGHTEST question about someone's license, the Board's office staff can quickly and happily verify the renewal and currency of a license. Some dentists have been kind enough to reimburse hygienists for their continuing education as well as license renewals, only to discover that their hygienists have not followed through on the steps to renew their licenses. No matter how well-meaning, if a license is not current, the dentist, as well as the hygienist, will still be in violation of the DPA and subject to discipline.

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When the Board discovers a hygienist without a current license, BOTH the hygienist and dentist receive notifications of the violation and could see financial penalties.

**Take Home Message**

**The dentist is responsible for verifying the authenticity and current validity of any hygienist’s license under his/her direct supervision. The Board takes licensure seriously; the dentist and hygienist should too!**



## Why Brush Twice a Day?

By: Stephen R. Stricklin, D.M.D.



We all stress to our patients that they need to clean their mouths (brush) at least twice a day. Is there something special about brushing twice a day?

We all have patients that only brush once a day and have healthy mouths. We also have patients that “say” they

brush three or more times a day and they have gingivitis/periodontal disease and cavities. I guess that means that there are individual degrees of susceptibility to oral microorganisms.

We all remember from dental school that oral bio-film formation starts with not-so-bad, gram-positive aerobes, *Streptococcus* and *Actinomyces*. Later, more virulent pathogens pile on and start a destructive inflammatory process.

**THIS IS NOT WHAT I TELL MY PATIENTS!**

- ◇ I tell my patients that regular brushing and flossing is key to preventing cavities and gum disease.

**Then I add:**

- ◇ Brushing morning and evening helps maintain a fresh mouth and breath.
- ◇ Brushing with a mild abrasive toothpaste helps remove teeth stains.
- ◇ Oral microorganisms (bugs) from the mouth get into the bloodstream and pass over important body parts, like heart valves and arteries. Regular brushing helps reduce your chances of experiencing a heart attack or stroke.
- ◇ You are much more likely to be kissed more than once.
- ◇ You save money by preventing disease instead of treating disease.
- ◇ Gum disease has been shown to increase the chance of premature birth and low birth weight. Oral bugs can get into the bloodstream of your baby, putting him/her at risk.
- ◇ Some studies have shown that poor oral health increases your risk of developing dementia, so if you don’t want to go crazy, brush twice a day.

Dentists provide a tremendously beneficial service to our patients. We can be proud of the many ways we make peoples’ lives better.

## Opiates in Dentistry Practical Considerations

By: Mark R. McIlwain, D.M.D., M.D.



It is impossible not to acknowledge current nationwide concerns over opiate prescriptions. Dentistry accounts for 12% of the acute opiate pain prescriptions. We, as a professional group, need to own our responsibility to be safe and educated prescribers.

While it is no surprise to practicing dentists that many adolescents receive their first opiate prescription due to dental pain, it is surprising that these opiate prescriptions may increase the likelihood of future opiate abuse in the opiate naïve patient. Emerging science suggests that opiate medications may make structural alterations in the immature brain. These facts, coupled with the weekly toll of opiate overdose deaths, are a call to action for the profession.

### **I would like to suggest the following mitigation strategies for opiates:**

1. Every prescriber in Alabama should sign up for and use the [Alabama Department of Public Health's Prescription Drug Monitoring Program \(PDMP\)](#). This vital check will prevent inadvertent opiate prescriptions to patients with developing or established opiate addictions. Patients who receive chronic opiate prescriptions will be identified, and their "pain doctor" may be contacted for advice in treating the patient's acute dental pain.

2. Consider a non-narcotic combination of acetaminophen and a non-steroidal anti-inflammatory drug (*ibuprofen or naproxen*) for short term mild to moderate acute dental pain control. These may be prescribed when medically appropriate according to the patient's age and weight. The "safe" maximal daily dose of acetaminophen is 3,000mg a day for a 70kg patient. This combination may not be appropriate for advanced liver or kidney disease, congestive heart failure, uncontrolled hypertension, or previous adverse or allergic reactions.

