



**DENTAL BOARD OF CALIFORNIA
 DENTAL ASSISTING COUNCIL MEETING MINUTES**

Friday, July 26, 2019
 2005 Evergreen Street
 1st Floor Hearing Room
 Sacramento, CA 95815
 916-263-2300 or 877-729-7789

Members Present:

Jennifer Rodriguez, RDAEF, Chair
 Rosalinda Olague, RDA, Vice Chair

Anne Contreras, RDA
 Cindy Ovard, RDA
 Bruce Whitcher, DDS

Staff Present:

Sarah Wallace, Assistant Executive Officer
 Tina Vallery, Dental Assisting Manager
 Gabriel Nevin, Associate Governmental Program Analyst
 Michael Kanotz, Legal Counsel

Webcast Available Online at: <https://youtu.be/0YGUL7grzo>

FRIDAY JULY 26, 2019

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by Councilmember Rodriguez at 9:30 a.m. Sarah Wallace, Board Assistant Executive Officer, called the roll and a quorum was established.

Agenda Item 2: Approval of February 7, 2019 Dental Assisting Council Meeting Minutes

M/S/C (Whitcher/Ovard) to approve the minutes with no changes. There was no public comment.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				

Whitcher	✓				
Vacant					

The motion passed, and the minutes are approved with no changes.

Agenda Item 3: Discussion and Possible Action Regarding Initiation of Rulemaking to Amend California Code of Regulations, Title 16, Division 10, Chapter 3 Relating to the Dental Assisting Comprehensive Rulemaking Proposal.

Sarah Wallace, Dental Board Assistant Executive Officer gave a brief background of the proposed comprehensive rulemaking for Dental Assisting. The proposed rulemaking is based on workshops and public input beginning almost a decade ago. The proposed rulemaking is a first draft of this comprehensive regulatory framework. The Council then considered each section in the proposed rulemaking in turn.

Section 1067:

Councilmember Contreras questioned whether a Registered Dental Hygienist (RDH) licensee may perform Registered Dental Assistant (RDA) licensee activities without RDA license.

Sarah Wallace specified that the RDH licensee activities are defined in statute and not yet incorporated into this regulation. Furthermore, the Hygiene Committee is in the middle of their rulemaking process, and they don't want anything changed because they are relying on sections in the Dental Board regulations.

Lori Gagliardi, FADE Questioned the language at 1067(c) because it does not appear in other parts of the practice act.

Dr. Whitcher explained that the language appears in the stand-alone duty table document. Dr. Whitcher stated that the Council needed to decide if the duty statement would remain a stand-alone document or if it should be incorporated by reference.

Melodi Randolph, Sacramento City College pointed out that the proposed language at (h) was prescriptive to the type of materials currently used (it mentions a rubber cup), that this does not match the duty table and that it limits the techniques available. Ms. Randolph suggested removing the reference to specific materials.

M/S/C (Whitcher/Olague) Staff to review the allowed duty table and make sure there is consistency in definitions. There was no public comment.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	

Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will review the allowed duty tables to ensure consistency of definitions.

Section 1068: No Comment

Section 1069:

Sarah Wallace explained that staff proposes deleting the current section 1069 because the statute authorizing it is no longer operative.

M/S/C (Whitcher/Ovard) Board staff to delete Section 1069. No Public Comment

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will delete section 1069.

Section 1070:

Sarah Wallace explained that section 1070 was deleted entirely and the new proposed text incorporates comments and attempts to incorporate all the requirements for all the educational programs and courses in an organized and easily digestible format.

Chair Rodriguez noticed a discrepancy in the required hours of instruction in teaching methodology in 1070(d) specifically that the teaching methodology course hours required are different for different for directors and instructors.

Councilmember Ovard at page 8, line 30, questioned where the requirement for 6 hours came from.

Councilmember Contreras asked for a consistent 30 hours and pointed out that the differing requirements are confusing.

Public Comment from Joan Greenfield, EF Advisors, who stated that 30 hours for programs for faculty in RDA programs was meant to bring the requirements for RDA faculty in line with the requirements for being a teacher at a community college. The 2-3 hours for a stand-alone course teacher was meant to facilitate the necessary teaching methodology for courses that were primarily about assessing the technical proficiency of the student and less education methodology was necessary. The 6-hour requirement for Extended Functions instructors was increased from the stand-alone requirements to acknowledge the more complicated nature of the Extended Functions instruction.

Lori Gagliardi commented that at page 5, line 36 and page 7, line 29 the language describing the necessary Basic Life Saving (BLS) class requirements is not consistent; requested that the language from page 7, line 29 be used throughout. Ms. Gagliardi also requested that the page 5, line 36, additional requirements for AED intervals not exceed 2 years.

Dr. Witcher requested that the BLS language be made consistent across the document.

Ms. Greenfield further pointed out that the inconsistent 30-hour requirement for extended functions programs language appears at page 10, line 21.

Cara Miyasaki, Foothill College, requested that the language at page 5, line 36 requirement to have BLS certification prior to student enrollment is problematic because the schools provide the BLS certification. Request that the BLS certification can be concurrent to enrollment or obtained later in the year.

Dr. Witcher pointed out that there is another provision which allows enrollment if the BLS is completed before the clinical component of instruction, and this would be a reasonable compromise.

Section 1070(b):

No Board Comment.

Ms. Randolph requested addition of “in writing” at page 4, line 31; at page 6, line 18 questioned whether the requirement to notify the Board of an increase in course enrollment is necessary because there is a requirement to not exceed a student teacher ratio of 1:6; at page 4, line 25 requested consistency in the language “or deemed equivalent thereto by the Board”.

