

Minnesota Board of Dentistry

BIENNIAL REPORT* July 1, 2006 to June 30, 2008

I. GENERAL INFORMATION

A. Board Mission and Major Functions

Mission: "To ensure that Minnesota citizens receive quality dental care from competent dental health care professionals"

Major Functions

I. Licensure and Registration

- Establish minimum standards for entry to the professions of dentistry, dental hygiene and registered dental assisting
- Provide initial licensure of dentists and dental hygienists and registration of dental assistants who meet the minimum requirements for entry to the profession; applications must include successful completion of the National Dental Board Examination or the National Dental Hygiene Board Examination, successful completion of a clinical examination, and other requirements specific to the profession
- Design the Minnesota Dental Assistant Registration Examination (which is administered by an outside entity; successful completion of this exam is required prior to registration)
- Design and administer the Minnesota Jurisprudence Examination (successful completion of which is required of all applicants prior to licensure/registration)
- Provide biennial renewal of licenses and registrations for the approximately 16,000 dental professionals regulated by this Board
- Provide an objective, rule-based, timely process of licensure-by-credentials for dentists and dental hygienists who are licensed in other jurisdictions; similarly, provide a process of curricula and credentials review for dental assistants seeking Minnesota registration
- Provide official affidavits of licensure and verification of licenses and registrations for individuals, institutions, third party payers, and others
- Establish licensure considerations for international (foreign-trained) applicants seeking dental licensure, and ensure that those individuals who are granted licenses have educations that are equivalent to or greater than graduates of accredited US and Canadian programs

*Pursuant to Minnesota Statute 3.197, the cost of preparing this report was approximately \$500 (staff time).

II.a. Complaint Resolution

- Respond to the public's questions about how to file complaints against dental professionals regulated by the Board; provide information to the public via the internet about the complaint resolution process
- Maintain a computer tracking record of 100% of all complaints filed with the Board
- Investigate 100% of all jurisdictional non-anonymous complaints filed with the Board against dental professionals regulated by the Board. Investigations are conducted by Board staff, contracted consultants, and by investigators from the Attorney General's Office. Complaint resolution steps may include:
 1. Letter of Inquiry to the licensee/registrant;
 2. Informational Conference with the licensee/registrant and one of the Board's two Complaint Committees; or
 3. Disciplinary Conference with the licensee/registrant (and their legal counsel); legal counsel from the Attorney General's Office (representing the Complaint Committee), and one of the two Complaint Committees of the Board

Dispute resolution methods to arrive at equitable settlements are used in order to avoid prolonged, costly litigation--without compromising public protection from unsafe dental practitioners. Mediation and contested case hearings with the Office of Administrative Hearings are occasionally used to resolve disputes

- Take corrective or disciplinary action when warranted, pursuant to statute and rule
- Disseminate appropriate information to the public, dental professionals and national databases accurately and in a timely manner. The full texts of recent Stipulations and Orders are available on demand on the Board's web site
- The Board's two Complaint Committees meet jointly throughout the year to calibrate for consistency across the committees, and to work toward improving the complaint resolution process

II.b. Tracking Compliance with Corrective Actions and Disciplinary Orders

- All licensees/registrants currently under an Agreement for Corrective Action or a Stipulation and Order are tracked regarding compliance. Non-compliance is reported to the appropriate Complaint Committee, which may result in further disciplinary action
- Reports are generated and disseminated at public Board meetings regarding Complaint Committee meetings and activities (protecting confidential and private data)

III. Professional Development/Continuing Dental Education

- Establish professional development requirements as a measure of continuing competence

Significant changes adopted affecting the Professional Development requirements include:

- Require all Minnesota-regulated dental professionals to maintain a minimally acceptable Professional Development Portfolio
- Require all Minnesota-regulated dental professionals to complete a self-assessment within their biennial Professional Development cycles
- Require all dental professionals to be current in a CPR course for healthcare professionals
- Require all Minnesota-regulated dental professionals to complete professional development activities in two of the established core competency subject areas per biennium
- Review portfolios of randomly selected licensees and registrants for audit

IV. Professional Firms

- Register dental professional firms upon initial application and annually renew those registrations (approximately 870 per year)

