

DENTAL BOARD OF CALIFORNIA
FINAL STATEMENT OF REASONS

Hearing Date: July 19, 2011

Subject Matter of Proposed Regulations: Dental Assisting Educational Programs and Courses

Section(s) Affected: California Code of Regulations, Title 16, Division 10, Sections 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8, 1071, and 1071.1

Updated Information:

The Initial Statement of Reasons is included in the file. The information contained therein is updated as follows:

The Board currently regulates a total of 72,866 licensees; consisting of 37,508 dentists, 34,084 registered dental assistants, and 1,277 registered dental assistants in extended functions. The Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves this goal are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violations of the Dental Practice Act (DPA); monitoring licensees whose licenses has been placed on probation; and managing the Diversion Program for licensees, whose practice may be impaired due to abuse of dangerous drugs or alcohol.

Recommendations and comments received during the 45-day public comment period and at the July 19, 2010 regulatory hearing were considered by the Board at its September 16, 2010 meeting. A number of modifications were made to the Dental Assisting Educational Programs and Courses regulations based upon comments received. The Board's responses to the comments received are detailed under "Summary of Comments Received During the 45-Day Comment Period".

The first modified text was noticed on the Board's web site and mailed on September 27, 2010. The first 15-day public comment period began on September 28, 2010, and ended on October 12, 2010. Recommendations and comments received during the first modified text comment period were considered by the Board at its November 4, 2010 meeting. Modifications were made to the regulation based upon comments received. The Board's responses to the comments received are detailed under "Summary of Comments Received During the First 15-Day Comment Period".

The second modified text and additional documents were noticed on the Board's web site and mailed on November 17, 2010. The following documents were added to the rulemaking record concerning Sections 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8, and 1071 in Cal. Code Regs., Title 16:

1. Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)
2. Notice of Compliance with New Requirements for Infection Control Courses (New 10/10)
3. Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 10/10)
4. Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)
5. Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)

These documents were incorporated by reference in these regulations. These documents are lengthy and it would be cumbersome, unduly expensive, and impractical to publish these documents in the California Code of Regulations. These forms were made available to the public throughout the rulemaking in the file at the Board's office and were also available to the public on the Board's web site.

The second 15-day public comment period began on November 18, 2010, and ended on December 3, 2010. Recommendations and comments received during the second modified text comment period were considered by the Board at its December 14, 2010 meeting. Modifications were made to the regulation and documents added based upon comments received. The Board's responses to the comments received are detailed under "Summary of Comments Received During the Second 15-Day Comment Period".

The third modified text and additional documents were noticed on the Board's web site and mailed on December 24, 2010. The third 15-day public comment period began on December 27, 2010, and ended on January 11, 2011. Recommendations and comments received during the third modified text comment period were considered by the Board at its February 25, 2011 meeting. The Board's responses to the comments received are detailed under "Summary of Comments Received During the Third 15-Day Comment Period".

The Board adopted the final text as noticed in the third modified text on February 25, 2011.

Local Mandate:

A mandate is not imposed on local agencies or school districts.

Small Business Impact:

This action will not have a significant adverse economic impact on small businesses.

Consideration of Alternatives:

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the board would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulation.

Objections or Recommendations/Responses:

The following recommendations were made regarding the proposed action:

Summary of Comments Received During the 45-Day Comment Period:

Comments from the California Association of Dental Assisting Teachers (CADAT):

CADAT recommended modifying section 1070(a)(2) to state: "The Board may approve, provisionally approve, or deny approval of any program or course for which an application for the Board for approval is required. All RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every five years, but subject to re-evaluation at any time if the Board has reason to believe that the program or course may have violated the Board's regulations. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board for final consideration and continuance of program or course approval, provisional approval and denial of approval or continued approval. The Board may, in lieu of conducting its own investigation/re-evaluation for RDA education programs, accept the findings of any commission or accreditation agency approved by the Board without the need for a re-evaluation every five years and must submit required documentation as outlined in Section 1070.2." The Board accepted the comment with a few modifications. The Board's modifications included changing the re-evaluation timeline from five (5) years to seven (7) years and adding technical language to provide consistency with the remaining regulatory text. The Board deleted "The Board may, in lieu of conducting its own investigation/re-evaluation for RDA education programs, accept the findings of any commission or accreditation agency approved by the Board without the need for a re-evaluation every five years and must submit required documentation as outlined in Section 1070.2." because it is specific only to registered dental assisting (RDA) and registered dental assisting in extended functions (RDAEF) programs covered in Sections 1070.1 and 1070.2. Section 1070 specifically pertains to general provisions of all dental assisting educational programs and courses.

