

# Sanctioning Reference Points Instruction Manual

## Board of Dentistry

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Dear Interested Parties:

In the spring of 2001, the Virginia Department of Health Professions approved a work plan to study sanctioning in disciplinary cases for Virginia's 13 health regulatory boards. The purpose of the study was to "... provide an empirical, systematic analysis of board sanctions for offenses and, based on this analysis, to derive reference points for board members." The purposes and goals of this study are consistent with state statutes which specify that the Board of Health Professions periodically review the investigatory and disciplinary processes to ensure the protection of the public and the fair and equitable treatment of health professionals.

Each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. After interviewing current and past Board of Dentistry members and staff, a committee of Board members, staff, and research consultants assembled a research agenda involving one of the most exhaustive statistical studies of sanctioned dentists in the United States. The analysis included collecting over 130 factors on all Board of Dentistry sanctioned cases in Virginia over a 7 year period. These factors measured case seriousness, respondent characteristics, and prior disciplinary history. After identifying the factors that were consistently associated with sanctioning, it was decided that the results provided a solid foundation for the creation of sanction reference points. Using both the data and collective input from the Board of Dentistry and staff, analysts spent 10 months developing a usable set of sanction worksheets as a way to implement the reference system.

By design, future sanction recommendations will encompass, on average, about 75% of past historical sanctioning decisions; an estimated 25% of future sanctions will fall above or below the sanction point recommendations. This allows considerable flexibility when sanctioning cases that are particularly egregious or less serious in nature. Consequently, one of the most important features of this system is its voluntary nature; that is, the Board is encouraged to depart from the reference point recommendation when aggravating or mitigating circumstances exist.

Equally important to recommending a sanction, the system allows each respondent to be evaluated against a common set of factors—making sanctioning more predictable, providing an educational tool for new Board members, and neutralizing the possible influence of "inappropriate" factors (e.g., race, sex, attorney presence, identity of Board members). As a result, the following reference instruments should greatly benefit Board members, health professionals and the general public.

Sincerely yours,

Robert A. Nebiker  
Director

Cordially,

Elizabeth A. Carter, Ph.D.  
Executive Director  
Virginia Board of Health Professions

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# GENERAL INFORMATION

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## Overview

The Virginia Board of Health Professions has spent the last three years studying sanctioning in disciplinary cases. The study is examining all 13 health regulatory boards, with the greatest focus most recently on the Board of Dentistry. The Board of Dentistry is now in a position to implement the results of the research by using a set of voluntary Sanctioning Reference Points (SRPs). This manual contains some background on the project, the goals and purposes of the system, and the three offense-based sanction worksheets and grids that will be used to help Board members determine how a similarly situated respondent has been treated in the past. This sanctioning system is based on a specific sample of cases, and thus only applies to those persons sanctioned by the Virginia Board of Dentistry. Moreover, the worksheets and grids have not been tested or validated on any other groups of persons. Therefore, they should not be used at this point to sanction respondents coming before other health regulatory boards, other states, or other disciplinary bodies.

The Sanctioning Reference system is comprised of a series of worksheets which score a number of offense and prior record factors identified using statistical analysis. These factors have been isolated and tested in order to determine their influence on sanctioning outcomes. A sanctioning grid found on each of the offense worksheets uses an offense score and a prior record score to recommend a range of sanctions from which the Board may select in a particular case.

In addition to this instruction booklet, separate coversheets and worksheets are available to record the offense score, prior record score, recommended sanction, actual sanction and any reasons for departure (if applicable). The completed coversheets and worksheets will be evaluated as part of an on-going effort to monitor and refine the SRPs. These instructions and the use of the SRP system fall within current Department of Health Professions and Board of Dentistry policies and procedures. Furthermore, all sanctioning recommendations are those currently available to and used by the Board and are specified within existing Virginia statutes.

