



PRESIDENT'S MESSAGE



Ethical Behavior — Does It Really Matter

by George McCully, DMD

One night a friend and colleague of mine, and I were sitting enjoying the summer evening. Our conversation turned to the topic of ethics and its importance in society. He is now an educator and while we are contemporaries chronologically, he and I grew up in completely different social environments as well as on opposite coasts. Yet we share a common concern, that being the lack of ethics and ethical care being exhibited or delivered by a small but unfortunately growing number of dentists.

Ethical behavior and a concern for it is not a phenomenon of this generation. The oldest service club, Rotary, has as one of its premises the high ethical standards of those in business and the professions. Years ago dentistry's leaders were concerned with the ethics being exhibited by some in the profession and founded the American College of Dentists whose reason for existence is the promotion of high ethical standards in dentistry.

Unfortunately both Norman and I sense a significant erosion in the ethical standards that existed when we graduated from dental school so many years ago. Ethical behavior is important because the general population *trusts* that those handling their money and their health will safeguard both as though they were their own. That is why the Enron scandal and claims of insider trading were so devastating. Trust levels plummeted. But our

responsibility as practitioners of a medical profession places us at an even higher level of trust and honesty.

The effect of practicing ethically will certainly be felt in practice growth but that effect can take years to measure. It will result in a family of devoted and satisfied patients who will place their dentist at the top of their trusted friends. They will rely on his/her word when suggesting treatment options. Total trust is understood. On the contrary the effect of unethical behavior will be a swift and catastrophic demise of a practice. Each of us as dentists should be concerned about this demise because it also undermines the trust people have placed in dentistry in general and each of us in particular.

So just what is ethical behavior? It is different from culture to culture and hence it behooves the person entering another culture to try to behave in the ethical manner that is expected by the adopted culture. But how can one define it so it would make sense to anyone in every culture? Perhaps if we treated each patient with the care, skill, judgment, and treatment plan that we would want for our parent, our partner, or our child we could all agree that this is ethical care. Nowhere in this statement is

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Our Mission: *The mission of the Oregon Board of Dentistry is to assure that the citizens of the state receive the highest possible quality oral health care.*

EXECUTIVE DIRECTOR

Patrick D. Braatz



CHANGE

Many people cringe when they hear the word “Change.” The word conjures up images that they simply do not like and believe that if a change takes place their world may be turned upside down.

The Oregon Board of Dentistry (OBD) has gone through a number of changes over the past 15 months and hopefully the world has not turned upside down.

Jo Ann Bones, the Board’s Executive Director for over seven years, announced her retirement. The Board undertook a nationwide search and selected a new Executive Director, Patrick Braatz, who started in August of 2003. The Board revised Division 26 of the Anesthesia Rules, which took effect October 1, 2003, with grandparenting provisions which the OBD began to enforce October 1, 2004. The Board revised, and in some cases changed, other rules as a result of recent Legislative Action; most of the rule changes became effective June 1, 2004.

In March of 2004 the Board elected a new President, Dr. George McCully, something they do annually; in August of 2004 the Board moved to new offices in downtown Portland just a few blocks from the old location and there are more changes on the way.

To make changes, I think that the OBD needs to follow four steps.

First, the OBD must know what it wants and describe that knowledge. When a Board is uncertain or unclear about a proposed change or the benefits of the change, the change will be doomed to failure. Second, the OBD must communicate openly with all the stakeholders who will be affected. Third, the OBD must establish a viable environment within which the change can occur. The OBD must be able to provide a strategy to get from where it is, to where it wants to

go. Fourth, the OBD should never just sell the change; it needs to sell the benefits of the change.

So, does the OBD have more changes on the horizon? Yes, the OBD plans to look at further expanding the Expanded Functions for Dental Assistants, Expanding Practice for Dental Hygienists, the development of a confidential diversion program for licensees, a mentoring program, a volunteer dentists/dental hygienists program, and the OBD wants to continue the outreach to groups and individuals who want to become more informed about what is going on and are willing to ask the tough questions that need to be asked.

It looks like 2005 and beyond will be an exciting time.