3. Before prescribing opiates ask the patient about previous opiate use and abuse. Carefully inquire about drug type and strength of previous opiate prescriptions, length of previous opiate therapy, effectiveness of previous opiate therapy, and duration of treatment with opiates. Counsel the patient and/or guardian about the addiction potential of narcotic drugs. Make them aware of the risks of misuse and diversion of all narcotics. The appropriate technique of disposal of unused opiates must be discussed.

4. When you prescribe an opiate, consider using the lowest necessary strength and shortest therapeutic duration. For example, a 70kg patient undergoing surgical extraction of 1-4 third molars could receive two to five days of opiate acute pain medications (6-20 tablets). A hydrocodone 5mg combination with 325mg of acetaminophen every four to six hours as needed for pain may be supplemented every six hours with 325mg of acetaminophen to maximize drug efficacy. This regimen along with 400-600mg of ibuprofen every six hours maximizes pain control. The ibuprofen may be started a day prior to dental surgery to decrease postoperative swelling and soreness.

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5. Consider adding a long acting local anesthetic block or infiltration in a patient when you anticipate postoperative dental pain. Preventing the patient from getting behind on pain control often prevents prolonged and more frequent consumption of narcotic pain medicines. The use of an ice pack applied to the surgical area on and off for the first three days will provide some analgesia and decrease swelling and soreness. On the fourth postoperative day the application of a heating pad with gentle massage will mobilize edema and decrease prolonged soreness and swelling. Elevation of the head 30 degrees above the body (two to three pillows under the mattress) will also mobilize postoperative edema.

6. A preoperative discussion of what the likely postoperative pain control needs will be can be coupled with a realistic discussion of postoperative

edema and soreness. This will help the patient understand and appropriately treat postoperative pain. Patients who require a refill of opiate pain medicines and have need of medicines past five days should be seen and examined. There often is a treatable cause for their discomfort, and good judgment is required with appropriate counseling before any opiate prescription refill.

In parting, I would like to say that dentists daily confront patients in preoperative pain and complete procedures that often entail postoperative pain. This is a fact of our existence as professionals. The Board of Dental Examiners of Alabama acknowledges the difficulty and judgment required to adequately treat pain and not add to the nation's opiate problem. We urge you to adopt mitigation strategies that show our profession's commitment to safe opiate prescribing.

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**JUST A REMINDER**

**DENTISTS:**

- ⇒ Make sure you have renewed and paid for your dental license and all permits you hold: e.g., State Controlled Substance, Oral Conscious Sedation, Parenteral Sedation, General Anesthesia. If you have not received a printed copy of your 2018 annual renewal certificate for your dental license and one for each of your permits, please call the Board office immediately. Do not practice dentistry after December 31, 2017 without a certificate for each of your current licenses/permits.
- ⇒ Make sure that all hygienists who are in your employ can produce a license renewal certificate for 2018 before allowing them to practice hygiene after December 31st.

**HYGIENISTS:**

- ⇒ Make sure you have renewed and paid for your hygiene license before practicing hygiene in 2018. If you have not received a printed annual renewal certificate for your hygiene license, please call the Board office immediately.

**ALL LICENSEES:**

- ⇒ Notify us by mail, fax, or email anytime your home, office, or employer contact information changes. We use email for most correspondence, so it is mandatory that we have your correct email address AND that you have enabled receipt of emails from BDEAL@DENTALBOARD.ORG.

## The Importance of Continuing Education For Hygienists

By: Sherry S. Campbell, R.D.H.



**C**ontinuing education is crucial in providing quality dental care to patients. Dentistry is constantly evolving, and it is every dental professional's responsibility to stay current with new information and developments.

Patients typically spend most of their office visit with the hygienist, wherein a close and comfortable relationship is developed. Because of this, patients are more likely to speak with the hygienist about any dental health questions or concerns they may have.

