

## SUBCHAPTER 16S - CARING DENTAL PROFESSIONALS PROGRAM

### SECTION .0100 - GENERAL

#### 21 NCAC 16S .0101 DEFINITIONS

The following definitions are applicable to impaired dentist programs established in accordance with G.S. 90-48.2:

- (1) "Board" -- the North Carolina State Board of Dental Examiners;
- (2) "Impairment" -- chemical dependency or mental illness;
- (3) "Board of Directors" -- individuals comprising the oversight panel consisting of representatives from the North Carolina Dental Society, the Board, licensed dental hygienists, and the UNC School of Dentistry established to function as a supervisory body to the North Carolina Caring Dental Professionals;
- (4) "Director" -- the person designated by the Board of Directors to organize and coordinate the activities of the North Carolina Caring Dental Professionals;
- (5) "North Carolina Caring Dental Professionals" -- the program established through agreements between the Board and special impaired dentist peer review organizations formed by the North Carolina Dental Society made up of Dental Society members designated by the Society, the Board, a licensed dental hygienist upon recommendation of the dental hygienist member of the Board, and the UNC School of Dentistry to conduct peer review activities as provided in G.S. 90-48.2(a).
- (6) "North Carolina Caring Dental Professionals members" -- the two hygienists appointed by the Dental Board and volunteer Dental Society members selected by the Board of Directors from peer review organizations to serve as parties to interventions, to direct impaired dentists into treatment, and as monitors of those individuals receiving treatment. Peer liaisons and volunteers participating in programs for impaired dental hygienists shall be dental hygienists.

*History Note: Authority G.S. 90-48; 90-48.2; 90-48.3;  
Eff. April 1, 1994;  
Temporary Amendment Eff. August 20, 1999;  
Amended Eff. July 1, 2015; April 1, 2001;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

#### 21 NCAC 16S .0102 BOARD AGREEMENTS WITH PEER REVIEW ORGANIZATIONS

The Board may enter into agreements with special impaired dentist peer review organizations, pursuant to G.S. 90-48.2, to establish the North Carolina Caring Dental Professionals to be supervised by the Board of Directors. Such agreements shall provide for:

- (1) investigation, review and evaluation of records, reports, complaints, litigation, and other information about the practice and practice patterns of licensed dentists and dental hygienists as may relate to impaired dentists and dental hygienists;
- (2) identification, intervention, treatment, referral, and follow up care of impaired dentists and dental hygienists; and
- (3) due process rights for any subject dentist or dental hygienist.

*History Note: Authority G.S. 90-48; 90-48.2; 90-48.3;  
Eff. April 1, 1994;  
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### SECTION .0200 - GUIDELINES FOR PROGRAM ELEMENTS

#### 21 NCAC 16S .0201 RECEIPT AND USE OF INFORMATION OF SUSPECTED IMPAIRMENT

(a) Information concerning suspected impairment may be received by the North Carolina Caring Dental Professionals through any of the following sources:

- (1) reports of physicians, psychologists or counselors;
- (2) reports from family members, staff or other individuals;
- (3) self-referral; or
- (4) referral by the Board.

(b) When information of suspected impairment is received, the Program shall conduct an investigation and routine inquiries to determine the validity of the report.

(c) Dentists and dental hygienists suspected of impairment may be required to submit to personal interviews if the investigation and inquiries indicate the report of impairment may be valid.

*History Note: Authority G.S. 90-48; 90-48.2; 90-48.3;  
Eff. April 1, 1994;  
Temporary Amendment Eff. August 20, 1999;  
Amended Eff. April 1, 2001;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

### **21 NCAC 16S .0202 CONFIDENTIALITY**

Information received by the Program regarding voluntary participants shall remain confidential and shall not be released to the Dental Board or members of the public, except as set out in Rule .0203(b) of this Section. Voluntary participants who meet the requirements of Rule .0203(b) of this Section shall be reported to the Board along with evidence of the events leading to the report. Information received about participants referred to the Program by the Board shall be exchanged with the Board or its investigators.

*History Note: Authority G.S. 90-48; 90-48.2;  
Eff. April 1, 1994;  
Amended Eff. July 1, 2015;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

### **21 NCAC 16S .0203 INTERVENTION AND REFERRAL**

(a) Following an investigation, if an impairment is determined to exist and confirmed, an intervention shall be conducted using specialized techniques designed to assist the dentist or dental hygienist in acknowledging responsibility for dealing with the impairment. The dentist or dental hygienist shall be referred to an appropriate treatment source.

(b) Following an investigation, intervention, treatment, or upon receipt of a complaint or other information, a peer review organization participating in the North Carolina Caring Dental Professionals shall report to the Board detailed information about any dentist or dental hygienist licensed by the Board, if it is determined that:

- (1) the dentist or dental hygienist constitutes an imminent danger to the public or himself or herself;
- (2) the dentist or dental hygienist refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment and exhibits professional incompetence; or
- (3) it reasonably appears that there are other grounds for disciplinary action.

(c) Program members may consult with medical professionals and treatment sources as necessary in carrying out the Program's directives.

(d) Interventions shall be arranged and conducted as expeditiously as possible. When interventions are conducted as a direct result of a Board-initiated referral, a Board representative may be present.

(e) Treatment sources shall be evaluated and determined applicable before an individual is referred for treatment, and any treatment contracts or aftercare agreements shall be documented and recorded by the Program.

*History Note: Authority G.S. 90-48; 90-48.2; 90-48.3;  
Eff. April 1, 1994;  
Temporary Amendment Eff. August 20, 1999;  
Amended Eff. April 1, 2001;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.*

### **21 NCAC 16S .0204 MONITORING TREATMENT**

A treatment source or facility receiving referrals from the Program shall be continually monitored to determine its ability to provide:

- (1) adequate medical and non-medical staffing;
- (2) appropriate treatment;
- (3) affordable treatment;
- (4) adequate facilities; and
- (5) appropriate post-treatment support.

*History Note:* Authority G.S. 90-48; 90-48.2;  
Eff. April 1, 1994;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018.

## **21 NCAC 16S .0205 MONITORING REHABILITATION AND PERFORMANCE AFTER TREATMENT**

- (a) Program members shall monitor dentists and dental hygienists following treatment. Testing for impairment shall be conducted until rehabilitation has been accomplished.
- (b) Treatment sources shall submit reports to the Director concerning a dentist's or dental hygienist's rehabilitation and performance.
- (c) Impaired dentists and dental hygienists shall submit to periodic personal interviews before the Director or Program members designated by the Director; or, for those referred to the Program by the Board, before the Board's agents. The frequency of personal interviews shall be determined by the dentist's or dental hygienist's ability to accomplish rehabilitation and adequately perform after treatment.
- (d) Complete records shall be maintained by the Program on all dentists and dental hygienists reporting for assistance, treatment, or monitoring and such records shall remain confidential in accordance with G.S. 90-48.2(e).
- (e) The Program shall maintain statistical information regarding impairment, to be reported to the Board periodically, but no less than once a year.
- (f) The Program shall compile and report information periodically to the Board regarding investigations, reports, complaints, intervention, treatment, referral, rehabilitation and follow up care of impaired dentists and dental hygienists. Such reports shall not identify the subject dentist or dental hygienist unless the dentist or dental hygienist was referred by the Board or a determination under Rule .0203(b) of this Section has been made.

*History Note:* Authority G.S. 90-48; 90-48.2;  
Eff. April 1, 1994;  
Temporary Amendment Eff. August 20, 1999;  
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