



# North Dakota State Board of Dental Examiners

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## Minutes of NDBDE Subcommittee, Special Meeting December 2<sup>nd</sup>, 2016, 2:00 PM Brady Martz Conference Center, Bismarck, ND

Members present: Dr. Evanoff, Dr. Keim, Dr. Goebel  
Also present: Dana Schmit, RDH, NDDHA Liaison

Meeting was called to order at 2:00 p.m. by Chairman Evanoff, for the purpose of reviewing patient files to identify issues that should be remediated and gather information from the UCSF Continuing Dental Education Program to determine if the program meets the Board's criterion for remediation. The files were submitted with a complaint against Dr. Gandhi.

Due to small size of committee, decorum was informal. It was jointly decided to examine each of Dr. Gandhi's cases and determine deficiencies. After evaluating all cases a determination will be made on which areas of dental patient care requires remediation. All cases were given a number due to the non-board member present.

**Case #1.** Patient initials are D.A. Problems discussed were:

1. Decay remaining on post op radiograph
2. Not addressing decay on other surfaces of the tooth
3. Too much base or resin

Conclusion of first case was that Dr. Gandhi had trouble recognizing decay, cavity prep design issues and lack of proficient usage of the restorative dental materials.

**Case #2.** Patient initials are J.B. Determined the care in this case did not merit discussion and was acceptable in certain situations

**Case #3.** Patient initials are J.M. Problems discussed.

1. Poor esthetics of anterior restoration.

Conclusion was poor understanding of dental anatomy and manipulation of dental materials.

**Case #4.** Patient initials are A.C.

1. Inadequate prep
2. Inadequate fill

Conclusion was that Dr. Gandhi inadequately prepped the tooth for restoration.

**Case #5.** Patient initials are A.G. Discussed decay remaining.

**Case #6.** Patient initials are A.G. Discussed remaining decay and inadequate preparation. Dr. Gandhi tends not to break contact and leaves decay on the gingival floor of the interproximal box.

**Case #7.** Patient initials are L.H. Discussed severely over contoured margin. Another example of dental anatomy issues. Overall considered this a minor issue.

**Case #8.** Patient initials are E.L. This was a poorly managed pediatric patient with deficiencies in pulpotomy treatment and subsequent restoration. This case showed a lack of understanding the procedure and the final restoration.

**Case #9.** Patient initials are M.S. Problems discussed:

1. Did not break contact.
2. Decay remains below contact.

Conclusion was that cavity design and removing decay are a common theme at this point.

**Case #10.** Patient initials are E.S. Problems were decay remaining and cavity design.

Another example of lack of basic concept or inability to recognize decay and how to design a preparation.

**Case #11.** Patient initials are J.P. This was gross negligence with decay left that resulted in an abscessed tooth.

**Case #12.** Patient initials are S.O. Gross decay left in tooth evident with post op radiograph.

Discussion of the committee was focused on how to correct Dr. Gandhi deficiencies. Dr. Gandhi needs remediation in diagnoses, treatment planning, preparation design, recognizing and removing decay, pulpotomy procedures, understanding and manipulation of dental restorative materials. The committee agreed that a patient based remediation is absolutely necessary. The committee understands the hardship and expense of such remediation and was open to alternatives as long as the education is patient based with hands on treatment under supervision, as in a dental school setting. The committee would ideally like to see Dr. Gandhi complete a GPR for the comprehensive training it provides. Dr. Evanoff tried to contact UCSF Program Coordinator, Dr. Melissa Fung to discuss an alternative remediation plan but she did not return his call.

Dr. Evanoff was delegated to contact Dr. Fung to explore if this is a program that could help Dr. Gandhi learn the basic principles we feel are necessary to practice dentistry in North Dakota.

Plan is to report findings to the board and at that time learn of Dr. Evanoff's discussion with Dr. Fung.

Dr. Evanoff motioned to adjourn and was seconded.

Meeting adjourned at 3:55.

Submitted by Mike Goebel, DDS \_\_\_\_\_