

MINUTES
TENNESSEE BOARD OF DENTISTRY
ANESTHESIA COMMITTEE MEETING

Date: October 2, 2023

Location: Iris Room
665 Mainstream Drive
Nashville, TN 37243

Members Present: John Werther, DMD
George A. Adams, DDS
Richard Gaw, DDS
Jayson Tabor, DDS

Staff Present: Ailene Macias, Board Director
Paetria Morgan, Senior Associate General Counsel

The meeting came to order at 4:14p.m.

Dr. Werther began the meeting by discussing the course “Stay In The Box Sedation” for the updated documents they submitted for their course. Dr. Adams noted the course documentation shows they added more faculty to the teaching staff since the last review, so it was more difficult to tell who was teaching which portions. Dr. Werther noted the NPDB reports were old, and the provider did not send updated reports for each instructor. He disapproved of the lack of medical consultation instruction provided in the course and noted the medical education of the course did not include enough information related to caring for high-risk patients. Dr. Werther expressed concern of the lack of instruction provided in the course on cardiac examinations for patients. Additional information would be needed for medical consultations and medical emergencies for this course. The committee members asked for more information for the course which would breakdown the course and the instructors for each section, and the updated NPDB reports for each instructor. Dr. Tabor asked if there was a requirement for the course provider to give a course breakdown for the instructors and which portions of the course they are teaching. The committee members and Ms. Morgan confirmed the board policy for sedation courses does require this information. Dr. Adams made a motion to reject the course, and to request that Stay in the Box Sedation provide more information. Dr. Gaw seconded the motion, and the motion carried.

The next course discussed was “IV Sedation Training for Dentists, LLC.” Dr. Werther stated that one of the main items missing from the course submission were the NPDB reports for any of the instructors. He stated the CV’s showed adequate training for the faculty and the course breakdown was detailed enough to show which instructors were teaching each subject. Dr. Tabor asked if the course could be approved pending receipt of the NPDB reports for the instructors. Dr. Werther stated the course would need to have the NPDB reports submitted for review at a future meeting, before it could be approved. Dr. Adams made

a motion to table the course, pending receipt and review of the NPDB reports for each instructor to be reviewed at a future meeting. Dr. Gaw seconded the motion, and the motion carried.

Dr. Tabor discussed several proposals which were sent to the committee members prior to the meeting. He felt that the low number of dentists in the state with sedation permits was adding to the access to care issue for patients. Dr. Tabor stated there needed to be more general dentists on the committee to represent non-specialty dentists, to help with the review of sedation courses for general dentists to obtain their sedation permits. Dr. Tabor also noted the application instructions for the limited conscious sedation permit had a discrepancy between the number of hours required for the course and the number of patient experiences as listed in the instructions and the board rule requirements. Dr. Tabor made a motion to update the application instructions for the limited conscious sedation permit, so the number of course hours and patient experiences matched the board rules. Dr. Adams seconded the motion, and the motion carried.

Dr. Adams disagreed with the proposal to add more general dentists to the committee. He felt there was proper representation on the committee, as stated in the board rules for the anesthesia consultants, which does require a general dentist to be appointed by the board. Dr. Tabor disagreed, stating when the committee was first formed, it was made up of all general dentists and one specialist dentist, so it would not be new to have more general dentists on the committee instead of more specialists. He did not believe a specialist can look at a sedation course the same way a general dentist might, and they could have a different opinion on the courses. Dr. Tabor believed that once a specialist dentist on the committee would no longer serve on the committee, a general dentist should replace them to fill that seat. Dr. Werther reminded the committee that they cannot make changes themselves, but they were responsible for making recommendations to the board which could be either accepted or rejected by the board. Dr. Werther felt that general dentists were not underrepresented on the committee, but it was the board's choice to appoint more general dentists if they deemed it necessary. Dr. Adams pointed out that the committee was not there to prevent general dentists from getting their sedation permits, but the courses must meet the minimum course requirements to ensure dentists are prepared to provide sedation safely to patients in the state. He reiterated there was no need to replace specialist committee members with general dentists, with the most important consideration with sedation course review was the safety and content of the sedation courses they review.

