

OBD Guidance on NEW Dental Implant Rules – effective January 1, 2024

At its June 17, 2022 meeting, the Board voted to change the effective date of the rules from July 1, 2022 to January 1, 2024.

Historically, dentists have received training in the surgical placement of implants in a variety of different ways. Beginning January 1, 2024, Oregon dentists will be required to complete 56 hours of hands on clinical implant course(s), at an appropriate postgraduate level, prior to surgically placing dental implants. The Oregon Board of Dentistry (OBD) recommends that proof of meeting the training requirements be maintained indefinitely, as copies may be requested at random audits or complaint investigations.

Graduates of specialty training programs in Oral and Maxillofacial Surgery, Periodontics, and Prosthodontics that comply with CODA standard 4 curriculum guidelines (or similar educational requirements) who have been trained to competency in surgical implant placement may qualify to surgically place implants with documentation of completing the required training.

Accredited universities, independent study clubs, formal mentoring agreements, and dental product manufacturers may also offer hands on implant training on surgical placement. However, only hours completed as part of CODA accredited graduate dental programs, or through education providers that are AGD PACE or ADA CERP approved will qualify to meet the initial 56-hour training requirement.

Additionally, beginning January 1, 2024, Oregon dentists will be required to complete seven hours of continuing education related to the placement and/or restoration of dental implants each licensure renewal period. Dentists renewing in Spring 2023, and all subsequent renewing dentists, will be required to complete the required seven hours of dental implant CE to be in compliance, if they are placing dental implants.

FAQs for Dental Implants:

What language (effective January 1, 2024) was added to the Scope of Practice Rule OAR 818- 012-0005?

(4)A dentist may place endosseous implants to replace natural teeth after completing a minimum of 56 hours of hands on clinical course(s), which includes treatment planning, appropriate case selection, potential complications and the surgical placement of the implants under direct supervision, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE), by the American Dental Association Continuing Education Recognition Program (ADA CERP) or by a Commission on Dental Accreditation (CODA) approved graduate dental education program.

(5)A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement and or restoration of dental implants every licensure renewal period (Effective January 1, 2024.)

What language (effective January 1, 2024) was added to the Continuing Education Rules of OAR 818-021-0060?

(8) A dentist placing endosseous implants must complete at least seven (7) hours of continuing education related to the placement of dental implants every licensure renewal period (Effective January 1, 2024.)

How and why did the OBD decide to implement these rule changes regarding dental implants?

The OBD investigated 82 dental implants cases between February 2014 and August 2017. Of those cases, 41% resulted in Disciplinary Action, which was equally distributed between specialists and general practitioners. During Strategic Planning in 2016, the OBD identified dental implant complications and the subsequent complaints as a significant problem in Oregon. Dental implant safety was codified in the OBD's 2017-2020 Strategic Plan as a priority issue, and it has remained an ongoing safety concern of the Board through the present. At the April 21, 2017 Board Meeting, in order to effectively protect the public, and per ORS 679.280, the OBD established an ad hoc Committee named the "Dental Implant Safety Workgroup" to research, review, and discuss dental implants, implant complications, and the resulting investigations. The Workgroup's ultimate goal was to advise the OBD on the most effective actions to protect the public and educate dentists regarding dental implants. The Workgroup included OBD Board Members, OBD Staff and Licensees (both specialists and general practitioners).

The Workgroup held its first meeting in September 2017 and held a total of four meetings, with the last meeting taking place in July 2018. The Workgroup invited other interested parties to share their input, and all the meetings were open to the public. The meetings included robust discussion among specialists and general dentists. The passionate and respectful discourse resulted in valuable input from all parties. The Workgroup wrestled with many interesting data points in how to address dental implant complications. The Workgroup's recommendations to the OBD, some of which have already been implemented, and some of which continue to undergo additional refinement, appear below:

- Require a written informed consent form for dental implant placement. The level of detail that should be included in such a form remains under debate.
- Develop the educational requirements/prerequisites for dentists who wish to place implants.
- Develop a plan for "grandfathering in" licensees with a great deal of experience and success placing and restoring dental implants.
- Require a certain amount of CE pertaining to dental implants be required of licensees practicing implant dentistry for each renewal cycle.

