Message from the Chair

All of us on the Board of Dentistry are focused on, and share the same noble goal, to “Protect the Public.” We stand selflessly together, united in this effort.

Practitioners retain absolute autonomy to use any and all diagnostic modalities available, including radiographs, coupled with honest communication with their patients, thereby evoking the patient’s trust of being provided with competent healthcare.

There is no law or board rule in Florida that requires taking radiographs. The number or type of radiographs utilized depends solely on the decisions and choices of the practitioner depending on the individual needs of the specific patient. The Board Office and staff are inundated with calls from patients about radiographs and “just cleanings.” The Board has discussed the published “ADA guidelines on radiography” as an accepted parameter. Radiographs have to be of diagnostic quality, and the practitioner should abort developing a treatment recommendation, in the absence of radiographs.

“Just cleanings” is what an individual does in the privacy of their own home with a toothbrush. Dentists and dental hygienists diagnose and provide competent oral therapies, not limited to surgery and maintenance, to treat chronic and/or acute life-threatening oral infections.

I renew my cordial invitation to all of you to attend a future public meeting of the Florida Board of Dentistry. It is a great way to earn four (4) free hours of continuing dental education credits per biennium, and to stay abreast of the changes in our profession. I assure you that 2014 is continuing to be the best year yet!!

May God continue to bless all of you,

Joe

Joe Thomas, DDS, MAGD, FICOI, FICD, FACD

Don’t forget to check the Board of Dentistry’s website to stay informed.

www.floridasdentistry.gov
Welcome New Board Member

Dr. T. J. Tejera, D.M.D., M.D.

Dr. Tejera was recently appointed to the Board of Dentistry on March 28, 2014 by Governor Rick Scott for a term ending October 31, 2017. Dr. Tejera is an oral maxillofacial surgeon with the Southwest Florida Oral and Facial Surgery Center in Fort Myers. He also serves as an adjunct associate clinical professor at NOVA Southeastern University. Dr. Tejera attended the University of North Carolina at Chapel Hill School of Medicine and the School of Dentistry at the University of Alabama at Birmingham, Alabama. He holds medical and dental licenses in both North Carolina and Florida.

Future Board meetings:

August 22, 2014
Hyatt Regency Orlando Airport
Orlando, FL

November 21, 2014
Bonaventure Resort & Spa
Weston, FL

Report Unlicensed Activity by calling or emailing:

1-877-HALT-ULA
Email: HALTULA@doh.state.fl.us
www.flhealthsource.gov
Professionals Resource Network

Section 456.076, F. S., establishes the basis for treatment programs for impaired practitioners. The Department of Health has, through Rule 64B31-10.001, F.A.C., designated approved impaired practitioner programs. PRN initiates intervention, recommends evaluation, and refers impaired practitioners to Department approved treatment providers or treatment programs and monitors the progress of impaired practitioners under the direction of consultants.

How does the Impaired Practitioner Program apply to students?
In addition to being available to the already licensed professionals, the impaired practitioner programs may contract with a school or program to provide services to a student enrolled for the purpose of preparing for licensure as a health care practitioner if the student is allegedly impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition. The Department is not responsible for paying for the care provided by approved treatment providers or a consultant.

How does the Impaired Practitioner Program apply to applicants?
The Board of Dentistry may delegate to its Chair or other designee its authority to determine, before certifying or declining to certify an application for licensure to the Department, that an applicant for licensure under its jurisdiction may be impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition that could affect the applicant’s ability to practice with skill and safety. Upon such determination, the chair or other designee may refer the applicant to the consultant for an evaluation before the board certifies or declines to certify his or her application to the department.

How does the Impaired Practitioner Program apply to self-referrals for assistance?
If the Department has not received a legally sufficient complaint and the licensee agrees to withdraw from practice until such time as PRN determines the licensee has satisfactorily completed an approved treatment program or evaluation, the Board of Dentistry’s probable cause panel shall not become involved in the licensee’s case.

How does the Impaired Practitioner Program apply to complaints made against a licensee?
With regard to a complaint made to the Department that the licensee is impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental

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or physical condition which could affect the licensee’s ability to practice with skill and safety, but no complaint against the licensee other than impairment exists, the reporting of such information shall not constitute grounds for discipline pursuant to s. 456.072, F.S., if the Board of Dentistry probable cause panel finds:

1. The licensee has acknowledged the impairment problem.
2. The licensee has voluntarily enrolled in an appropriate, approved treatment program.
3. The licensee has voluntarily withdrawn from practice or limited the scope of practice as required by PRN, in each case, until such time as the panel is satisfied the licensee has successfully completed an approved treatment program.
4. The licensee has executed releases for medical records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions, to PRN.

The probable cause panel works directly with PRN, and all information concerning a practitioner obtained from PRN by the panel is confidential and exempt from the public records provisions of s. 119.07(1), Fla. Stat., subject to the provisions of subsections (6) and (7).

Can information about your impairment be shared?
If in the opinion of PRN, after consultation with a treatment provider, an impaired licensee has not satisfactorily progressed in a treatment program, all information regarding the issue of a licensee’s impairment and participation in a treatment program in PRN’s possession shall be disclosed to the Department and shall constitute a complaint pursuant to the general provisions of s. 456.073, F.S.. Whenever PRN concludes that the impairment affects a licensee’s practice and constitutes an immediate, serious danger to the public health, safety, or welfare, that conclusion shall be communicated to the State Surgeon General and may result in an emergency suspension of the license.

Section 456.072(1)(hh), F. S., provides that being terminated from a treatment program for impaired practitioners for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program is grounds for discipline of the licensee.