## Background

In April of 2001, the Virginia Board of Health Professions (BHP) approved a work plan to conduct an analysis of health regulatory board sanctioning and to consider the appropriateness of developing historically-based sanctioning reference points for health regulatory boards, including the Board of Dentistry (BOD). The Board of Health Professions and project staff recognize the complexity and difficulty in sanction decision-making and have indicated that for any sanction reference system to be successful, it must be "developed with complete Board oversight, be value neutral, be grounded in sound data analysis, and be totally voluntary"—that is, the system is viewed strictly as a Board decision tool.

## Goals

The Board of Health Professions and the Board of Dentistry cite the following purposes and goals for establishing SRPs:

- Making sanctioning decisions more predictable
- Providing an education tool for new Board members
- Adding an empirical element to a process/system that is inherently subjective
- Providing a resource for BOD and those involved in proceedings
- "Neutralizing" sanctioning inconsistencies
- Validating Board member or staff recall of past cases
- Constraining the influence of undesirable factors—eg., overall Board makeup, race or ethnic origin, etc.
- Helping predict future case loads and need for compliance monitoring

## Methodology

The fundamental question when developing a sanctioning reference system is deciding whether the supporting analysis should be grounded in historical data (a descriptive approach) or whether it should be developed normatively (a prescriptive approach). A prescriptive approach reflects what policy makers feel sanction recommendations should be, as opposed to what they have been. SRPs can also be developed using historical data analysis with normative adjustments to

follow. This approach combines information from past practice with policy adjustments, in order to achieve some desired outcome. The Board of Dentistry chose a descriptive approach with a limited number of normative adjustments.

#### Qualitative Analysis

Researchers conducted 11 in-depth personal interviews of past and current BO D members, Board staff, and representatives from the Attorney General's office. The interview results were used to build consensus regarding the purpose and utility of SRPs and to further frame the analysis. Additionally, interviews helped ensure the factors that Board members consider when sanctioning were included during the quantitative phase of the study. A literature review of sanctioning practice across the United States was also conducted.

#### Quantitative Analysis

Researchers collected detailed information on all BO D disciplinary cases ending in a violation between 1996 and 2004; approximately 198 sanctioning "events" covering 222 cases. Over 130 different factors were collected on each case in order to describe the case attributes Board members identified as potentially impacting sanction decisions. Researchers used data available through the DHP case management system combined with primary data collected from hard copy files. The hard copy files contained investigative reports, Board notices, Board orders, and all other documentation that is made available to Board members when deciding a case sanction.

A comprehensive database was created to analyze the offense and respondent factors which were identified as potentially influencing sanctioning decisions. Using statistical analysis to construct a "historical portrait" of past sanctioning decisions, the significant factors along with their relative weights were derived. These factors and weights were formulated into sanctioning worksheets and grids, which are the basis of the SRPs.

Offense factors such as patient harm, patient vulnerability and number of teeth involved were analyzed as well as respondent factors such as substance abuse, impairment at the time of offense, initiation of self-corrective action, and prior disciplinary history of the respondent. Some factors were deemed inappropriate for use in a structured sanctioning

reference system. For example, the presence of the respondent's attorney, the respondent's age or sex, and case processing time, are considered "extra-legal" factors, and were explicitly excluded from the sanction reference points. Although many factors, both "legal" and "extra-legal" can help explain sanction variation, only those "legal" factors the Board felt should consistently play a role in a sanction decision were included in the final product.

By using this method, the hope is to achieve more neutrality in sanctioning, by making sure the Board considers the same set of "legal" factors in every case.

### Wide Sanctioning Ranges

The SRPs consider and weigh the circumstances of an offense and the relevant characteristics of the respondent, providing the Board with a sanction range that encompasses roughly 77% of historical practice. This means that 23% of past cases had received sanctions either higher or lower than what the reference points indicate, acknowledging that aggravating and mitigating factors play a role in sanctioning. The wide sanctioning ranges recognize that the Board will sometimes reasonably disagree on a particular sanction outcome, but that a broad selection of sanctions fall within the recommended range.

