



VIRGINIA BOARD OF DENTISTRY
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TIME TO RENEW

Notices to renew dental licenses, dental hygiene licenses, dental assistant II registrations and related permits have been sent by e-mail. Check your SPAM folder if you have not received the e-mail. The fees for renewing this year have been reduced by approximately 50%. The fee for a dentist is \$142; the fee for a dental hygienist is \$37; and, the fee for dental assistants II is \$25. These reductions apply only to the 2018 renewals. The renewal applications require licensees and registrants to certify they are familiar with all the laws and regulations governing practice in the Commonwealth of Virginia. Click here to review the [governing laws and regulations](#).

RENEWAL SCHEDULE

The Board has submitted a proposed [Notice of Intended Regulatory Action \(NOIRA\)](#) to change the renewal schedule from March 31st each year to renewal in birth months to distribute the workload associated with renewals across a calendar year and should make the renewal deadline easier for licensees to remember. The NOIRA is under review and will be published for public comment when approved by the Governor. The proposed change in the renewal schedule will occur in the calendar year after the effective date of the regulations. There is no fee increase proposed for changing the renewal schedule.

ADVERTISING DENTAL SPECIALTIES

The Board adopted a regulatory action to amend [18VAC60-21-80\(G\)](#) on false, deceptive and misleading advertising to replace the current limitation on advertising a claim of practicing a dental specialty unless such specialty is recognized by the National Certifying Boards for Dental Specialists of the American Dental Association. The proposed amendment prohibits advertising unsubstantiated claims of professional superiority and references the statutory language in §54.1-2718 of the Code of Virginia on practicing under a firm or assumed name. This action is under review and will be published when approved by the Governor.

CONTINUING EDUCATION REQUIRED FOR REMOTE SUPERVISION

A qualified dental hygienist may practice under remote supervision only at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; or women, infants, and children (WIC) program. To qualify to practice under remote supervision a dental hygienist must complete a two hour course offered by an accredited dental education program or a listed sponsor which must address the seven content areas specified in the Regulations Governing the Practice of Dental Hygiene at [18VAC60-25-190.H](#).

CONFORMING RULES TO ADA TEACHING GUIDELINES ON MODERATE SEDATION

The public comment period on this regulatory action is currently open and will close on February 23, 2018. In recognition of the changes in the American Dental Association (ADA) *Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry* published in October of 2016, the Board proposes, in this regulatory action, to revise certain training requirements and terminology to be consistent with the ADA Guidelines. The proposed changes are to amend the use of the term “conscious/moderate” sedation throughout the chapter to refer to “moderate” sedation; change the name of the ADA Guidelines consistent with the 2016 title; and eliminate the training provisions for dentists to administer moderate sedation by an enteral method only. Click here to review the [proposed regulation](#).

PRESCRIBING OPIOIDS FOR PAIN MANAGEMENT

The Board is in the process of replacing these [Emergency Regulations](#), which went into effect on April 24, 2017, with proposed permanent regulations. The Board proposes amendment of 18VAC60-21-103(A)(4) to require the dentist to consider whether a prescription for naloxone is necessary for a patient also taking benzodiazepines. Prescribing naloxone for those patients is discretionary and dependent on the professional judgment of the dentist. The [proposed permanent regulations](#) are currently under review and will be published for public comment when approved by the Governor.

DENTAL ASSISTANT II (DAII) PROPOSED REGULATORY CHANGES

The Board has initiated rulemaking to modify the DAII education provisions in response to recommendations made by the Regulatory Advisory Panel on the Education and Practice of Dental Assistants I and II. The proposed comment draft addresses management of DAII education programs and competency-based education requirements for the delegable duties a DAII might qualify to perform. To see the proposed Notice of Intended Regulatory Action background document click on [8069](#). The NOIRA will be sent out for public comment when the Governor approves publication of this action. In this review process, the Board decided to take no action regarding practicing as a DAI.