Councilmember Ovard stated that the increase was understood to be an increase in the total capacity of the course.

Sarah Wallace indicated that staff can research the effect of the requirement.

Councilmember Ovard asked to review and make consistent the requirements for notification of faculty changes at page 4, line 17.

Section 1070(c):

Councilmember Ovard at page 7, line 2 questioned what the recourse of the Board is if the requirement to notify the Board of a school’s discontinuance or closure is violated. Is it necessary since the Board is not empowered to do anything because of this

provision? How does a discontinued school give records of the student's completion after it closes to meet the certification requirements?

Sarah Wallace explained that the Board has been able to meet with the Bureau for Private Postsecondary Education to obtain student transcripts from defunct institutions.

Section 1070 (d):

Sarah Wallace noted that there is a question from staff about whether the Dental Sedation Assistant (DSA) permit holder or the Orthodontic Assistant (OA) permit holder should be counted towards the faculty and if so under what circumstances.

Councilmember Olague would like to include the DSA and OA because they are the subject of the section and it would be incongruous to not include them here.

Dr. Witcher commented out that the DSA and OA do not have an overlapping background with an RDA and therefore it does not make sense to include them, would like to see language such that you can teach things within your scope of licensed practice.

Councilmember Olague pointed out that the OA requirements do not include maintaining a license in the field for at least two years before teaching and this would make the two years of licensure a requirement

Sarah Wallace commented that the lack of a two-year prior licensure requirement for OAs and DSA was because at the time the regulation was passed there were no OAs or DSAs and therefore a two-year requirement would have limited the pool of viable instructors to zero. However, now that these license categories have existed for nearly 10 years staff can evaluate whether to include that as a requirement.

Councilmember Olague questioned why in light of the attempts to implement Commission on Dental Accreditation (CODA) standards, would the Board require that applicants possess a California license. The purpose of CODA is allowing for increased mobility of qualifying professionals.

Sarah Wallace explained that California RDA licensure has additional components that are not met by a CODA program. Therefore, a CODA approved school is not necessarily a California approved RDA program. Therefore, the standard in most states is that the prospective teacher must have been a licensee in the state that they wish to teach even if they completed a CODA approved program.

Claudia Pohl, CDAA commented that at page 7, line 13, the word "instruction" is missing after the word 'clinical'; page 8, line 9 there is a change from two years to six months for completing a 30-hour education methodology course. Ms. Pohl requested that the two-year window be changed back to 6 months making it consistent with the EF requirements

Dr. Whitcher preferred to hear from the programs themselves on this issue because the course cycle may not allow for the 30-hour requirement to be met in 6 months. Dr Whitcher felt that the two-year time limit is reasonable.

Councilmember Olague believed that the two-year window is too long and that instructors should have studied the materials recently, and the requirement has not significantly limited the pool of instructors.

Dr. Whitcher stated that so long as the students are not hampered by the timeframe he is not set on any particular length, he just wants to be certain that the requirement is not unduly burdensome.

Staff to research the question of whether the 6-month requirement is too limiting to the potential pool of instructors, class sizes. Councilmember Olague suggested the addition of the word 'or'.

Ms. Greenfield commented that the current regime requires an instructor to hold licensure for two years prior to beginning instruction, however that requirement says nothing about what is going on during those two years, i.e. it does not require that someone be practicing the skills that they would be teaching after the two years pass and they can teach; it does not even require that a would-be teacher work in dentistry during that time. The idea behind the section is to not have people teaching who are not proficient in the skills that they will be teaching; but the language does not actually address the desired proficiency. Either remove the two years or add a requirement that during the two years involve validated experience performing the skills that will be taught.

Councilmember Olague pointed out that current regulations require teachers to be within their specialty and specifically at page 8, line 27 language requires teachers to “demonstrate expertise in each subject area for which they are teaching”.

Ms. Pohl commented that the language limiting licensees from teaching in programs that they are licensed in may be unduly limiting regarding RDH licensees. Because RDH licensees' requirements overlap to such a degree with RDA licensees that they are meant to be able to teach in RDA programs, and this unnecessarily limits the pool of possible instructors.

Sarah Wallace stated that her understanding was that the point of this provision was to limit the pool of applicants because the Board did not want instructors teaching in programs which they were unlicensed. Furthermore, the definitions in the regulation are not update with the statute, therefore the regulation definitions are no longer valid.

Councilmember Olague asked whether this change was related to the changes in the practice act which happened in 2006.

Ms. Greenfield stated that the Dental Hygienist Programs are against changing this because RDH programs do not want to have to meet the same standards as the RDA programs.

Ms. Miyasaki testified that in her program at least half of her staff are Dental Hygienists because they work part time. It is very difficult to find an RDA who does not work full time, which would limit her faculty pool.

Ms. Randolph testified that the 6-month period to complete the 30-hours instruction in teaching methodology is sufficient and not unduly burdensome. Also, at page 7, line 25, the wording "immediately preceding" makes this requirement seem like it must be recompleted before every course. At page 7, line 22, added requirement to demonstrate expertise in the subject matter prior to teaching courses; however, it is unclear how such expertise would be demonstrated. Would like clarification on the reasoning and procedure for this requirement.

Sarah Wallace directed staff to research the question of the procedure for demonstrating that the expertise in a given subject matter as requirement by proposed section 1070(d)(1)(B).