Any sanction recommendation the Board derives from the SRP worksheets must fall within Virginia law and regulations. If a Sanctioning Reference Point worksheet recommendation is more or less severe than a Virginia statute or DHP regulation, the existing laws or policies supersede any worksheet recommendation.

### Two Dimensional Sanctioning Grid Scores Both Offense and Prior Record Factors

The Board indicated early in the study that sanctioning is not only influenced by circumstances associated with the instant offense, but also by the respondent's past history. The empirical analysis supported the notion that both offense and prior record factors impacted sanction outcomes. To this end, the Sanction Reference Points make use of a two-dimensional scoring grid; one dimension assesses factors related to the instant offense, while the other dimension assesses factors related to prior record.

The first dimension assigns points for circumstances related to the violation offense that the Board is currently considering. For example, the respondent may receive points if they were unable to safely practice due to impairment at the time of the offense, or if there were multiple patients involved in the incident(s). The other dimension assigns points for factors that relate to the respondent's prior record. So a respondent before the Board for an unlicensed activity case may also receive points for having had a history of disciplinary violations. This respondent can receive additional points if the prior violation is similar.

### **Voluntary Nature**

The SRP system is a tool to be utilized by the Board of Dentistry. Compliance with the SRPs is voluntary. The Board will use the system as a reference tool and may choose to sanction outside the recommendation. The Board maintains complete discretion in determining the sanction handed down. However, a structured sanctioning system is of little value if the Board is not provided with the appropriate coversheet and worksheet in every case eligible for scoring. A coversheet and worksheet should be completed in cases resolved by Informal Conferences. The coversheet and worksheets will be referenced by Board members during Closed Session.

### **Worksheets Not Used in Certain Cases**

The SRPs will not be applied in any of the following circumstances:

- Formal Hearings – Sanction Reference Points will not be used in cases that reach a Formal Hearing level.
- Mandatory suspensions – Virginia law requires that under certain circumstances (conviction of a felony, declaration of legal incompetence or incapacitation, license revocation in another jurisdiction) the license of a practitioner must be suspended. The sanction is defined by law and is therefore excluded from the Sanctioning Reference Point system.
- Compliance/reinstatement cases – The SRPs should not be applied to compliance or reinstatement cases.
- Action by another Board – When a case which has already been adjudicated by a Board from another state appears before the Virginia Board of Dentistry, the Board often attempts to mirror the sanction handed down by the other Board. The Virginia Board of Dentistry usually requires that all conditions set by the other Board are completed or complied with in Virginia. The SRPs do not apply as the case has already been heard and adjudicated by another Board.

The SRPs are organized into three offense groups. This organization is based on a historical analysis showing that offense and prior record factors and their relative importance vary by type of offense. The reference point factors found within a particular offense group are those which proved important in determining historical sanctions for that offense category.

When multiple cases have been combined into one "event" (one notice) for disposition by the Board, only one offense group coversheet and worksheet should be completed and it should encompass the entire event. If a case has more than one offense type, one coversheet and worksheet is selected according to the offense group which appears highest on the following table. For example, a dentist found in violation of both advertising and a treatment-related offense would have their case scored on a Standards of Care worksheet, since Standards of Care is above Advertising/Business Practice Issues on the table. The table also assigns the various case categories brought before the Board to one of the three offense groups. If an offense type is not listed, find the most analogous offense type and use the appropriate scoring worksheet.