In order to provide the best service to our communities, our hygienists must be prepared for tough questions that require in-depth explanations. What you don't know can, in fact, hurt your patient as well as you. Certainly, the hygienist's role has evolved into far more than removing calculus deposits from teeth. Continuing education is important for an oral health care provider to render the proper care for patients. Health history, medications, systemic disorders or disease, bruxism and sleep apnea can affect the mouth as well as other issues. Information is the key to providing patients with the proper care and guidance that they need and deserve.

Effective October 1, 2016 (the Board extended a grace-period until October 1, 2017) all licensees must comply with the revised Board Rule 270-X-

4.04 that mandates the number of continuing education hours annually.

- \* Dentists shall complete twenty (20) hours of continuing education every year and dental hygienists twelve (12) hours every year as a condition of licensure renewal.
- \* The required hours must be completed between October 1st and September 30th of the following year.
- \* No more than half of the required hours can be completed or satisfied by video tapes, journals, publications, internet, or audio format.
- \* All licensees must maintain current certification in CPR at the basic support level through the American Heart Association, American Red Cross, or an equivalent program, only by completing an in-person training course every two years.
- \* Practitioners may only apply four (4) hours of CPR training to the annual requirement.
- \* Further, all licensees must maintain current certification in infectious disease control every four years and may only apply two (2) hours of this training to the annual requirement.
- \* Additionally, the combined number of hours of insurance, governmental regulations, tort liability, and/or risk management shall not exceed a total of four (4) hours.
- \* Practitioners can have up to three (3) hours of practice management courses.
- \* Furthermore, up to four (4) hours of credit may be earned for *pro bono* charitable work at a non-profit clinic located within Alabama, of which one (1) hour of continuing education credit shall be awarded for every four (4) hours of service.
- \* **All licensees are required to keep proof of hours earned for at least two years.**

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It is pertinent to keep accurate records in the event you are selected for an audit. I encourage you to log your continuing education certificates as you receive them. There are services available, such as CE Zoom and CE Broker, that will track, store, and remind you of your requirements at no cost. The State of Alabama has mandated minimal required hours in comparison to other states, so please make it your top priority to get all of the continuing education you possibly can. After all, knowledge is power.



## Did You Know

By: Donna L. Dixon, D.M.D., M.A., J.D.



### DID YOU KNOW

**That you may face patient abandonment charges** if you do not appropriately dismiss a patient from your practice?

When a dentist decides that he or she must terminate the doctor-patient relationship,

it is important that the termination letter contain certain information.

Within the letter a period of notice must be set forth. Importantly, as many dentists may realize, the ADA’s Code of Professional Conduct Section 2.F. states:

“[o]nce a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist. Care should be taken that the patient’s oral health is not jeopardized in the process.”

In other words, the dentist must be available to see the patient for emergency treatment for a period of time as the patient is seeking a new dentist.

The Board opines that the time frame for notice should be at least 15 days. Do not forget to send termination letters certified, return-receipt requested.

### DID YOU ALSO KNOW

**That when your malpractice liability insurance carrier settles a claim** on your behalf, this settlement information is reported to the National Practitioner Data Bank? The Data Bank, in turn, reports this information to the Board of Dental Examiners. Upon receipt of this information, a case will be opened and one of your Board members will review the matter. During the review, your patient records will be requested and you may be interviewed. Following a thorough investigation, your matter will either be closed or a Notice of Hearing will follow.

### FINALLY

**According to Board Rule 270-X-2.20, adverse occurrences** must be reported within 72 hours of the occurrence. Reportable adverse incidents occur during or related to a procedure or treatment performed by a dentist or in which a dentist participated in any manner. These occurrences include any procedure or treatment resulting in death or permanent physical/mental injury as a result of the administration of general anesthesia/sedation techniques, as well as any treatment resulting in calling emergency responders, initiation of CPR, or the utilization of cardiac defibrillation. It is also required that a complete report must be submitted to the Board within 30 days of the occurrence. Please see the Rule referenced above for a detailed description of the minimum requirements of the mandatory report.