Ms. Pohl: Page 8, line 8 Language is missing which is present in similar sections regarding waiving the 30-hour teaching methodology in clinical instruction requirement for applicants with a RYAN credential or a degree in education. Sarah Wallace directed staff to review these sections and add the missing language for consistency.

Section 1070(e):

Councilmember Ovard pointed out on page 9 line 13 there is an omission of the word clinical in "clinical course" which appears in other similar sections.

Councilmember Contreras at page 9, line 5-7 questioned whether OAs and DSAs should be added to the list of required licensures for consistency

Councilmember Ovard questioned at page 9, line 27 whether the records retention requirement has always been 5 years or if it is or has been 7 years. Staff to research.

Section 1070(f):

Sarah Wallace page 10, line 21-22, staff to check for consistency

Councilmember Ovard at page 10, line 40-44 check for consistency with other provisions

Ms. Miyasaki, page 11, line 12 addressing the documentation for continuing education professional development to be maintained by the director of the educational program; this is overly burdensome. Chair Rodriguez concurs, Ovard seconds.

Section 1070(g):

Councilmember Ovard questioned if the intention was to remove the language from general provisions regarding the number of instruments. Sarah Wallace confirms that these changes are only for general provisions not otherwise specifically enumerated.

Ms. Randolph commented at page 11, line 17 that regarding the language stating “all laboratory and pre-clinical instruction shall be held at the facility”; it is more important that the instruction be done by a faculty member than where the instruction is received. Would like to see the location restriction removed and the addition of a requirement that the instruction be given by approved faculty members. Chair Rodriguez asked for clarification about what would be supervised in the dental office, and whether courses could be taught in the office. Dr. Whitcher explained that this was an attempt at compromise, the program director is supposed to meet with the extramural facility supervisor and go over the requirements for grading and methodology. Dr. Whitcher pointed out that there has never been a faculty supervision requirement for the extramural facility instruction component, and this could be unduly burdensome.

Chair Rodriguez asked for clarification of what clinically will be done in the extramural facility which will be supervised by the staff of the extramural facility?

Stakeholders pointed out that this is really two separate issues. Can stand-alone course be taught in an office, and there are programs that allow students to go to an extramural facility and perform procedures like x-rays that the faculty at the program then evaluate, however this provision requiring that instruction occur at the program facility would prevent this. Miyasaki pointed out that in CODA approved programs the students are required to complete clinical competencies in the program’s facilities by the program’s instructors. CODA program’s instructors generally feel that allowing the extramural “approved staff” to certify clinical competency is a double standard since they do not have the 30 hours teaching methodology standard.

Susy Dault commented that in the case of an extramural office where the clinicians impact the student’s grades; the program reviews the grading methodology with clinician, but the clinician’s input is not the only data that is determinative of the student’s grade. Students must pass a final test with the program’s staff after completing the extramural component of instruction.

Councilmember Ovard question whether 1070 includes OA and DSA courses. Sarah Wallace confirmed that they are.

Sarah Wallace directed staff to review this language.

Section 1070(h) No Comments**Section 1070(i):**

Councilmember Ovard asked about the language at page 12, line 40 “curriculum shall include remediation procedures”. Sarah Wallace confirmed that this is now required. Dr Whitcher commented that this is required by CODA and is a good idea. Remediation is an important and often overlooked part of education. Ovard agreed.

Ms. Pohl asked about page 12, line 35 whether Infection Control should be added to the list. The section talks about the BLS requirement but leaves out some of the other requirements that appear in similar sections elsewhere. Sarah Wallace directed staff to review this language for consistency

Section 1070(j): No Comments

Section 1070(k):

No Council comments.

Ms. Miyasaki asked about the requirement, at page 14, line 41, to maintain a health history documentation in all student records. Does this mean that students would need to transport medical records with them from the extern offices back to the program? This is concerning because it seems to mandate an otherwise unnecessary transfer or confidential health information.

Ms. Miyasaki page 15, line 3: Should the language excepting persons from the laws against unlicensed practice of dentistry be more restrictive and include language about the scope of practice? Sarah Wallace Clarified that this would be limited to scope of practice as a general provision.

Ms. Randolph 1070(k)(2) “qualified staff” should be “qualified course faculty”. Staff is not defined, staff do not have to meet the 30-hour teaching methodology requirement. 1070(k)(3) requires a before and after evaluation of students. This conflicts with CODA Standard 2-28 which requires evaluation “during” clinical instruction.

Councilmember Ovard commented that at 1070(k)(6) language allowing exemption from laws against unauthorized practice of dentistry for students is very important because there have been clinics who refused to allow students to perform unlicensed activities which defeats the purpose of having the students in the clinician’s office. So this is an excellent provision to have in writing.

Ms. Pohl commented that at page 14, line 15 “clinical proficiency” should be changed to “minimal competency”. Ms. Randolph concurs with this; there is a big difference between proficiency and competency.

Ms. Randolph also asked that at page 14, line 41, does this require that every single x-ray performed by a student would need to have the patient sign an informed consent and fill out a health history form which would then have to be transported back to the

program and stored as a confidential patient record? This is an unduly burdensome requirement for patients, students and programs.

Section 1070(I):

Councilmember Ovard commented that at page 15, line 20 Requiring rubrics and competency evaluations is a large burden for Non-Coda programs. Is this a move to align with CODA and is a huge undertaking for DBC approved Non-CODA programs?

Dr. Witcher commented that requiring a summary of the competency requirements scoring form and the scores achieved by students would be more practical than requiring the programs to maintain copies of all of the actual rubrics used for each student.