If you have questions or comments and want to reach me, feel free to call at (503) 229-5520 or e-mail at Patrick.Braatz@state.or.us. I look forward to hearing from you. ■

BOARD MEMBERS

- | | |
|---|--|
| <p>George McCully, DMD,
President
<i>Eugene</i>
Term expires 2008</p> | <p>Jean Martin, DDS, MPH
<i>Canby</i>
Term expires 2006</p> |
| <p>Melissa Grant, DMD,
Vice-President
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Term expires 2005</p> | <p>Rodney Nichols, DMD
<i>Milwaukie</i>
Term expires 2007</p> |
| <p>Kenneth Johnson, DMD
<i>Corvallis</i>
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<i>Portland</i>
Term expires 2006</p> |
| <p>Linda Lee, RDH, MBA
<i>Lake Oswego</i>
Term expires 2005</p> | <p>Ronald Short, DMD
<i>Klamath Falls</i>
Term expires 2008</p> |
| | <p>David Smyth, BS, MS
Public Member
Term expires 2008</p> |

NEW BOARD MEMBER

David L. Smyth joined the Board in July of 2004 as the public member. Mr. Smyth is a native of Redmond, Oregon. He attended Redmond Union High School then received his undergraduate degree from Oregon State College. He was awarded his master's degree from Oregon State University.



Mr. Smyth was employed by the Wallowa School District, Wallowa, OR for 32 years first as a teacher, principal and finally as the superintendent. He served as the Superintendent of the Wallowa County Education Service District in Enterprise, OR for nine years and retired from that position in 2001.

Mr. Smyth has been active in many community and civic organizations such as the Lostine Presbyterian Church where he is a Ruling Elder. He is a member and Past President of the Wallowa Lions Club and is currently serving as Treasurer, Wallowa County Health Care District, where he serves as a Budget Committee member and the Wallowa County Chamber of Commerce where he is a Board member.

In applying for the public member position he told the Governor's Office, "Now that I am retired, I would like to give some additional time to public service and I believe that my professional experiences would relate to this position."

Mr. Smyth is married and resides in Wallowa, OR. The Smyths have three children and six grandchildren.

QUESTIONS? Call the Board office at 503-229-5520 or e-mail your questions to us at information@oregondentistry.org.

PRESIDENT'S MESSAGE

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there any mention of money or what is best for the dentist. It is all about the patient. The patient comes first.

It is easier for me to think of examples of unethical care rather than try to give a general definition of ethical treatment. Perhaps a few examples of behavior that I consider to be unethical care, from cases that we have recently reviewed, can illustrate the point. I consider it unethical to use new technology to justify or sell treatment. That is not to say that new technology should not be used but that this new technology should be used as an AID in establishing a diagnosis, not as a determiner of that diagnosis. It is the dentist's responsibility to make the diagnosis after gathering all of the information possible, not the responsibility of a machine.

I consider it unethical to charge a patient for care that is unnecessary when less costly treatment will render the same result, even though there is no code that actually describes the care rendered, and even though one can legally make the charge. Making any part of one's practice a "profit center" stretches the idea of high ethical play.

I consider it unethical to claim that a particular type of treatment will improve a patient's health even though there is no scientific evidence to that effect but only anecdotal reports, and in fact there may be scientific evidence to the contrary.

None of the forgoing should be taken to mean that new technology and new techniques or treatments should be rejected and cast out. Doing this would prevent the infusion of new and better ideas. It is to suggest that as practitioners we require scientifically based evidence to verify the claims of the manufacturer or purveyor of the idea prior to subjecting our patients to that treatment. Certainly over the past 15 years we as practitioners have not required this and there have been materials that did not stand the test of time.