**Table 1: Offense Groups Covered by the Sanctioning Reference Points**

<p>Inability to Safely Practice</p>	<p>Inability to safely practice – Impairment or Incapacitation            Inability to safely practice – Other            Drug Related</p> <ul style="list-style-type: none"> <li>• Prescribing without a relationship</li> <li>• Non-dental purposes</li> <li>• Excessive prescribing/dispensing</li> <li>• Personal Use</li> <li>• Security</li> <li>• Other</li> <li>• Obtaining drugs by fraud</li> </ul>
<p>Standard of Care</p>	<p>Standard of Care – Diagnosis/Treatment Related</p> <ul style="list-style-type: none"> <li>• Failure to diagnose or treat</li> <li>• Incorrect diagnosis or treatment</li> <li>• Failure to respond to needs</li> <li>• Delay in treatment</li> <li>• Unnecessary treatment</li> <li>• Improper performance of procedure</li> <li>• Failure to refer/obtain consult</li> <li>• Failure to offer patient education</li> <li>• Other</li> </ul> <p>Standard of Care – Consent related            Standard of Care – Equipment/Product related            Standard of Care – Prescription related            Sexual assault and mistreatment            Abuse/Abandonment/Neglect            Records release</p>
<p>Business Practice Issues/Advertising</p>	<p>Records/ Inspections/Audits            Business Practices Issues            Fraud            Criminal activity            Unlicensed activity</p> <ul style="list-style-type: none"> <li>• Aiding/A betting unlicensed activity</li> <li>• DEA registration revoked/expired/invalid</li> <li>• Practicing on lapsed/expired license</li> <li>• Other</li> </ul> <p>Advertising</p> <ul style="list-style-type: none"> <li>• Claim of Superiority</li> <li>• Deceptive/Misleading</li> <li>• Improper use of trade name</li> <li>• Failure to disclose full fee when advertising discount</li> <li>• Other</li> <li>• Omission of required wording/advertising elements</li> </ul>

## Completing the Coversheet & Worksheet

Ultimately, it is the responsibility of the Board to complete the Sanction Reference Point coversheet and worksheet in all applicable cases.

The information relied upon to complete a coversheet and worksheet is derived from the case packet provided to the Board and respondent. It is also possible that information discovered at the time of the informal conference may impact worksheet scoring. The Sanction Reference Point coversheet and worksheet, once completed, are confidential under the Code of Virginia. However, complete copies of the Sanction Reference Point Manual, including blank coversheets and worksheets, can be found on the Department of Health Professions web site: [www.dhp.state.va.us](http://www.dhp.state.va.us) (paper copy also available on request).

## Offense Group Worksheets

Instructions for scoring each of the 3 offenses are contained adjacent to each worksheet in subsequent sections of this manual. Instructions are provided for each line item of each worksheet and should be referenced to ensure accurate scoring for a specific factor. When scoring an offense group worksheet, the scoring weights assigned to a factor on the worksheet cannot be adjusted. The scoring weights can only be applied as yes or no with all or none of the points applied. In instances where a scoring factor is difficult to interpret, the Board has final say in how a case is scored.

## Coversheet

The coversheet is completed to ensure a uniform record of each case and to facilitate recordation of other pertinent information critical for system monitoring and evaluation.

If the Board feels the sanctioning grid does not recommend an appropriate sanction, the Board is encouraged to depart either higher or lower when handing down a sanction. If the Board

disagrees with the sanction grid recommendation and imposes a sanction greater or less than the recommended sanction, a short explanation can be recorded on the coversheet. The explanation could identify the factors and the reasons for departure. This process will ensure worksheets are revised appropriately to reflect current Board practice. If a particular reason is continually cited, the Board can examine the issue more closely to determine if the worksheets should be modified to better reflect Board practice.

Aggravating and mitigating circumstances that may influence Board decisions can include, but should not be limited to, such things as:

- Severity of the incident
- Monetary gain
- Dishonesty/Obstruction
- Motivation
- Remorse
- Patient vulnerability
- Restitution/Self-corrective action
- Multiple offenses/Isolated incident
- Age of prior record

A space is provided on the coversheet to record the reason(s) for departure. Due to the uniqueness of each case, the reason(s) for departure may be wide-ranging. Sample scenarios are provided below:

Departure Example # 1

Sanction Grid Result: Recommend Formal

Imposed Sanction: Probation with terms – practice restriction.

Reason(s) for Departure: Respondent was particularly remorseful and had already begun corrective action.