Councilmember Ovard pointed out that the CODA requirements do expect schools to keep the complete records and the complete rubrics with scoring, so if this is aimed at bringing the requirements for DBC approved programs in line with the CODA requirements, then that is what this provision would require.

Councilmember Ovard questioned whether in the language at 1070(I)(3) “evidence of faculty calibration meetings, faculty credentials, licenses and certificates” the evidence of faculty calibration meeting is the same as the department meeting. The document used to require quarterly department meetings with faculty, but this provision for faculty calibration meeting appears to have taken its place. Is it the same thing? Chair Rodriguez believes that this is different.

Sarah Wallace stated that staff can add the ‘department meetings’ to the list of required documentation and develop the frequency

Ms. Miyasaki commented that as a CODA approved program her program is required to submit sample written examinations without the key. They don't keep graded ones, they just keep records that the students were evaluated on the rubrics. There is also language about department meetings in CODA standards, but her school does faculty calibration during department meetings. Section 1070(I)(4), line 25, talks about advisory board meetings and a requirement for saving sign in sheets, but this requirement could be met by allowing the attendance to be recorded in the meeting minutes and not require the burden of collecting and storing meeting sign-in sheets.

Ms. Randolph confirmed that CODA approved programs only have to submit samples and not comprehensive records of student scores. Requiring comprehensive record keeping would put an undue burden on the programs to have to store these voluminous materials. Also asked whether these record keeping requirements would be met by electronic records or if they must keep paper copies.

Sarah Wallace requested that staff research whether electronic records satisfy the record keeping requirements.

Section 1070(m):

Ms. Miyasaki asked that Coronal Polish and Pit and Fissure Sealant be added to the list of specifically referenced competencies at 1070(m)(1)(A).

Ms. Randolph asked about the use of “jurisprudence” at Section 1070(m)(1)(A).

Sarah Wallace explained that the use of “jurisprudence” throughout the proposed language related to continuing education was going to be changed to the “Dental Practice Act”.

Section 1070(n):

Ms. Randolph commented that this is strange location for this section and it would make more sense for it to be moved to 1070(c).

M/S/C (Rodriguez/Contreras) moved to ask staff to review and standardize the hours requirements for teaching methodology for all courses; review and standardize the language describing the Basic Life Saving class requirements; add the requirement that provisional approval discussed in 1070(a)(5) shall be in writing; review and standardize language 1070(a)(4) requiring programs and course be established at the postsecondary level or deemed equivalent thereto; review and standardize the requirements for notification of faculty changes; Staff to research the question of whether the 6 month requirement is too limiting to the potential pool of instructors, class sizes; Staff to research the effect of allowing or not allowing RDH licensees to teach in RDA programs; staff to research the question of the procedure for demonstrating that the expertise in a given subject matter as requirement by proposed section 1070(d)(1)(B); Staff to review 1070(d)(2)(D) and other sections regarding the 30 hour teaching methodology in clinical instruction and a waiver for people with other equivalent credentials or degrees in teaching methodology and make these sections consistent throughout the document; at 1070(e)(1)(A) staff to add OA licenses and DSA licenses to the listing of licenses in the section; at 1070(e)(2)(C) staff to research whether 5 year record retention requirement complies with existing law which the Council believe may be 7 years; staff to review 1070(f)(1)(D) and 1070(f)(2)(D) for consistency with similar provisions; Staff to remove the requirement at 1070(f)(2)(G) that program directors maintain documentation pertaining to completed coursework and continuing professional and educational requirements; staff to review the language at 1070(g) for reasonableness of fulfilling requirements; Staff to review the requirements at 1070(i)(2) and similar sections to ensure consistency in provisions; Staff to research the impact of 1070(k)(5), and whether this would require collection, transport and storage of confidential health information for every single patient who a student performs clinical functions for during an externship; Staff to review the entire document for use of “proficiency” and standardize a way to change this to “minimum competency”; Staff to add department meetings to the list of required activities and required documentation at Section 1070(l)(3), staff will also research these meetings to establish a reasonable frequency to require these meetings; staff research whether electronic records satisfy the record keeping requirements of Section 1070(l);

staff to review the use of “jurisprudence” throughout the proposed language and replace it with “Dental Practice Act”.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to make appropriate changes.

Section 1070.1:

Councilmember Ovard asked to clarify that at 1070.1(d) the proposal is moving away from 14 to 12 (students to teacher ratio) in pre-clinical instruction? Also asked about the consistency of the use of “simulated clinical instruction”

Sarah Wallace pointed out that this is existing language.

Councilmember Ovard asked to clarify that simulated clinical instruction has a two to one ratio whereas pre-clinical instruction has a 1 to 6 ratio and Laboratory instruction has a 12 to 1 ratio. Sarah Wallace confirmed.

Chair Rodriguez commented that this ratio would be start large and build to a smaller ratio in the order presented.

Councilmember Ovard commented that it would be logical to reorder these sections.

Sarah Wallace explained that the organization was alphabetical in compliance with OAL procedures and not a reflection of the order that the various instruction components would be received.

Ms. Gagliardi FADE, at page 20, line 40, commented that the extramural dental facility actually means two things (CODA has attempted to address this issue as well) you have one meeting which is like an extended campus/laboratory/clinical facility which is still within the program and they may need to go outside the program to get whatever pre-clinical laboratory experience is required. Then there is the other definition once they have completed all those competencies and now they are at their clinical externship site (after they have finished all the other things). So, it is almost two different things meshed into one definition. And further down the line you’ll have the clinical instruction which actually occurs at the clinical externship site, and also comes with different rule. Suggested that under subsection (c) there could be an (A) and (B). A would define the extended campus laboratory clinical facility and B would be the actual clinical externship.

