

**Dental Implant Safety Workgroup Meeting
Minutes
January 25, 2018**

MEMBERS PRESENT: Julie Ann Smith, D.D.S., M.D., M.C.R., Co – Chair
Todd Beck, D.M.D., Board Member
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daniel Blickenstaff, D.D.S., M.S.c., Investigator
James Katancik, D.D.S. – OHSU School of Dentistry designee
S. Shane Samy, D.M.D. – ODA designee
Normund K. Auzins, D.D.S. – ODA designee
Cyrus B. Javadi, D.D.S. – Board Appointed
Duy Anh Tran, D.M.D. – Board Appointed
Russell A. Lieblick, D.M.D. – Board Appointed
Donald Nimz, D.M.D. – Board Appointed

STAFF PRESENT: Stephen Prisby, Executive Director
Teresa Haynes, Office Manager
Haley Robinson, Investigator

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Tyler L. Clark, D.D.S., Robert H. Hodgert, D.M.D., James A. Miller,
D.M.D., Duane T. Starr, D.M.D., Vaughn Tidwell, D.M.D.

The meeting was called to order by Dr. Smith at 6:33 p.m. Dr. Smith welcomed everyone and had those present introduce themselves.

Workgroup members reviewed the minutes from the September 28, 2017 Dental Implant Safety Workgroup Meeting and a motion was made by Dr. Auzins, seconded by Dr. Katancik, that the Workgroup approve the minutes as presented. Dr. Smith, Dr. Kleinstub, Dr. Blickenstaff, Dr. Katancik, Dr. Samy, Dr. Auzins, Dr. Tran, Dr. Lieblick, and Dr. Nimz voted aye.

Dr. Smith reviewed the responses to requests for information from ADEX (American Board of Dental Examiners, Inc.) and the Five (5) Regional Testing Agencies. Dr. Smith asked for comment from the Workgroup members and briefly reviewed the responses.

ADEX informed the committee that a new Occupational Analysis is underway in order to ensure that the examination is current. The results of the analysis will determine what items will be tested on future ADEX Dental Examinations. The Board of Dentistry would be notified if the placement of dental implants would be an item on the exam. Since the Oregon Board of Dentistry is an ADEX Member State, who has a representative on the ADEX Dental Examination Committee, the OBD would play a role in that decision.

CDCA (Commission on Dental Competency Assessments) and CITA (Council of Interstate Testing Services, Inc.) responded that they rely on ADEX's occupational analysis and report to determine whether placement of dental implants will be an item on their examinations.

CRDTS (Central Regional Dental Testing Services, Inc.) responded that “since the placement of dental implants is largely conducted by specialists, [they] do not have any development plans for the testing of this procedure/skill set.”

SRTA (Southern Regional Testing Agency) responded that they have added the placement of dental implants to their Dental Examination Committee and Board of Directors to discuss later this month.

WREB (Western Regional Examination Board) responded that they “have been testing implants on our dental exam since 2015. This subject matter is tested in our **Comprehensive Treatment Planning** exam, which is a required section of the exam.” The committee reviewed that attached examination overview provided by WREB.

Workgroup members were asked to provide recommendations to the OBD regarding the placement of dental implants at the September 28, 2017 meeting. Those recommendations were attached to the public packet. A brief summary is provided below.

Dr. Paul Kleinstub and Dr. Daniel Blickenstaff recommended that the OBD could pass a rule requiring education provided by a hands on clinical course that includes the placement of implants under direct supervision. The provider would need to be approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

Dr. Lieblick recommended that the Board require doctors placing implants to provide a more detailed informed consent to the patient prior to the procedure and the restoration of 100 implants prior to placing them.

Dr. Beck joined the meeting at 6:45 p.m.

Dr. Javadi joined the meeting at 6:47 p.m. He recommended that doctors placing implants “should have sufficient didactic knowledge and clinical experience in the treatment planning of, surgical placement of, restoration of, and management of complications related to dental implants.”

Dr. Nimz recommended 50 hours of implant-related continuing education and a minimum of five hours of clinical participation prior to placing implants.

Dr. Tran and Dr. Samy also recommended requiring continuing education prior to placing implants.

Key Discussion Points

- Barriers to entry and exit for doctors looking to place implants.
- The advantages and disadvantages for a continuing education requirement in order to place implants.
- Effective means to ensure proper training and patient safety prior to placing implants.
- Whether restrictions or additional certifications should be put in place to ensure the safety of the public.
- Establishing guidelines for a standard of care when placing and restoring implants.
- Implementation of minimum requirements when placing and restoring implants.

Visitors were encouraged to address the OBD if they had anything they wished to share.

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Dr. Robert Hodgert voiced the importance of implant restoration as well as proper treatment planning and critical thinking skills when placing and restoring implants.

Dr. James Miller submitted information to the workgroup regarding proposed requirements for placing implants. Mr. Prisby confirmed that the materials would be provided in the Dental Implant Safety Workgroup Public Packet at the next scheduled meeting.

Dr. Duane Starr discussed implant failures and the importance of continuing education.

Dr. Vaughn Tidwell asked permission to do a brief presentation at the next regularly scheduled Dental Implant Safety Workgroup Meeting. Mr. Prisby confirmed that the materials would be provided in the Dental Implant Safety Workgroup Public Packet at the next scheduled meeting.

Dr. Smith thanked everyone for attending and briefly summarized the topics covered in the meeting. Widely discussed topics were: The use of a more detailed informed consent, a restorative requirement prior to placing implants, ensuring proper training and education, implementing a permit, a continuing education requirement, developing a minimum standard of care for placing and restoring implants, and looking to other groups for guidance in creating that standard.

Dr. Smith directed workgroup members and staff to obtain parameters of care involving the placement and restoration of implants from other organizations. Workgroup members were encouraged to send any information to Executive Director, Stephen Prisby. The Board will correspond with members of the Workgroup via email to set a future meeting date.

The meeting was adjourned at 8:40 p.m.