- Determine whether all licensed dentists will be required to complete a certain amount of CE pertaining to dental implants each renewal cycle.
- Communicate with the Oregon Dental Association regarding developing a set of specific “guidelines” for Oregon licensed dentists practicing implant dentistry.
- Develop a requirement for how important information related to the implant (such as type/ manufacturer) is properly documented and provided to the patient.

The following Board Members, Staff and Oregon dentists served on the Dental Implant Safety Workgroup:

Board Members:

Dr. Gary Underhill; Dr. Julie Ann Smith;
Dr. Todd Beck

Board Staff:

Dr. Paul Kleinstub; Dr. Daniel Blickenstaff

Oregon Dentists:

Dr. Normund Auzins; Dr. Cyrus Javadi;
Dr. James Katancik; Dr. Russell Lieblick;
Dr. Donald Nimz; Dr. S. Shane Samy;
Dr. Duy Anh Tran

I obtained my Oregon dental license prior to January 1, 2024. Am I required to take 56 hours of hands on clinical implant course(s) prior to placing dental implants?

Yes. Per the recommendation of the Dental Implant Safety Workgroup, the OBD has implemented new requirements to ensure that all Oregon-licensed dentists placing implants have the necessary skills, training, and knowledge. If you have already completed the required training hours, the OBD recommends that you obtain a letter of verification, signed by your training director, certifying that you have completed the required training as stated in the rule. The OBD recommends you maintain easily accessible copies of that documentation throughout your career in Oregon.

I obtained my Oregon dental license on, or after, January 1, 2024. Am I required to take 56 hours of hands on clinical implant course(s) prior to placing dental implants?

Yes. Once you have completed the 56 hours of hands on clinical course(s), or if you have already completed the required training hours, the OBD recommends that you obtain a letter of verification, signed by your training director, certifying that you have completed the required training as stated in the rule. The OBD recommends that you maintain easily accessible copies of that documentation throughout your career in Oregon.

In what timeframe do I need to take my 56 hours of hands on clinical implant course(s)?

There is no specific timeframe required; therefore the training may be completed over any timeframe - months or years apart. However, all 56 hours must be completed before a dentist may place endosseous implants to replace natural teeth.

Are the 56 hours of hands on clinical implant course(s) cumulative, or do they need to be completed in a single program?

The hands on clinical course(s) taken to meet the 56 hour requirement may be completed in multiple courses. It is not a requirement that it be in one course.

Does the course need to include practice on human patients? Or can it be on a manikin/typodont or an animal jaw?

The Board does not specify whether or not the implants need to be placed in a human. As long as the course meets the requirements of OAR 818-012-0005(4) it is acceptable.

Do the 56 hours of hands on clinical course(s) need to be direct patient care? Or can didactic course instruction be included in the 56 hours?

The Board defers to the course instructor to define “clinical hands on,” and determine how many hours of the course are dedicated to topics and format as stated in the rule. This could include some didactic instruction, provided it is under direct supervision as stated in the rule.

I only restore implants and do not place them. Do I need to meet the 56 hour requirement? Do I need to do 7 hours of CE related to implants?

If you do not place endosseous implants, and you only restore them, you do not need to complete the 56 hours or the 7 hours of CE related to placing/restoring implants.

I am concerned that I will not be able to obtain proof of completion of my 56 hours of hands on clinical implant training, because some or all of those hours were completed long ago. Many records retention policies limit to seven years or less. Will I just be “out of luck” if I can’t pull together proof of certain courses?

This information will be reviewed on a case-by-case basis, typically as part of a CE audit or an investigation. It is expected that the Licensee would put in their best effort to obtain this information in the event that the training was completed many years ago. The Board will review all relevant information and circumstances before taking any action.

I have placed a great number of implants over the years with a high success rate. Can I be “grandfathered” into placing implants without taking 56 hours of hands on clinical courses?

There is not currently a portion of the rules that allows this. In order to place implants after January 1, 2024, you will need to meet the 56 hour requirement in 818-012-0005(4).

I just completed a CODA-accredited specialty program, a GPR, or AEGD program. Does this automatically qualify me to surgically place dental implants in Oregon?