Chair Rodriguez pointed out that the section referenced by Ms. Gagliardi is existing language and was not properly before the Council for this meeting

Sarah Wallace explained that some existing language was within the scope of the meeting

Chair Rodriguez requested that the Council and members of the public to limit comments to the proposed language, but Sarah Wallace pointed out that some of the existing language was within the scope of the meeting and therefore a blanket restriction was probably inappropriate.

Ms. Randolph commented that at 1070.1(c), line 41, “dental assisting educational program” should be “dental assisting educational program or course”.

Ms. Pohl commented that during the workshops there were definitions for “post-secondary education” and “curriculum” that are no longer in the document. At page 21, lines 1-10 giving definitions for “Laboratory Instruction” and “Pre-Clinical Instruction” there is an over use of the word “simulation” which is confusing and should be clarified.

Section 1070.2:

Section 1070.2(a): No Comments

Section 1070.2(b): No Comments

Section 1070.2(c): No Comments

Section 1070.2(d): No Comments

Section 1070.2(d): Duplicate, need to renumber section

Ms. Gagliardi commented that as it relates to program directors are times when larger corporations which multiple dental assisting programs and they will hire one program director who oversees 3-4 different sites. Would like this changed to read the program director must have full time commitment on site to the institution, shall not have full time instruction or administrator responsibilities. Would like “sufficient time” to be a be changed to “assigned time to allow administrator responsibilities”

Section 1070.2(e): No Comment

Section 1070.2(f): No Council Comments

Ms. Randolph commented that the hour requirement in section 1070.2(f)(1) creates an issue by not specifying the number of hours required for an externship. 1070.2(f)(2) puts a cap on the number of hours given to clerical, administrative, and dental practice management specific curriculum, however the list of topics in those courses cannot be reasonably covered in the 20-hour cap.

Ms. Gagliardi commented that at 1070.2(f)(1) the extramural site is part of the 260-hour requirement and that the left over hours are part of the clinical externship. Suggests that

there be a specific 260 hours assigned to the clinical externship component of the program, but that pre-clinical and laboratory experience can be performed either on off site.

Section 1070.2(g):

Councilmember Ovard asked to clarify at 1070.2(g), line 37, where the 100-hour requirement for direct didactic instruction prior to activities involving patients came from? Sarah Wallace directed staff to research the origin of this requirement.

Ms. Pohl asked if “pit and fissure sealant” should have been included in the listing of required courses at 1070.2(g)(2). Sarah Wallace directed staff to make this addition.

Ms. Randolph asked for clarification on 1070.2(g)(5) at line 41 what is the meaning of “additional”. Ms. Randolph commented that at page 25, line 1-2 the requirement to complete coursework before beginning clinical and preclinical work is a huge issue because the programs offer simultaneous instruction in multiple competencies and forcing students to wait while finishing other coursework will delay student progress and mess up class schedules. It is potentially a huge burden on programs and would potentially require huge reworking of curriculum. At the request of Sarah Wallace, Ms. Randolph agreed to submit a written list of code sections affected by this change.

Section 1070.2(h):

Dr. Whitcher commented that under “biomedical sciences” this language tracks the current language and CODA. Dr. Whitcher to submit notes on the specific sections that need to be update. Additionally, the “applicable state and federal laws and regulations” and “Microbiology” should be in different sections. Microbiology should go down under dental science and applicable state and federal laws and regulations should go under the California law section. Leaving bloodborne pathogens and hazardous communication standards where they are, which matches CODA. The idea is that they are meant to be integrated throughout the curriculum. Just using the CODA language would probably be an improvement.

Ms. Gagliardi requested that at 1070.2(h)(2)(J) a subsection be added related to opioids; and 1070.2(h)(2)(J)(viii) Nutrition should be its own subsection outside of pharmacology (K or H were suggested; however, the section is alpha ordered incorrectly and will need to be reformatted).

Dr. Whitcher concurred with the suggestion to move nutrition to its own subsection.

Ms. Pohl commented that there does not appear to be any requirement for radiology content. Ms. Pohl also pointed out that at page 26, line 12 and page 27, line 4 there are references to dental assisting jurisprudence which should properly reference the entire DPA. Ms. Pohl also commented that page 30, line 6, is all new content not from the workshop and asked to clarify the source of that language. Dr. Whitcher clarified that the language came from CODA.

Dr. Witcher commented that in the original regulations there was an enumeration of all the required courses, however that appears to be missing here. Dr. Witcher suggested that the Council reuse the original section. Dr. Witcher to email the specific materials he is referencing.

Section 1070.2(i):

Councilmember Ovard commented that at 1070.1(i)(2) the requirement that each student be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry could be a hardship for externship programs. Externship is for experience, but it is also effectively a job interview. Going to one office often leads to a job but going to multiple offices can be detrimental to hiring. Sarah Wallace directed staff to research this issue.

Ms. Gagliardi commented that at page 30, line 27 “clinical instruction” refers to “externship” and is similar to pre-clinical instruction making it confusing, suggested that this be changed to language including the word externship for clarity.

Ms. Pohl asked to clarify that the language at page 31, line 18 is from CODA. Sarah Wallace confirmed that the language comes from CODA.

Ms. Pohl commented that at 1070.2(i)(4)(H) the site visit has gone from a 10-day timeline to no timeline.