V. Dissemination of Public Information

- Maintain a Board web site to provide information on such topics as (1) how to file a complaint; (2) names of all licensed dentists, dental hygienists and registered dental assistants; (3) names of dental professionals who have had disciplinary actions taken against their license/registration; (4) statutes and rules relating to dental practice in Minnesota; (5) the Health Professional Services Program (HPSP); (6) calendar of Board and Committee meetings; etc.
- Maintain official records and minutes of public Board and committee meetings; provide copies of public data upon request
- Mail meeting notices and rulemaking notices upon request

VI. Legislation and Rulemaking (Policy)

- Periodically review and update statutes and rules relating to dental practice in Minnesota
- Act as an objective resource to the legislature with regard to public protection through regulation of the dental professions
- Respond in a timely manner either to support, remain neutral or oppose pending legislation initiated by entities other than the Board
- Develop Fiscal Notes for the legislature upon request to provide perspective on the potential financial impact of bills affecting the Board
- Participate in the Council of Health Boards to review overlapping scope of practice issues among the professions and consider appropriateness of licensure for emerging health professions

B. Major Activities During the 2006-2008 Biennium

Major activities engaged in by the Board of Dentistry have included:

- The Board's Professional Development Task Force made significant, positive changes in its rules related to continuing education to shift responsibility for tracking professional development activities to each individual dental professional. The Minnesota Board of Dentistry was the first state to mandate continuing dental education credits as a condition of licensure or registration renewal, and it adopted rules changes that began in 2005 for the Board to remain proactive and efficient with regard to professional development of dental health care personnel. The Board began Professional Development audits 1/1/07.
- The Board of Dentistry adopted a commitment to conducting paperless meetings. Board members have been issued laptop computers, and materials for meetings are distributed through encrypted flash drives or access through a secure web site. Staff time, paper and supplies, and mailing costs have been significantly reduced, and confidential data are more secure.

- The Board has implemented many of the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees.
- A Board web site is being maintained by Board staff, providing public information in an on-demand manner. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, and other interactive features.
- The Board continued to use two complaint committees to ensure prompt processing of complaints filed against regulated dental professionals. Those two committees held approximately **45** individual meetings during the biennium, as well as **6** joint meetings (held independently and integrated into public Board meetings) in an effort to address complaints in a timely and thorough manner.
- The Board has had a representative serving on the Department of Human Services' Dental Access Advisory Committee, and has participated in access forums presented by the Minnesota Association of Community Dentists and other groups. The Board has also had representatives involved with the Oral Healthcare Solutions Project, hoping to improve access to dental services statewide.
- Recent legislation requires dentists who administer general anesthesia and conscious sedation to renew their certification at the same time as their license renewal is due. A fee of \$50 is now required to apply and/or renew their certification. An inspection process is being developed to further ensure compliance with established safety standards.
- The Board recently implemented an on-line feature for licensed hygienists to register their collaborative agreements. A collaborative agreement is a written document, drafted between a licensed dentist and a dental hygienist. The agreement outlines the parameters of care and services that may be provided by the collaborative dental hygienists without the presence of a licensed dentist at a location other than the usual place of practice of the dentist or dental hygienist and without a dentist's diagnosis and treatment plan. Registering the agreements provides access to data that have been previously unavailable.

C. Emerging Issues Regarding Regulation of Dental Professionals

- Ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.
- Exploring more contemporary methods of tracking continuing dental education credits earned by regulated dental professionals is an area to which the Board has devoted a great deal of time during the biennium. Recently adopted rule changes recognize CDE as a *component* within the broader scope of professional development, and identify core competency areas for focused training.

- Rulemaking has progressed to expand the scope of practice (allowable duties) for hygienists and registered dental assistants. The proposed rules would also change the level of supervision required for various procedures.
- The Board is committed to providing easy and timely access to accurate public, and continually upgrades its computer database, software and hardware, as well as making its web site increasingly interactive.
- The legislature has created a new mid-level dental professional called the Oral Health Practitioner (OHP). OHPs will be regulated under the jurisdiction of the Board and are expected to begin becoming licensed in 2011.
- Limited General License (LGL) – The legislature has a limited license for graduates of non-accredited dental schools who complete a credentials review by the Board and are subsequently permitted to sit for a recognized clinical examination. Upon successful completion of all licensing requirements, the applicant may be granted an LGL, in which they would practice for 3 consecutive years under a supervising dentist approved by the Board before being eligible for full licensure.