Ethical treatment is necessary if dentistry is to remain at the top of the trust level in business and the professions. It is essential if one wants one's practice, one's profession, and in fact one's life to flourish. I challenge each and every one of us to take the "high road" at each and every opportunity. ■

WHO'S IN CHARGE, ANYWAY?

by George McCully, DMD

Those of us in private practice, I hope, know that the owner of the business is ultimately responsible for the delegation of duties to our auxiliaries and for their actions. This includes all of the individuals working in the office from the person at the front desk, to the hygienist and assistant working in the “back,” to the in-office lab technician or sterilization person, and to the dentist who is an employee. As we move in the direction of increased duties for expanded functions in dentistry it becomes even more important that each dentist recognize their need to adequately supervise the auxiliaries with whom they are working. It is ultimately that dentist’s responsibility to insure that the care provided by that auxiliary meets the standards set by that practice which must minimally fall within the “standard of care.” Of course if the care is inadequate then it must be recognized by the dentist and redone at an adequate level.

Perhaps this whole notion becomes more ‘muddled’ when the care is rendered in a large (or even small) clinic situation where the dentist is not the owner or the supervisor. As professionals, each of those employee dentists should recognize their responsibility to supervise those auxiliaries with whom they are working directly. Obviously, this would include dental assistants and dental hygienists but also could include all others working in the office. The supervising dentist, if there is one, and the owner dentist have responsibility for insuring that everyone is providing the standard of care that is expected of them.

The supervision goes even farther than ensuring an adequate standard of care, for the Oregon Board of Dentistry holds each licensee responsible for ensuring that their employees are appropriately trained, certificated, or licensed to render the dental care they are providing. In other words, if a dental assistant is not certificated to take radiographs but does, the dentist for whom s/he is working will be found to have violated the Dental Practice Act and that dentist will be sanctioned accordingly. If a dental hygienist lets his/her license expire, even if unintentionally, and continues to render hygiene duties, then not only will s/he be sanctioned but so too will his/her employing dentist. In a group practice, if I were one of the dentists, I would make sure that all of the employees were appropriately certificated or licensed and that those documents were active and current. Doing so would prevent me from being included in an OBD investigation. And it is easy to check. All one needs to do to check on licensees is to go to the OBD Web site, www.oregon.gov/dentistry, and verify the status of the particular licensee. Or alternatively, a call to the OBD will verify the information.

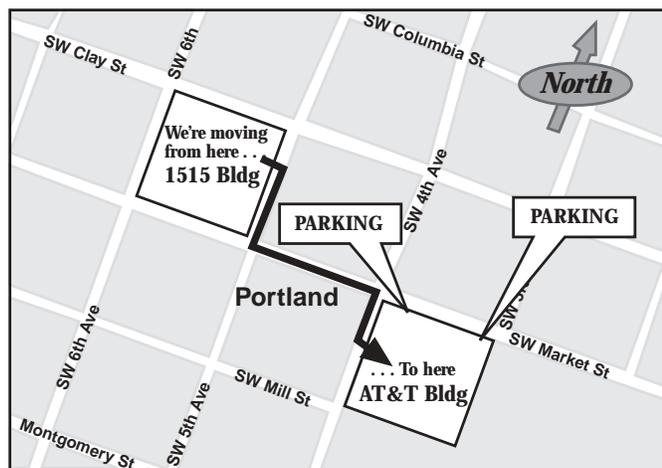
The bottom line is that each licensee is responsible and might be held accountable for those individuals working with or for the licensee. Don’t try to “pass the buck.” We each should accept responsibility for the entire office in which we work. Only then will there be a probability that all of the care being rendered meets the ubiquitous standard. ■

The Oregon Board of Dentistry moved August 2, 2004

Our new address:

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(503) 229-5520 Telephone
(503) 229-6606 Facsimile
www.oregon.gov/Dentistry



CE Audit and Dental License and Anesthesia Permit Renewals Due March 31, 2005

The Board will randomly audit 15% of the dentists who are due to renew their dental licenses on March 31, 2005. Audit letters and Continuing Education (CE) Logs will be mailed on December 1, 2004 to dentists who will be randomly selected.

Dentists must complete 40 hours of continuing education every two years. Continuing education must be directly related to clinical patient care or the practice of dental public health.

At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours may be in Practice Management and Patient Relations. In addition, dentists who hold an Anesthesia Permit must also meet the continuing education requirements set forth in OAR 818-026.