Councilmember Ovard commented that the 10 visit requirement was a hardship for some students, but there should not be no guideline. Ovard suggested 5 visits. Staff to implement.

Ms. Pohl commented that this section covers didactic and clinical instruction but makes no mention of laboratory instruction, which was previously included. Ms. Pohl requested that at 1070.2(i)(1) the 25% be changed to 50%. Also, on Page 31, line 20 the language about a site visit needs to be cleaned up.

Ms. Randolph commented that 50% is the CODA standard; and section (H) suggested that a phone call could suffice for check in.

Ms. Gagliardi commented that section (H) the site visit requirement needs to be reasonable based on the total required hours for the externship.

Section 1070.2(j):

Dr. Witcher commented that page 32, line 4, references the DSA, but does not give much detail, the section goes into more detail about the OA, the language should be consistent between the two.

Section 1070.2(k):

Councilmember Ovard commented that there is a reference to “DPA” that in other sections has been a reference to the “jurisprudence” and the language should be consistent.

Dr. Whitcher commented that in similar sections there is a listing of required course competencies and it should be added here for consistency; and the listing of optional programs should include ultrasonic scaling. Ovard pointed out that the ultrasonic scaling class was mainly for orthodontics and therefore might not be needed on this list. However, Dr. Whitcher pointed out that ultrasonic scaling is required by other educational regs sections so it should probably be included here as well. Staff to research.

Ms. Randolph commented that at page 32, line 34 Coronal Polish and Pit and Fissure Sealant are missing

Section 1070.2(l):

Ms. Randolph requested clarification as to why the language allowing the Board to accept CODA accreditation be omitted (language is in strikethrough and begins at page 32, line 40)? Staff to research.

Staff to review deleted text to make sure lists of requirements and ratios are not omitted.

M/S/C (Whitcher/Contreras): Motion to ask staff to implement the requested changes and research requested questions from Council and Public.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will review and implement the requested changes and research requested sections for clarification.

Section 1070.3:

Councilmember Ovard asked at page 40, line 4-8, 8-hour Infection Control course must be done prior to being allowed to take other courses in a stand-alone course context, but is this also true in the context of a comprehensive educational program?

Councilmember Ovard asked for clarification at page 40, line 22, that language stating providers shall require a written letter or prescription from a dentist allows just a letter. Ms. Ovard also commented that in regard to course duration page 40, line 40 lists required course components but allows for simulated clinical **or** clinical instruction, which

would allow a course with no component of working on actual patients. Councilmember Contreras commented that she would like to see students receive experience with actual patients. Dr. Witcher commented that the programs had stated that it was incredibly difficult to bring in patients for these courses and the added benefit was not so substantial that it didn't make more sense to allow the simulated components.

Ovard commented that at page 41, line 20 the requirements are vague whereas previous drafts required specific teeth or sections of the mouth (molars and pre-molars; or posterior and anterior). Ovard requested more specifics on which teeth and where that are required to meet this section. Staff to add specification for posterior and anterior teeth.

Councilmember Contreras would like a requirement that students perform pit and fissure sealants on an actual patient prior to performing the duty as a licensee.

Dr. Witcher asked to clarify that the simulated experience occurs on a typodont with lips and cheeks and therefore the simulated experience is more comprehensive than the laboratory experience. Furthermore, dentists use typodonts for several of their education requirements so using the typodonts here would not be without precedent.

Ms. Randolph commented that she was not under the impression that the result of the workshops was an agreement to remove patient experiences from the education requirements. There was extensive discussion of the difficulty in meeting the old requirement of 1 tooth in each quadrant on 4 separate patients. At that time the language that was drafted was a minimum of 16 teeth on two different patients, and there was almost complete consensus that that was a good formula; and that there should be a requirement for experience with actual patients.

Ms. Miyasaki commented that her program just had a student learning to do sealants who need four patients to be competent. Ms. Miyasaki also pointed out that the crux of performing competent sealants is managing patient saliva which interferes with the sealant, and therefore a patient experience component is important and should be required. Ms. Miyasaki requested that the Council require at least two patients and an evaluation of clinical competency.

Ms. Last Name Unknown (LNU) asked at page 40, line 19-24 if a dentist is not required to be on site, what happens if there is a severe overflow, and the patient needs to be gotten back to occlusion requiring a burr? If there is no dentist, what happens?

Ms. Randolph commented that page 40, line 33 the text references instruction occurring at the facility, however there is an increasing demand for online components where possible so this should be re-worded

Ms. Pohl commented that at page 40, line 13, "coronal polishing" should be "pit and fissure sealants"; and page 40, line 41-44, course duration noted that the hours of the course are no longer broken down, unsure why this was removed but would like to see

specific breakdowns of the hours required for different course components (lab, clinical, etc.) re-inserted; page 42, line 29, acid etching, does not include evaluation criteria for etch and bond; page 43, line 42 noted that there are not clinical instruction criteria.

Ms. Gagliardi at page 40, line 20 asked that now that there will be an addition of a minimum number of patients and teeth, will there be a specific number of teeth that they are required to pass or is it all 16? Right now, it reads as though it would require passing all 16, but this could be a hardship because it is difficult to get enough patients to meet the 16 tooth requirement let alone increasing the standard; also asked about remediation if there is an overfill.

Ms. Dault commented that having a dentist on site for these procedures is important since some patients that come in for these services do not have their own dentist, so it would be useful to have a doctor on site to evaluate the patients and make sure they are good candidates for the procedures from students, and that in case there is an overfilling there would be a doctor on site to fix this with a hand tool.