II. BOARD MEMBERS, STAFF AND BUDGET

A. Board Composition

The Board is statutorily required to have five licensed dentists, one licensed dental hygienist, one registered dental assistant and two consumer members, all of whom must be appointed by the Governor. Each member is appointed for a four-year term, and may be re-appointed to serve a second four-year term.

As of June 30, 2008, the following were members of the Board:

<u>Board Member</u>	<u>2008 Officer</u>	<u>Residence</u>	<u>Term Expires</u>
Linda Boyum, RDA		Minnetonka, MN	2010
Nadene Bunge, DH	President	Rochester, MN	2009
Mark W. Harris, DDS	Past President	Tonka Bay, MN	2009
Kristin Heebner, JD, Consumer		Minneapolis, MN	2011
David A. Linde, DDS		Prior Lake, MN	2012
Candace Mensing, DDS	Vice President	Rochester, MN	2010
Susan Osman, Consumer		Minnetonka, MN	2012
Freeman Rosenblum, DDS		Minnetonka, MN	2011
Joan A. Sheppard, DDS	Secretary	Bloomington, MN	2011

B. Board Staff

The Board staff, 10.0 FTEs, consists of a full-time executive director appointed by the Board, and the following 8 full-time employees hired by the executive director: 1 office manager; 1 administrative assistant; 1 licensing and professional development administrator, 1 licensing analyst; 1 complaint unit supervisor; 1 complaint analyst; 1 compliance officer, and 1 legal analyst. The director also has hired temporary receptionists and employs a dentist consultant in support of Board operations

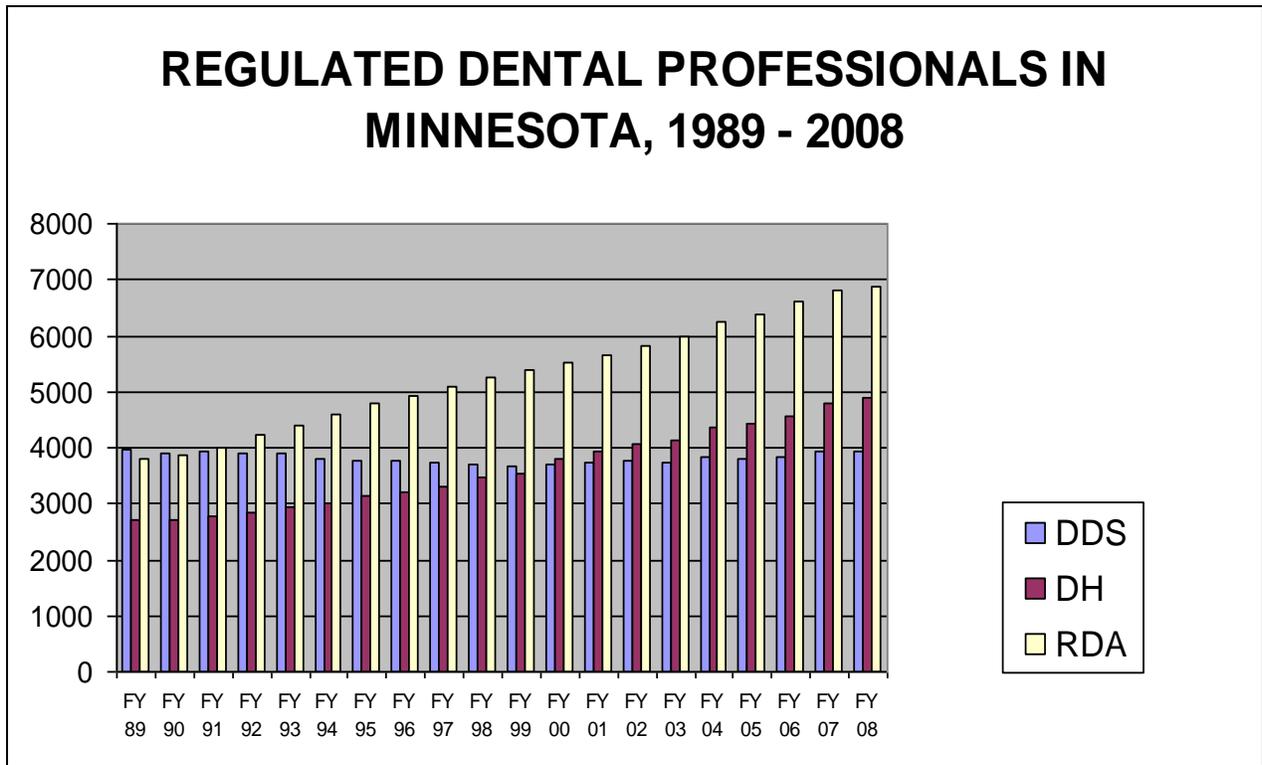
C. Receipts, Disbursements and Major Fees Assessed by the Board.