Dr. Tabor next proposed that the board website page showing the approved sedation/anesthesia permit courses should be updated so that if a course is not offered during a 12-month period, the course should be removed from the board website. Dr. Adams believed this was more of a clerical issue for the administrative office, and not the role of the committee to do this function. Dr. Tabor mentioned the website issue should be connected to the course recredentialing process for sedation courses. Previously it was discussed that courses should be recredentialed every 5 years. Dr. Tabor disagreed that a sealant application course must recertify every year, but a sedation course does not have to be recredentialed at any time. He would like to have something in place for sedation courses to recertify to ensure patient safety, and the board to keep up to date with active courses being offered to be listed on the board website. Ms. Morgan reminded the committee members the website is stating the courses were approved for sedation permits, and not "currently offered courses." She reminded them of the fact that removing the courses without notifying the providers of the course would be an issue, due to giving appearance that the

approval was revoked for the course. Dr. Werther requested to table this proposal to a future meeting when there would be a proposal for recredentialing of courses. The committee members discussed ideas for when a course provider would need to notify the board of changes to the course and for recredentialing of the course. It was recommended the committee members review the rules and corresponding applications for the RDA and RDH certification courses to see the structure and layout of the requirements for those programs/courses to help with the sedation course recertification process. The committee members wanted to table the proposals for the course recredentialing rules to be discussed at a future meeting when there has been more time to consider the rules and requirements to recommend to the board for the process.

Dr. Tabor inquired about creating a sub-committee for general dentists only, who would review sedation courses and other subjects which the Anesthesia Committee will also review for recommendations to the board. Ms. Morgan stated a sunshine notice and public meeting process would be required for a committee or sub-committee who would discuss board or committee business. Dr. Gaw questioned why there would need to be a committee of all general dentists for reviewing of courses, and that adding one or two more general dentists to the committee would not make a huge difference in the review of courses and other sedation related issues. Dr. Adams stated the rule change process to alter the sedation committee rules to add more general dentists to the committee make up, would be a long and unnecessary process. He recommended that Dr. Tabor speak with the TDA about access to care related to a lack of sedation courses available and/or being submitted to the committee/board for review. Ms. Morgan reminded the committee of the rules in which there was a general dentist and a rotating member who are to serve on the committee at any one time. With there being a rotating member on the committee, this seat could be filled by another general dentist if the board would wish to appoint one to serve on the committee for their 2-year terms.

Dr. Adams requested clarification regarding why Dr. Caldwell, who was appointed as a rotating member representing pediatric dentists, did not have the opportunity to serve his 2-year term on the committee before he was replaced. He felt if the rule stated the rotating member would be appointed to serve on the committee for 2-years, Dr. Caldwell should not have been replaced by another dentist without cause. Dr. Tabor believed Dr. Caldwell was replaced on the committee because he had too many other responsibilities serving in other capacities for the board. Ms. Morgan stated for the record that Dr. Caldwell did not request to be taken off the committee. Dr. Adams believed that another pediatric dentist should have replaced Dr. Caldwell, instead of a general dentist serving in his place for a seat which was supposed to have representation for pediatric dentists. He expressed the pediatric dentists in the state are unhappy with this change and would have liked to have another pediatric dentist serve on the board to fill the rotating member seat. Dr. Adams thought the board should have consulted with the committee and pediatric dentists in the state before removing Dr. Caldwell from the committee and replacing him with a general dentist. He felt there should have been due process for the replacement of a rotating committee member and the appearance of the situation did not seem proper. Dr. Tabor stated he would pass on the displeasure of the change in the rotating member appointment to the board at the next meeting.

There were no other agenda items to discuss and there were no people present for public comment or questions. Dr. Tabor made a motion to adjourn the meeting, and Dr. Adams seconded the motion. The meeting was adjourned at 5:33 p.m.