M/S/C (Ovard/Contreras): Motion to add a requirement to perform pit and fissure sealants on actual patients as part of the clinical education requirements; and specifically, to require language from the workshop specifying that students perform the skill on a minimum of 16 teeth on at least two different patients.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague		✓			
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to review language from previous drafts and add a requirement to place sealants on at least 16 teeth on two different patients as part of clinical experience.

M/S/C (Ovard/Contreras): Motion to accept the Council comments on Section 1070.3.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement comments.

Section 1070.4:

Ovard asked at page 51, line 39 where the section talks about infection control courses but does not mention the 8-hour course requirement which is present in other mentions of infection control courses, should be clarified and standardized; at page 51, line 37 there is another instance of “jurisprudence” which should be DPA.

Sarah Wallace reminded Council members and members of the public, that staff will be fixing all erroneous instances of “jurisprudence”.

Dr. Whitcher pointed out that at page 54, line 38 there appears to be a paragraph header missing.

[Name Unknown] at page 52, line 7-8 asked whether the faculty making a judgment on whether a patient is calculus free is within the scope of practice.

Ms. Pohl commented that at page 52 subsection (g), line 34, and in other similar provisions there was existing language requiring minimal competency, this language should be put back in; same with page 52, line 43.

Ms. Randolph thanked the Council for adding the sections at page 52, regarding faculty declaring a patient to be “calculus free” instead of requiring a dentist or hygienist. However, Ms. Randolph commented that it is impossible to declare any patient truly free of calculus, and therefore there should be different parameters such as “minimal calculus” or something more realistic; page 54, line 18 asked for clarification on the words “fully articulated and mounted typodont” what does “fully articulated” mean; and at page 54, line 33 requirement that patients have two thirds of their natural teeth and she did not remember discussing this previously requested research as to why the rule is so restrictive on the patient characteristics.

Ms. Pohl commented that at page 54 subsection 3(A)-(B) she did not remember this from the workshops and there is now a breakout of two lab experiences and two simulated experiences as opposed to being all lab. Does not know the rationale for including this and noted that it would require that the programs acquire the simulated devices. Staff to research.

Ms. Dault commented that she would like a recommendation to have an evaluation on patients that are calculus free or supra gingival, at least a week or two before the clinical exam.

M/S/C (Whitcher/Rodriguez): Motion to accept comments and move forward

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				

Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement comments.

Section 1070.5: No Comments

Section 1070.6:

Ms. Pohl commented that at page 72 there is no simulated instruction; at page 73, line 1-2 again there should be reference to “demonstrated competence”; at page 73, line 19 the language regarding “purging” should be replaced with more inclusive terms such as “required maintenance”.

Section 1070.7:

Ms. Pohl commented that at page 79, line 27 there needs to be language regarding background info (Ms. Poll to send to Sarah Wallace); at page 80, line 33 there should be a reference to demonstrated competency or showing competency in the student’s clinical skills.

Sarah Wallace requested an itemized list of all the changes Ms. Pohl would like to see along the lines of omissions of previously existing language.

Ms. Pohl commented that simulated experiences are now being required which would require purchasing the simulation heads. This used to be optional and Ms. Pohl is not sure about the rationale for this change.

Section 1070.8:

Ms. LNU commented that at page 95, line 30 need to remove a reference to ultrasonic scaling in the dental sedation assistant materials.

Ms. Pohl at page 89, line 20-24 commented that content is in the wrong place under didactic; also asked about page 95, line 22 in this course the written exam does not have to be completed before clinical training, but this section does not require why is there a difference; staff to research.

Section 1070.9:

Sarah Wallace commented that this is an early attempt to move language existing in another section to this section and could be incomplete.

Ms. Gagliardi asked for clarification at page 108, line 14 regarding clinical supervisor evaluations whether the clinical supervisor would be present at the facility seems like it is written for off site, non faculty.

Ms. Randolph commented that at page 104, line 11 the whole section has an issue with requiring certain instruction be completed before starting other instruction and would create a huge undue burden on the programs. Ms. Randolph to email Sarah Wallace regarding preferred language; at page 104, line 20 questioned the viability of requiring a patient health history form for all patients who students work on during externship because it would be another extreme hardship; at page 105, line 20-22 questioned the purpose of the section stating that dental providers do not need to obtain electronic devices.

Ms. Randolph at page 105, line 27 questioned why it is necessary to incorporate infection control curriculum during simulation and laboratory work since there is no risk of infection when this work is done on dummies; at page 108, line 24 in regards to the completion of the written exam being required prior to laboratory instruction this is a hardship problem; and at page 108, line 35 the requirement that clinical instruction and oversight shall be performed by licensed dentist who shall deem the radiographs necessary by written prescription is a hardship because it requires there be a dentist on site at all times. Does this mean in the externship, meaning that the extern clinics need to have dentist on site at all times, or does it refer to programs, meaning that programs must hire a dentist? This would be a financial hardship for programs.

Dr. Whitcher commented that course sequencing and infection control and oversight by a licensed dentist were items that were discussed extensively during the workshops but thinks the final consensus was that people wanted to have the required courses as a prerequisite for radiation safety, the question of dentist supervision was no but Dr. Whitcher would need to review his notes to be certain.

Chair Rodriguez at page 105, line 27 asked regarding the requirement for infection control procedures during lab instruction whether this was discussed at the workshops? Dr. Whitcher confirmed that it was, but that there was support for the idea that the infection control class should be incorporated into the larger class so that it was not an undue burden.