<u>Item</u>	<u>FY 2007</u>	<u>FY 2008</u>
Receipts	\$ 1,232,710	\$ 1,243,380
Disbursements	\$ 1,357,388	\$ 1,401,625
<u>Fees: Dentists (including Faculty Dentists)</u>	<u>FY 2007</u>	<u>FY 2008</u>
Initial Application	\$ 140	\$ 140
Biennial Renewal Application*	\$ 310	\$ 310
Credential Application	\$ 725	\$ 725
<u>Fees: Dental Hygienists</u>		
Initial Application	\$ 55	\$ 55
Biennial Renewal Application*	\$ 100	\$ 100
Credential Application	\$ 175	\$ 175
<u>Fees: Registered Dental Assistants</u>		
Initial Application	\$ 35	\$ 35
Biennial Renewal Application*	\$ 70	\$ 70
<u>Fees: Resident Dentists</u>		
Initial Application	\$ 55	\$ 55
Annual Renewal Application	\$ 50	\$ 50
<u>Fees: Guest Licensure (DDS, DH, RDA)</u>		
Initial Application	\$ 50	\$ 50
<u>Fees: Limited Registered Dental Assistant</u>		
Initial Application	\$ 15	\$ 15
Biennial Renewal Application	\$ 24	\$ 24

**Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.*

*Note: The annual renewal fees were **reduced** in 1999 to the levels indicated above. Renewals are now staggered throughout the year based on birth month and year.*

III. LICENSING AND REGISTRATION



	<u>FY2007</u>	<u>FY2008</u>
Active Dentists	3957	3919
Active Specialty Dentists	23	24
Active Hygienists	4773	4879
Active Registered Dental Assistants	6712	6864
Full Faculty Dentists	24	23
Limited Faculty Dentists	7	8
Resident Dentists	55	47
Limited Registered Dental Assistants	5	5

IV. COMPLAINTS AND DISCIPLINE

IV. COMPLAINTS AND DISCIPLINE

A. NEW complaints received during each year of the biennium

1. Total new complaints received

FY 07	FY08
266	232

2. Complaints categorized by occupation

	FY 07	FY08
a) D.D.S.	219	202
b) DH	18	12
c) R.D.A.	19	14
d) non-licensed	10	4
	266	232

3. Complaints per 1,000 regulated individuals:

(Not analyzed according to type of dental professional)

	FY 07	FY08
	15	17

4. Complaints categorized by type (primary allegation):

	FY 07	FY 08
a) competency	87	90
b) licensure	20	19
c) prescription or drugs	14	13
d) sexual misconduct	1	0
e) auxiliary misuse	5	7
f) sanitary/safety	26	5
g) advertising	13	16
h) unprofessional conduct	68	55
i) fraud	20	11
j) failure to cooperate w/Board	2	6
k) unconscionable fees	5	6
l) disability	5	4
m) mandatory reporting	0	0
TOTALS:	266	232

B. All Open Complaints on June 30 of each fiscal year of the biennium

[Note: The numbers below include complaints that were open previous to the biennium. The numbers cannot be compared to the number of complaints listed under part A, above.]