The Dental License and Anesthesia Permit Renewal Applications will be mailed the beginning of January, with a March 31 due date. Renewal application and fees should be mailed to the Board at least 10 days prior to the expiration date, so that licenses are processed and mailed

back to the dentist prior to expiration. It is a violation of the law to practice dentistry in Oregon with an expired license. In addition, late fees will start to accrue on April 11, 2005.

The most common reason for a renewal application to be returned to the licensee is because the licensee failed to answer all the questions on the back of the renewal application. To avoid delays in your renewal, please be sure to fill out the renewal application completely.

Finally, it is required that any dentist who holds an Anesthesia Permit must submit, with their Dental License and Anesthesia Permit Renewal Application, proof of having a current and valid Healthcare Provider BLS/CPR, ACLS, or PALS certificate whichever is appropriate for the level of anesthesia being renewed. Failure to submit the appropriate certificate will result in your Anesthesia Permit not being renewed.

Board staff is always available to answer any questions that you may have. You can contact us Monday through Friday, between the hours of 7:30 a.m. – 4:30 p.m. at (503) 229-5520. ■

DIVERSION PROGRAM

The Oregon Board of Dentistry developed a pilot confidential Diversion Program for licensees who struggle with addiction, dependence upon, or self abuse of alcohol or drugs. This program allows the Board to support a licensee's recovery and at the same time protect the public, all in lieu of Board directed discipline.

Information received by the Board regarding the abuse of alcohol or drugs by the Board's licensees is directed to Harvey W. Wayson, a Board Investigator, who is the designated Diversion Coordinator. Mr. Wayson conducts the necessary interviews and investigative work and creates a report with his findings. This report, in which the licensee is NOT identified, is reviewed by Paul Kleinstub, D.D.S., the Board's Chief Investigator / Dental Director; Patrick D. Braatz, the Board's Executive Director; and the Board's Chief Evaluator, a

member of the Board. Following their reviews, these individuals may request additional investigation or clarification from Mr. Wayson.

When the licensee agrees to accept the provisions of the Diversion Program, he or she signs a Voluntary Diversion Agreement. The Agreement is fashioned after the Board's Consent Order in that it incorporates provisions to protect the public and support a recovery program. However, the Board does not vote to offer the Agreement, the Agreement is not a form of discipline, the Agreement is not reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank, and it is not a document available to the public.

The Board is committed to maintaining the confidentiality of the Program's participants. For more information about the OBD confidential Diversion Program, please contact Mr. Wayson at (503) 229-5520 between 7:00 a.m. and 3:00 p.m. ■

DISCIPLINARY ACTIONS TAKEN BETWEEN JANUARY 1, 2004 AND OCTOBER 15, 2004

Unacceptable Patient Care ORS 679.140(1)(e)

Case #2004-0003 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document that caries was diagnosed, placed restorations without dental justification, prepared teeth for crowns without dental justification, and failed to document with “PARQ” or its equivalent that informed consent had been obtained prior to providing treatment. Aware of his right to a hearing, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to complete seven hours of continuing education in diagnosis and treatment planning and three hour of continuing education in record keeping within one year.

Case #2003-0035 and #2003-0036

Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that while treating numerous patients, the Licensee failed to document “PARQ” or its equivalent after obtaining the patients’ informed consent, wrote prescriptions for medication on prescription forms pre-printed with the Licensee’s DEA registration number, provided minimal conscious sedation without first obtaining a Class 2 Anesthesia Permit, failed to document diagnoses prior to extracting teeth, initiating endodontic therapy, and preparing teeth for crowns, failed to diagnose and document the presence of periodontal disease, failed to maintain a current and constant inventory of all controlled substances, failed to complete the continuing education required for license renewal, and failed to maintain the current Healthcare Provider CPR/BLS certification required for Class 1 Permit renewal. Aware of his right to a hearing, the Licensee entered into a Consent Order in which the Licensee agreed to be reprimanded, to complete a Board approved course eight hour course in the diagnosis and treatment of periodontal disease within six months, and to not store, order, or dispense controlled substances until the implementation of a Board approved plan that safeguards the acquisition, storing, and dispensing of controlled substances.