Ms. Randolph commented that the difference between a program and a course should be separated out. Because requiring a program to complete prerequisites before moving on to other topics is an undue burden because the nature of a program means that they can cover materials across topics in several different classes taken simultaneously, whereas in a standalone course it makes more sense to ensure that people have the minimum background to proceed with new material.

Ms. Pohl at page 105, line 3 commented that the requirement to have viewing boxes or monitors was left perhaps inadvertently; and asked at page 106, line 11-13 lab hours and clinical hours were changed, but they should be the same; asked for clarification

will email Sarah; At page 108, line 14, the original language included a reference to an instructor; And at page 108, line 33-34 competency should be experiences not used for clinical competency.

Ms. Dault commented that the Doctor is general supervision for the x-rays, so the doctor does not need to be on site but a prescription is required to work on patients; and the infection control is part of laboratory curriculum need for program approval; the doctor does not need to be on site, but a prescription definitely needs to be filled out before a student touches a patient.

M/S/C (Whitcher/Contreras): Motion to accept Council comments and move forward.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement Council comments

Section 1071:

Dr. Whitcher at page 117 commented that the notice of compliance is missing from the last section.

No Public comment, but Sarah Wallace noted that staff will reach out to Joan Greenfield for her comments.

Section 1074:

Councilmember Ovard asked at page 128, line 11-12 regarding approved dental hygiene education programs, is that a typo. Sarah Wallace confirmed that the reference to Dental Hygiene is correct.

Section 1075: No Comments

Section 1076: No Comment

Councilmember Ovard commented at page 129, line 17-21 where it reads that the “application shall not be deemed incomplete if it is accompanied by a certification from an approved program, it should include a letter form the program director

Ms. Pohl asked at page 128, line 42-43, why this language was removed; and pointed out that the section needs to be renumbered.

Sarah Wallace reminded the Council and attendees that the OAL process used to allow forms to be generally referenced but now OAL requires that forms be incorporated by reference and so there are older regulation sections related to forms and applications that have to be substantially redrawn.

Ms. Pohl asked at line 21, does the 30 days prior to examination requirement no longer apply? Sarah Wallace confirmed that it does still apply for the EF courses but not this section.

Councilmember Ovard asked if at page 129, line 14 is there a timeline for abandonment of an application? Sarah Wallace confirmed that there is.

Tina Vallery explained that it depends on what section of the application is deficient; fees has a timeline, and other sections have different timelines.

Section 1077:

Ms. Pohl asked at what point in the process will the applications be available for review? Sarah Wallace confirmed that when the regulation materials are ready for final submission the applications will be part of the finalized product and will be available for review. Ms. Pohl commented that at page 130, line 24, Pit and Fissure Sealant is not included asked if that was a mistake. Sarah Wallace explained that Pit and Fissure sealant course are not required for RDA licensure. Ms. Pohl at page 131, line 24 asked if the section requires submission of written exams as well. Staff to research.

Ms. Gagliardi commented that at page 131, line 17 there is a BLS section that specifically references the Red Cross and asked if this is intentional. Sarah Wallace confirmed that this instance of non-standard language is correct and that it comes from another regulation.

Section 1077.1:

Ms. Miyasaki asked about the effect on an RDAEF license if the RDA license lapses.

Section 1077.2:

Ms. Pohl asked about the inconsistencies page 136 versus page 62 mentioning of ultrasonic scaling.

Section 1077.3: No Comment

Section 1080: No Comment

Section 1080.1: No Comment

Section 1080.2: No Comment

Section 1081:

Staff to verify content areas

Section 1081.2: No Comment

Section 1081.3: No Comment

Section 1083: No Comment

Sarah Wallace explained that Board staff amended this section in pursuant to guidance from the Office of Professional Examination Services relating to setting the passing scores for written examination; rather than specify a percentage, we should state achieve a passing score based on the modified Ing-Goff methodology outlined in the examination information received from PSI.

Section 1085:

Sarah Wallace commented that the duties, are old and outdated. 1085 also states activities that Dental assistants may not perform, whereas statute states what activities they may perform. Staff deleted the could perform activities that are covered in statute and left the activities that are prohibited in the regulation.

Ovard asked if this means that the supervision level was removed as well. Sarah Wallace confirmed that this was removed as it is from statute.

Dr. Witcher asked if at page 149, line 30 it says, "knowledge skill and training of a licensed dentist or licensed dental hygienist", there are certain duties that are allowed RDH and not RDAs, does this need to be addressed or is it covered in the dental hygiene section? Sarah Wallace commented that we would not have authority, but staff will research.

Section 1086:

Sarah Wallace commented that this is deleted because it is now specified in statute.

Dr. Witcher at 149, line 36 commented that there is some overlap between what RDAs can do and the prohibited list, specifically denture adjustment.

Sarah Wallace commented that perhaps it would make more sense to incorporate the table of allowable duties. Dr. Witcher commented that a separate duty table provides for some flexibility, and some practitioners are concerned by the incorporated duty table because they don't understand it because it is so dense and they worry that they will task their DAs with something outside the scope of their license. Dr. Witcher suggested that this is a big enough issue that perhaps the Board needs to take this up separately.

Section 1087: No Comment

Agenda Item 4: Public Comments on items not on the Agenda.

None

Agenda Item 5: Future Agenda Items.

No Comment

Agenda Item 6: Council Member Comments on Items Not on the Agenda.

No Comments

Agenda Item 7: Adjournment