	FY 07	FY 08
1. a) All complaints open on 6/30/08	--	139
b) All complaints open on 6/30/07	120	--
2. Open less than 3 months	47	28
3. Open more than 3 mos., but less than 6 mos.	11	32
4. Open more than 6 mos., but less than 9 mos.	9	20
5. Open for more than 1 year	22	39

Explanation of complaints open for more than one year:

FY 07 N=22

Of the 22 complaints that remained open for more than one year, all but one of the complaints involved AGO investigations. The one other complaint involved an individual who failed to comply with Health Professionals Services Program (HPSP). For 11 of the complaints, scheduling of disciplinary conferences and resolution negotiation processes took several months. The other 11 complaints proceeded or are in the process of proceeding to contested case hearings.

FY 08 N=39

Of the 39 complaints that remained opened on June 30, 2008 for more than one year, 9 of the complaints (regarding five different individuals) remained at AGO for investigation. 17 complaints, against three separate dentists, are proceeding to contested case hearings. 11 of the open complaints involve six separate licensees for whom negotiations for disciplinary or corrective actions were underway as of 06/30/2008. Finally, 2 of the complaints involve pending conferences for two separate licensees as of 06/30/2008.

C. Closed Complaints

*Notes: 1. The numbers below include complaints that had been open at the start of the biennium. Thus, the numbers cannot be compared to the number of complaints listed under part A, above.
2. Subparts 2.e. and 2.h., below, are not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate disciplinary actions, but rather, they are included as part of disciplinary board orders].*

	FY 07	FY 08
1. Number of complaints closed	290	225
2. Disposition by type:		
a) revocation	0	1
b) voluntary surrender	6	2
c) suspension with or without stay	2	12
d) restricted / limited / conditional license	3	1
e) <i>civil penalties</i>	<u>1</u>	<u>2</u>
f) reprimand	0	
g) agreement for corrective action	18	23
h) <i>referral to HPSP</i>	<u>16</u>	<u>26</u>
i) dismissal or closure	259	197
TOTALS:	288	236

	FY 07	FY08
3. Number of cases closed that were open for more than 1 year:	37	46

V. TREND DATA AS OF JUNE 30, 2008

For each year of the previous five biennia:

A. Number of persons licensed or registered:

Fiscal Year	DDS	DH	RDA	Totals
2008	3919	4879	6864	15,662
2007	3957	4773	6712	15,442
2006	3,871	4,679	6,697	15,247
2005	3,742	4,340	6,372	15,247
2004	3832	4348	6255	14,435
2003	3739	4128	6000	13,867
2002	3768	4079	5820	13,667
2001	3735	3930	5642	13,307
2000	3707	3808	5530	13,043
1999	3667	3547	5373	12,587
1998	3708	3464	5245	12,417
1997	3730	3307	5081	12,116

B. Percentage of renewals completed on-line.

Fiscal Year	Percentage that Renewed On-Line
2008	69.54
2007	64.22
2006	61.24
2005	5.42

C. Number of complaints received, categorized by type of occupation:

Fiscal Year	DDS	DH	RDA	Non-lic/reg	Total
2008	196	12	14	10	232
2007	219	18	19	10	266
2006	195	17	27	0	239
2005	256	13	14	5	288
2004	238	9	16	5	268
2003	216	6	7	0	229
2002	209	8	12	5	234
2001	197	2	11	3	213
2000	220	5	13	2	240
1999	200	3	3	3	209
1998	166	4	3	6	179
1997	208	2	3	0	213

D. Number of complaints received each year per 1,000 persons of each occupation:

Fiscal Year	DDS	DH	RDA
2008	50	2.46	2.04
2007	55	3.77	2.83
2006	50	3.63	4.03
2005	69	2.99	2.20
2004	62	2.07	2.56
2003	58	1.45	1.17
2002	55	1.96	2.08
2001	53	0.51	1.94
2000	60	1.30	2.35
1999	55	0.85	0.56
1998	45	1.15	0.57
1997	56	0.61	0.59

E. Total number of all cases remaining open at the end of each biennium (June 30):
 (NOTE: Includes cases opened before and during the biennium)

Biennium	DDS	DH	RDA	<i>Non-lic/reg</i>
07-08	112	9	8	10
05-06	90	6	13	<i>not counted</i>
03-04	125	4	8	“
01-02	134	1	4	“
99-00	138	2	0	“
97-98	153	N/A	N/A	“