No. If you completed hands on clinical implant training as part of completing a CODA-accredited specialty program, GPR, or AEGD program, and the training meets the requirements included in the rule, you may count those hours towards the 56 hours of hands on clinical course(s) required by the rule. As with all implant training, you would need to maintain specific documentation of completion of the required training, such as a letter from the Program Director or Chair certifying that you completed the required training, as stated in the rule, as part of your CODA-accredited specialty program(s), GPR, or AEGD program(s).

Why don't the rules offer differential treatment for specialists and generalists, or consideration for individuals who have been placing implants who have been doing this work for some time?

Specialists and general dentists collaborated on the Dental Implant Safety Workgroup where recommendations for the rule changes started. The 56 hours of hands on clinical implant course work can be completed over many years, giving general dentists a greater opportunity to meet the requirements, even if they did not complete a specialty program.

I have not completed the required 56 hours of hands on clinical implant course(s). Can I continue to provide bone grafts in extraction sites, sinus lift procedures, and periodontal surgical procedures related to implants?

A dentist can continue to perform implant site development procedures related to dental implants, as long as they have the proper training and skill. The quality and type of bone grafts, soft tissue grafts, or other related procedures, are expected to meet clinical standards equivalent to the training standards of a specialist. Complications with implant site development, implant placement, and sinus lift procedure are another frequent area of litigation.

I have completed the required 56 hours of hands on clinical implant course(s). Can I harvest extraoral bone for my implant placement?

Under OAR 818-012-0005(2), only dentists that have successfully completed a CODA-accredited OMS specialty residency may harvest bone extra orally. Additionally, dentists who hold privileges issued by a credentialing committee of a JCAHO-accredited hospital or AAAHC-accredited ambulatory surgical center may harvest bone extra orally in the hospital or ambulatory surgical center setting.

Can I place endosteal implants, transosteal implants, subperiosteal implants, zygomatic implants, interim implants, mini-implants, eposteal implants, or other future technical advancements?

You still need to complete the required 56 hours of hands on clinical course(s) related to surgical implant placement, regardless of the terminology you are using.

What kind of ongoing CE is required once I meet the initial qualification to surgically place implants? Does this CE need to be AGD PACE or ADA CERP approved? Can I complete it online?

A dentist placing endosseous implants must complete at least seven hours of continuing education related to the placement and/or restoration of dental implants every licensure renewal period. Effective January 1, 2024, you must complete a minimum of seven hours of CE related to surgical placement of implants as set forth in ORS 818-021-0060. The seven hours of CE required for each renewal cycle needs does not necessarily need to be AGD PACE or ADA CERP approved and can be completed online.

I completed a residency in OMS, Periodontics, or Prosthodontics, do I still need to take the CE related to the placement and/or restoration of dental implants every license renewal?

Yes. Seven hours of CE related to the placement and/or restoration of dental implants will also need to be completed every licensure renewal period. The implant placement surgeon is expected to complete ongoing CE every licensure period to stay current with the therapeutic practice of implants.

What information is the dentist placing dental implants required to provide to the patient?

Per the recommendation of the Dental Implant Safety Workgroup, the following rule went into effect on January 1, 2020. The information is requested in investigations involving dental implant complications.

OAR 818-12-0070(4) Patient Records

(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:

- (a) Manufacture brand;
- (b) Design name of implant;
- (c) Diameter and length;
- (d) Lot number;
- (e) Reference number;
- (f) Expiration date;
- (g) Product labeling containing the above information may be used in satisfying this requirement.

What other information might a dentist document when restoring dental implants?

OAR 818-012-0070 (1) (d) requires “Date and description of treatment or services rendered.” This documentation *may* include the prosthodontic procedures performed, such as size, location, type and angulation of the dental implant, size and type of abutment used, type of prosthesis fabricated and materials used, type of connection — screw or cement, and osseointegration status, etc. Laboratory prescriptions and other communications should also be maintained in the patient

record. One should always document the type, quantity, and interpretation of radiographic images, as well as any informed consent, recognized complications, and referral options.

Where can I direct additional questions and/or feedback about the dental implant rule changes?

Any additional questions about the dental implant rule changes can be directed to the OBD by emailing information@obd.oregon.gov or by calling 971-673-3200. The OBD always welcomes feedback from our Licensees, other dental healthcare professionals, and/or members of the public!