Case #2002-0079 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist extracted teeth without dental justification, failed to document the presence of dental caries, failed to document with “PARQ” or its equivalent that informed consent had been obtained prior to providing treatment, failed to document diagnosis of periodontal disease, and extracted teeth without first obtaining informed consent. Aware of his right to a hearing, the Licensee voluntarily entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded, to pay a civil penalty in the amount of \$1,000.00, and to complete 15 hours of Board approved continuing education in the areas of pharmacology, dental diagnosis, treatment planning, and record keeping within two years.

Case #2004-0188 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document in the patient records that a patient swallowed a healing cap and later denied that the patient had swallowed the healing cap. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded.

Case #2004-0190 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist over-prepared and over-tapered teeth when preparing teeth for crowns. Aware of her right to a hearing, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to provide fixed prosthodontic treatment to patients only under the direct supervision of a Board approved Licensee supervisor until the Licensee completes a Board approved hands-on continuing education program of at least 60 hours and then demonstrates to a Board approved Licensee supervisor the ability to provide acceptable fixed prosthodontic procedures. That supervisor shall report in writing to the Board

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when the supervisor, in his or her opinion, finds that Licensee has demonstrated her ability to perform fixed prosthodontic procedures acceptably.

Case #2003-0122 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to obtain informed consent from a patient prior to the extraction of 25 teeth, changed treatment notes, and then in a letter to the Board failed to advise the Board of the changes in the treatment notes. Aware of his right to a hearing, the Licensee entered into a Consent Order in which the Licensee agreed to be reprimanded and to pay a civil penalty in the amount of \$5000.00 in the form of a certified check made payable to the Oregon Board of Dentistry within 60 days of the effective date of the Order.

Violation of Board Order ORS 679.140(1)(d)

Case #1995-0034 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist violated a previously Board issued Second Amended Consent Order when the Licensee used a controlled substance without first obtaining prior approval of the Board and for an unknown period of time abused alcohol. Aware of his right to a hearing, the Licensee voluntarily signed an Interim Consent Order with the Board in which the Licensee agreed have his license suspended pending further order of the Board.

Case #1999-0064 Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist violated a previously Board issued Second Amended Consent Order when the Licensee used a controlled substance without first obtaining prior approval of the Board and for an unknown period of time abused alcohol. A dentist voluntarily signed a Second Amended Consent Order with the Board in which the dentist agreed to be reprimanded, to have his license suspended for one year with all but 14 consecutive days stayed, to be placed on indefinite probation, agreed to not use controlled substances or mood altering drugs at any time unless prescribed by a licensed practitioner for a bona fide medical condition, to submit to a Board approved, random,

supervised urinalysis testing program at Licensee's expense with a frequency of testing initially at a minimum of 24 tests per year, to appear before the Board or its designated representative at a frequency to be determined by the Board but initially at least three times per year, and to advise the Board within 72 hours of any drug related relapse.

Unprofessional Conduct ORS 679.140(2)(c)

Case 2003-0077 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to complete failed to complete the required 40 hours of continuing education for the 2002-2004 license renewal period, falsely certified that all continuing education requirements for licensure were met when submitting his license renewal application, and also allowed an unlicensed person to practice dental hygiene for a period of 24 days. Aware of his right to a hearing, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to provide 24 hours of community service in the form of direct dental care within six months, and to provide the Board with documentation verifying completion of 40 hours of continuing education for the 2000 to 2002 licensing period.

Case #2004-0005 A dentist voluntarily signed a Consent Order with the Board in which the dentist agreed to be reprimanded and have his licensed restricted from treating patients or practicing any form of clinical dentistry, based on allegations that the dentist self prescribed and self administered a prescription drug outside the scope of dentistry, self prescribed and self administered a controlled substance, and dispensed to himself controlled substances from his office supply without documenting the dispensing in his current inventory of controlled substances.