Departure Example # 2

Sanction Grid Result: No

Sanction/Reprimand/Education.

Imposed Sanction: Treatment – practice monitoring.

Reason(s) for Departure: Respondent may be trending towards future violations, in place to oversight now to avoid future problems.



## Determining a Specific Sanction

The Sanction Grid has four separate sanctioning outcomes: Recommend formal or accept surrender, Treatment, Monetary Penalty, and No Sanction/Reprimand/Education. The table below lists the most frequently cited sanctions under the four sanctioning outcomes that are part of the sanction grid. After considering the sanction grid recommendation, the Board should fashion a more detailed sanction(s) based on the individual case circumstances.

**Table 2: Sanctioning Reference Point Grid Outcomes**

Recommend Formal or Accept Surrender	Recommend Formal Accept Surrender Suspension Revocation
Treatment/Monitoring	Stayed Suspension - Immediate Probation Terms <ul style="list-style-type: none"> <li>• Audit/inspection of practice, clinical exam</li> <li>• Quarterly self-reports</li> <li>• Impairment – HPMP</li> <li>• Practice Restriction - oversight by a supervisor/monitor</li> <li>• Practice Restriction - specific</li> <li>• Practice Restriction - setting</li> <li>• Practice Restriction - chart/record review</li> <li>• Prescribing - restrictions</li> <li>• Quarterly job performance evaluations</li> <li>• Prescribing - log</li> <li>• Written notification to employer/employees/associates</li> <li>• Mental/physical evaluation</li> </ul>
Monetary Penalty	Monetary Penalty
No Sanction/Reprimand/Education	No Sanction Reprimand Education Terms <ul style="list-style-type: none"> <li>• Advertising - cease and desist</li> <li>• Cease and Desist</li> <li>• Continuing Education - general or specific</li> <li>• Continuing Education - record keeping</li> <li>• Continuing Education - prescribing</li> <li>• Virginia Dental Law Exam</li> </ul>

**Sanctioning Reference Points  
Coversheet, Worksheets  
and Instructions**



## Inability to Safely Practice Worksheet Instructions

### Offense Score

#### Step 1: (score all that apply)

Enter "60" if the respondent was unable to safely practice at the time of the offense due to illness related to substance abuse in pain management, or mental/physical incapacitation.

Enter "40" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first aid treatment to hospitalization. Patient death would also be included here.\*

Enter "30" if the offense involves multiple patients.

Enter "20" if the offense involves one or more teeth.

Enter "20" if the patient required subsequent treatment from a licensed third party healthcare practitioner, not necessarily a dentist.

Enter "20" if the offense involves self-prescribing or prescribing beyond the scope.

Enter "20" if there was financial or material gain. Examples of cases involving financial or material gain include, but are not limited to, completing unnecessary treatment to increase fees, failure to comply with provider contracts with insurance companies and billing patient portion of fees, unbundling of services or aiding and abetting the unlicensed practice of dentistry or dental hygiene.

Enter "15" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.

Enter "10" if multiple respondents were involved.

Enter "10" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

#### Step 2: Combine all for Total Offense Score

### Prior Record Score

#### Step 3: (score all that apply)

Enter "60" if the respondent's license was previously lost due to Revocation, Suspension, or Summary Suspension.

Enter "20" if the respondent has a criminal activity conviction related to the current case.

Enter "20" if the respondent has had a previous finding of a violation.

Enter "20" if the respondent has had a previous violation with a sanction imposed.

Enter "10" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Inability to Safely Practice" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 6).

#### Step 4: Combine all for Total Prior Record Score

### Sanction Grid

#### Step 5:

Locate the Offense and Prior Record scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation. Example: If the Offense Score is 60 and the Prior Record Score is 10, the recommended sanction is shown in the center grid cell - "Treatment".

#### Step 6: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

\* Original text revised in September 2012. Injury was previously defined as, "Physical injury includes any injury requiring medical care ranging from first aid treatment to hospitalization."