REGULATORY ADVISORY PANEL (RAP) REVIEWING REGULATIONS ON CONTROLLED SUBSTANCES, SEDATION AND ANESTHESIA

The Board is currently working with this RAP to improve the clarity and consistency of the regulations for pre-operative, peri-operative and post-operative vital signs for each level of sedation and to address the use of end-tidal carbon dioxide monitors. This review was initiated in response to a Petition for Rulemaking and began with an Open Forum for interested individuals and organizations to present their concerns and recommendations. Click here to read the draft minutes and transcript of the [Open Forum](#). The RAP is meeting on February 2, 2018 to review the comments received, consider current national guidelines, and propose changes to the Board’s regulations. The RAP’s proposal will be advanced to the Board’s Regulatory/Legislative Committee for review and discussion of the changes to be recommended to the Board. The Board will decide if it will advance recommendations for regulatory action by proposing a Notice of Intended Regulatory Action.

POST GRADUATE YEAR ONE PATHWAY FOR LICENSURE

At its June 9, 2017 meeting the Board voted to amend the Regulations Governing the Practice of Dentistry to exempt applicants for dental licensure who complete a PGY-1 CODA accredited residency program from the Board’s clinical examination requirement. Following that decision, the Board learned that legislation is needed to make this change because §54.1-2709(B) of the Code of Virginia requires applicants to have “...successfully completed a clinical examination acceptable to the Board...” This matter was assigned to the Board’s Regulatory/Legislative Committee for further review.

COMPLAINTS, DISCIPLINE AND OTHER BOARD ACTIONS

From July 1, 2017 to December 31, 2017, the Board received 194 complaints against its licensees and closed 198 cases. On December 31, 2017, the Board had 249 open cases at various stages in the case adjudication process.

- Of the 198 cases closed, 104 were closed with no violation found and 43 were closed as undetermined.
- In this period, the Board held 4 formal hearings and 26 informal conferences; entered into 10 Consent Orders in lieu of proceeding to an administrative hearing; closed 4 cases with a Confidential Consent Agreement; closed 15 cases with Advisory Letters; and closed one applicant case as ineligible.
- The Board mandatorily suspended two dental licenses during this time. One licensee was mandatorily suspended based upon evidence that their license to practice dentistry in another state had been surrendered in lieu of further disciplinary action in that state. The second licensee was mandatorily suspended based upon evidence that they were convicted of a felony offense in the Commonwealth of Virginia.
- The Board also summarily suspended one dental hygiene license. This summary suspension addressed the licensee practicing dental hygiene on a suspended license and being unsafe to practice dental hygiene due to use of alcohol or drugs.
- One of the formal hearings denied reinstatement applications based on allegations of the conviction of multiple misdemeanors involving moral turpitude, substance abuse and providing false and/or misleading information on their application for reinstatement. Another formal hearing based on standard of care allegations concerning the failure of a dentist to examine a patient when they presented to the dentist office. The Board also conducted a formal hearing based on the standard of care allegations concerning the placement of a crown and recordkeeping allegations. Finally, the Board denied licensure to an applicant at a formal hearing as a result of failing to meet the requirements for licensure.
- Of the 26 informal conferences held, the Board addressed allegations of:
 1. Failing to completely remove decay;
 2. Failing to have the name of every dentist practicing at the office displayed at the entrance;
 3. Allowing a dental assistant to perform soft relines using the Versacryl reline system, which is a not a delegable duty for a Dental Assistant I;
 4. Preparing a tooth, with advanced periodontal disease with bone loss and subgingival calculus, for a crown without treating such disease;
 5. Failing to utilize an ultrasonic cleaner for cavitation of instruments prior to sterilization;
 6. Reusing disposable high volume suction tips and plastic impression trays after placement in cold sterilization;
 7. Failing to use sharps containers or appropriate biohazard containers for used needles;
 8. Billing a patient for a full mouth series of radiographs when a CT scan was actually taken;
 9. Failing to notify patients prior to closing a dental office; and
 10. Delivering a crown on a tooth in which a margin was not on sound structure and below the crestal bone level in violation of the biologic width.

Despite the Board's request for a complete copy of patient treatment records at the time of investigation, it is not uncommon for a licensee to come to an informal conference with additional patient documents, which lead to dismissal of the case. Had such documents been provided when they were first requested, it is likely the licensee would never have been issued a public notice of allegations and been required to appear before the Board.