Applicant Issues 679.060(4)

Case #2002-0203 Based on information provided in an application for a license to practice dentistry in which the Applicant admitted to having been treated for drug or alcohol abuse, the Board

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DISCIPLINARY ACTIONS (Continued from page 7)

conducted an investigation and determined that the Applicant had been addicted to Vicodin and diverted controlled substances to support her habit. Based on the results of the investigation, the Board determined that legal cause existed to deny the Applicant's application for licensure. In order to resolve the matter, Applicant and Board entered into a Consent Order in which the Board agreed to issue a dental license to the Applicant on the condition that the Applicant agree to be placed on indefinite probation, to participate and complete all aspects of recovery treatment programs recommended by Board approved care providers, to use pre-numbered triplicate prescription pads for prescribing controlled substances, to take and pass the Western Regional Examining Board dental examination, to complete a Board approved clinical competency review, and to appear before the Board or its designated representative at a frequency to be determined by the Board but initially at a frequency of three times a year throughout her probation.

Practicing Dental Hygiene Without a License ORS 680.020

Case #2003-0077 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a hygienist failed to renew her Dental Hygiene license and practiced dental hygiene without a license for 24 days, failed to complete the required 24 hours of continuing education for the 2002-2004 license renewal period, and falsely certified that all continuing education requirements for licensure were met when submitting her license renewal application. Aware of her right to a hearing, the hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, to provide 40 hours of community service in the form of direct dental hygiene care within six months, and to provide the Board with documentation verifying completion of 24 hours of continuing education for the 2002 to 2004 licensing period.

Case #2003-0098 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a hygienist failed

to renew her Dental Hygiene license and practiced dental hygiene without a license for 45 days. Aware of her right to a hearing, the hygienist entered into a Consent Order with the Board in which the hygienist agreed to pay a \$250 civil penalty, and to provide ten hours of community service in the form of direct dental hygiene care within six months.

Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0070(1)

Case 2004-0049 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to complete 40 hours of continuing education and then falsely certified that all continuing education requirements for licensure were met when submitting his 2001-2003 license renewal application. Aware of his right to a hearing, and in order to resolve this matter, the Licensee entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded, to pay a \$1,500.00 civil penalty, to complete the 40 hours of Board approved continuing education within six months and to provide the Board with documentation verifying completion of the 40 hours of continuing education.

Case 2002-0235 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to complete 40 hours of continuing education and then falsely certified that all continuing education requirements for licensure were met when submitting his 1999-2001 license renewal application. Aware of his right to a hearing, and in order to resolve this matter, the Licensee entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded, to pay a \$1,000.00 civil penalty, to complete the 40 hours of Board approved continuing education within three months and to provide the Board with documentation verifying completion of the 40 hours of continuing education. ■

OREGON BOARD OF DENTISTRY ANNUAL PERFORMANCE PROGRESS REPORT 2004

Performance Measure Definition	2004 Goal	2004 Performance
#1 Percent of licensees in compliance with continuing education requirements	98%	97% are currently in compliance. 3% found not to be in compliance and are currently under investigation for possible disciplinary action.
#2 Average time from receipt of a new complaint to completed investigation (ready to be submitted to the Board)	5 months	Cases opened and investigations completed during the period 7/1/2003 through 6/30/2004. 2.9 months.
#3 Average number of working days from the receipt of completed paperwork to issuance of license (new or renewal)	9 Days	8 Days
#4 Percent of User Surveys returned from Web site reporting that the site provides the appropriate information and is easily understood.	90%	45%* *Only 12 surveys were completed.
#5 Standards and regulations will be collaboratively reviewed and updated annually by the OBD and interested stakeholders.	Annual Review by the OBD Rules and Oversight Committee.	Rules and Oversight Committee met January 9, 2004.

Enforcement Refresher

One of the statutory duties of the Board is to conduct investigations, based “upon its own motion or any complaint...on all matters related to the practice of dentistry...” In fulfilling its duties, the Board relies upon the cooperation of licensees to provide information, (and often, records) to the Board. While most complaints are dismissed, the statutes provide an objective forum in which citizens can air their concerns, and assure quality in the practice of dentistry.

Based upon recent complaints, the following reminders are provided to assist in your compliance with the Dental Practice Act. Please note that an underlying problem with many complaints is patient communication; clarity in communication before, during and after providing services is essential.