# Inability to Safely Practice Worksheet

Board of Dentistry  
Revised Dec 2015

Offense Score	Points	Score
Inability to safely practice - Impaired/Incapacitated	60	_____
Patient injury	40	_____
More than one patient involved	30	_____
One or more teeth involved	20	_____
Patient required subsequent treatment	20	_____
Self-prescribing or prescribing beyond scope	20	_____
Financial or material gain	20	_____
Patient vulnerable	15	_____
Multiple respondents involved	10	_____
Act of commission	10	_____
Total Offense Score		

Respondent Score	Points	Score
License previously lost	60	_____
Concurrent criminal activity conviction	20	_____
Previous finding of a violation	20	_____
Previous violation with a sanction imposed	20	_____
Previous violation similar to current	10	_____
Total Respondent Score		

		Offense Score		
		0-30	31-60	61 and over
Prior Record Score	0	No Sanction/Reprimand/ Education  Monetary Penalty	Monetary Penalty  Treatment/Monitoring	Treatment/Monitoring
	1-30	Treatment/Monitoring	Treatment/Monitoring	Treatment/Monitoring
	31 and over	Treatment/Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender	Treatment/ Monitoring  Recommend Formal/ Accept Surrender

Confidential pursuant to § 54.1-2400.2 of the Code of Virginia.

## Standard of Care Worksheet Instructions

### Offense Score

#### Step 1: (score all that apply)

Enter "60" if the offense involves multiple patients.

Enter "30" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.

Enter "25" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "20" if there was financial or material gain. Examples of cases involving financial or material gain include, but are not limited to, completing unnecessary treatment to increase fees, failure to comply with provider contracts with insurance companies and billing patient portion of fees, unbundling of services or aiding and abetting the unlicensed practice of dentistry or dental hygiene.

Enter "10" if the offense involves one or more teeth.

Enter "10" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first-aid treatment to hospitalization. Patient death would also be included here.\*

Enter "10" if the patient required subsequent treatment from a licensed third party healthcare practitioner, not necessarily a dentist.

Enter "10" if multiple respondents were involved.

Enter "10" if the offense involves self-prescribing or prescribing beyond the scope.

#### Step 2: Combine all for Total Offense Score

### Prior Record Score

#### Step 3: (score all that apply)

Enter "60" if the respondent's license was previously lost due to Revocation, Suspension, or Summary Suspension.

Enter "20" if the respondent has had a previous finding of a violation.

Enter "20" if the respondent has had a previous violation with a sanction imposed.

Enter "10" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Standard of Care" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 6).

Enter "10" if the respondent has a criminal activity conviction related to the current case.

#### Step 4: Combine all for Total Prior Record Score

### Sanction Grid

#### Step 5:

Locate the Offense and Prior Record scores with in the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 60 and the Prior Record Score is 10, the recommended sanction is shown in the center grid cell - "Monetary Penalty/Treatment".

#### Step 6: Coversheet

Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.

\* Original text revised in September 2012. Injury was previously defined as, "Physical injury includes any injury requiring medical care ranging from first aid treatment to hospitalization."

# Standard of Care

Board of Dentistry  
Revised Dec 2015

Offense Score	Points	Score
More than one patient involved	60	_____
Patient vulnerable	30	_____
Act of commission	25	_____
Financial or material gain	20	_____
One or more teeth involved	10	_____
Patient injury	10	_____
Patient required subsequent treatment	10	_____
Multiple respondents involved	10	_____
Self-prescribing or prescribing beyond scope	10	_____
Total Offense Score		<input style="width: 50px; height: 20px;" type="text"/>

Respondent Score	Points	Score
License previously lost	60	_____
Previous finding of a violation	20	_____
Previous violation with a sanction imposed	20	_____
Previous violation similar to current	10	_____
Criminal activity conviction	10	_____
Total Respondent Score		<input style="width: 50px; height: 20px;" type="text"/>

		Offense Score		
		0-40	41-65	66 and over
Prior Record Score	0	No Sanction/ Reprimand/Education	No Sanction/Reprimand/ Education  Monetary Penalty	Monetary Penalty  Treatment/Monitoring
	1-20	No Sanction/Reprimand/ Education  Monetary Penalty	Monetary Penalty  Treatment/Monitoring	Treatment/Monitoring  Recommend Formal/ Accept Surrender
	21 and over	Monetary Penalty  Treatment/Monitoring	Monetary Penalty  Treatment/Monitoring	Treatment/Monitoring  Recommend Formal/ Accept Surrender

## Advertising Worksheet Instructions

### Offense Score

Step 1: (score all that apply)

Enter "60" if the offense involves multiple patients.

Enter "40" if the patient is especially vulnerable. Patients in this category must be one of the following: under age 18, over age 65, or mentally/physically handicapped.

Enter "30" if the offense involves one or more teeth.

Enter "20" if multiple respondents were involved.

Enter "20" if the offense involves self-prescribing or prescribing beyond the scope.

Enter "20" if this was an act of commission. An act of commission is interpreted as purposeful or with knowledge.

Enter "20" if there was financial or material gain. Examples of cases involving financial or material gain include, but are not limited to, completing unnecessary treatment to increase fees, failure to comply with provider contracts with insurance companies and billing patient portion of fees, unbundling of services or aiding and abetting the unlicensed practice of dentistry or dental hygiene.

Enter "10" if physical injury occurred. Physical injury includes any injury requiring medical care ranging from first aid treatment to hospitalization. Patient death would also be included here.\*

Enter "10" if the patient required subsequent treatment from a licensed third party healthcare practitioner, not necessarily a dentist.

Step 2: Combine all for Total Offense Score

### Prior Record Score

Step 3: (score all that apply)

Enter "60" if the respondent's license was previously lost due to Revocation, Suspension, or Summary Suspension.

Enter "40" if the respondent has a criminal activity conviction related to the current case.

Enter "30" if the respondent has had a previous violation with a sanction imposed.

Enter "20" if the respondent has had a previous finding of a violation.

Enter "10" if the respondent has had any "similar" violations prior to this case. Similar violations include any cases that are also classified as "Advertising/Business Practice Issues" (see cases that are eligible for scoring listed under "Case Categories" in the table on Page 6).

Step 4: Combine all for Total Prior Record Score

### Sanction Grid

Step 5:

Locate the Offense and Prior Record scores within the correct ranges on the top and left sides of the grid. The cell where both scores intersect is the sanction recommendation.

Example: If the Offense Score is 30 and the Prior Record Score is 10, the recommended sanction is shown in the center grid cell - "Monetary Penalty".

Step 6: Coversheet Complete the coversheet including the grid sanction, the imposed sanction and the reasons for departure if applicable.



Offense Score	Points	Score
More than one patient involved	60	_____
Patient vulnerable	40	_____
One or more teeth involved	30	_____
Multiple respondents involved	20	_____
Self prescribing or prescribing beyond scope	20	_____
Act of commission	20	_____
Financial or material gain	20	_____
Patient injury	10	_____
Patient required subsequent treatment	10	_____
Total Offense Score		

Respondent Score	Points	Score
License previously lost	60	_____
Criminal activity conviction	40	_____
Previous violation with a sanction imposed	30	_____
Previous finding of a violation	20	_____
Previous violation similar to current	10	_____
Total Respondent Score		

		Offense Score		
		0-10	11-39	40 and over
Prior Record Score	0	No Sanction/Reprimand/ Education  Monetary Penalty	No Sanction/Reprimand/ Education  Monetary Penalty	Monetary Penalty  Treatment/Monitoring
	1-40	No Sanction/Reprimand/ Education  Monetary Penalty	Monetary Penalty	Treatment/Monitoring
	41 and over	Monetary Penalty  Treatment/Monitoring	Treatment/Monitoring	Treatment/ Monitoring  Recommend Formal/ Accept Surrender