1. Sexual Harassment

Under OAR 818-012-0030(4) a licensee engages in unprofessional conduct if the licensee does or permits any person to abuse, molest or make suggestive, lewd, lascivious, or improper advances to a patient, employee or co-worker.

The Board is concerned about the increasing incidence of such complaints and the unfortunate findings supporting the validity of the complaints.

2. Infection Control

Under OAR 818-012-0040 licensees must wear disposable gloves whenever placing fingers in the mouth of a patient or when handling blood or saliva contaminated instruments or equipment; wear masks and protective eyewear or chin length face shields when splattering of blood or other body fluids is likely; sterilize instruments or other equipment between each patient use; test heat sterilization equipment **weekly**; disinfect surfaces; and properly dispose of contaminated wastes. The public is increasingly sensitive to infection control, and the Board

has received complaints that masks or gloves were not worn, or instruments were not properly sterilized. Compliance with the Board’s infection control guidelines is required, and licensees are urged to comply with similar guidelines (i.e., CDC, Oregon OSHA, etc.).

Further, the Board has received a number of complaints about the cleanliness of dental offices. The complaints have centered around offices that gave the appearance of being dirty or run-down. The investigation of these complaints revealed rust or staining that could have easily been resolved by normal housekeeping procedures. ■

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NEW RULES

With the completion of the 2003-2005 Legislative Session, many laws were passed that had an impact on the Oregon Board of Dentistry (OBD) and the administrative rules that the Board has enacted. These new laws required the OBD to make some changes to those Administrative Rules. The following is a brief synopsis of the rule changes that the Board made effective June 1, 2004; not all of the rule changes were as a result of legislation.

If you would like to see copies of these specific changes, they can be found on the OBD Web site or you can request the most recent copy of the Dental Practice Act by contacting the OBD office and we will send you one.

818-012-0110 was created as a result of Senate Bill 390 which required that the OBD develop rules for extending the authority to operate a Dental Practice upon the death or disability of a dentist.

818-012-0040 was amended to bring the OBD infection control guidelines in conformity with the CDC guidelines regarding weekly testing of heat sterilization devices rather than monthly testing.

818-021-0010 and 818-021-0020 were amended to allow for the inclusion of the Canadian National Dental Examining Board and Dental Hygiene Certificate Examinations as acceptable examinations for initial licensure in

Oregon. It also created a requirement for an applicant who fails the OBD's clinical examination three times to complete a remedial training program recommended by the testing agency, before being allowed to take the clinical examination a fourth time.

818-021-0011 was amended to allow a foreign trained applicant who is seeking Licensure Without Further Examination, to complete a post doctoral General Dentistry Residency Program of not less than two years at a dental school accredited by the ADA as a qualification for licensure in Oregon. Further the rule was amended to allow applicants to count their licensed clinical practice time in Oregon towards the requirements of Licensure Without Further Examination.

818-035-0080 was amended to bring the continuing education requirements for Limited Access Permit holders in compliance with Oregon Law.

818-035-0030 was amended to eliminate a conflict in the Dental Hygiene Rules regarding the administration of intravenous medication.

818-042-0010 and 818-042-0020 were amended to clarify new definitions as a result of changes in Oregon Law.

818-042-0080 was amended to reflect the changes in material used in Dentistry today. ■

SCHEDULED BOARD MEETINGS

2005

- November 19, 2004
- January 21, 2005
- March 18, 2005
- May 13, 2005
- July 8, 2005
- September 16, 2005
- November 4, 2005

Congratulations to Cindy J. Brewer, RDH, of Clackamas. She was the first dental hygienist to renew her license during the recent license renewal cycle. License renewal notices were mailed out on July 12 and we received her completed renewal form on July 15. A job well done!



Licensees are required to report any change of address within 30 days.

CHANGE OF ADDRESS FORM

Licensee Name: _____
Print Name *Phone*

License Number: _____

New Mailing Address: _____

Above is: Home Address Office Address

Mail or Fax to: **OREGON BOARD OF DENTISTRY**
1600 SW 4th Avenue, Suite 770
Portland, OR 97201-5519
Phone: (503) 229-5520
Fax: (503) 229-6606