The Board voted to add new section 1070(a)(6) to state that: "The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action." CADAT recommended the addition of this regulatory language in subsequent sections. However, the Board believed that the condition of provisional approval applies to all dental assisting educational programs and courses and should be included in Section 1070 in order to avoid redundancy throughout the regulatory language.

CADAT recommended deleting “day-to-day” from section 1070(b) because it is unnecessary. The Board accepted the proposed modification and voted to modify the text.

CADAT recommended modifications to section 1070(c) to utilize a broader definition of instructors as “faculty or instructional staff” because the regulations pertain, not only to institutionalized or formal educational programs, but also to private providers or education. CADAT stated that many schools do not define instructors as faculty, and therefore, the use of the singular term “faculty” may create user confusion over the applicability of the regulations. The use of broader terminology would be deemed more inclusive and allow for the applications for course approvals to be amended to reflect both types of potential providers – private and institutional. CADAT recommended specifying that each faculty or instructional staff member is required to possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee. CADAT also recommended specifying that an RDA or a RDAEF who holds a license for two (2) years and then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, is not required to have held such a permit for two (2) years in order to instruct in the subject area. The Board accepted CADAT’s recommendations and voted to modify the text.

Additionally, the Board’s subcommittee recommended that the Board add new a provision prior to CADAT’s recommended modifications to section 1070(c) to specify that the program or course director will authorize the course faculty or instructional staff to provide instruction. The terms are synonymous, and the distinction between course faculty and instructional staff depends on the institution. The Board accepted the subcommittee’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070(d) by adding the term “diploma” and deleting the requirement that the evidence of completion include the student’s name, the program or course name, the total number of program or course hours, the date of completion or graduation, and the signature of the program or course director. The Board accepted the addition of the term “diploma” to section 1070(d). The Board rejected the proposal to delete the requirement that the evidence of completion include the student’s name, the program or course name, the date of completion or graduation, and the signature of the program or course director. It is necessary for the evidence of completion to specifically indicate the student’s name, the name of the program or course completed, the date of completion, and the signature of the director to verify their education. However, the Board accepted the proposal to delete the requirement that the evidence of completion include the total number of program or course hours. The Board voted to modify the text.

CADAT proposed deleting “The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.” from section 1070 (e)(1). The Board rejected the proposed deletion because the provision is necessary to specify

that it is the provider's option to provide the specified equipment or require the students to provide the equipment. This subsection authorizes a dental office, that has the required equipment, to be used for laboratory instruction. The regulations do not currently contain any such requirements anywhere else in regulation or in the Dental Practice Act.

CADAT proposed deleting section 1070(e)(2) because the minimum standards for infection control are currently specified in California Code of Regulations (CCR) Section 1005. It would be superfluous to include subsection (e)(2) in this regulatory package. The Board accepted the proposed modification and voted to modify the text.

CADAT proposed deleting "Minimum requirements are a power operated chair for light, oral evacuation equipment, work surface, and adjacent hand washing sinks" and proposed adding that each operatory shall contain functional equipment "including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink" to section 1070(e)(3)(A). Board staff recommended adding "handpiece connection" to the list of equipment in section 1070(e)(3)(A). The Board accepted the proposed recommendations from CADAT with the addition of "handpiece connection" and voted to modify the text.

CADAT proposed adding "or student partner" to section 1070(e)(3)(B) to specify that each operatory shall be of sufficient size to accommodate one student, one instructor, and one patient or student partner at the same time. The Board accepted the proposed modification and voted to modify the text.

CADAT proposed adding section 1070(e)(3)(C) to state "Prior to clinical assignments, students must demonstrate minimum competence in performing the procedures they will be expected to perform in their clinical experiences." Board staff suggested modifying the proposed text to "Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences." to provide specificity as to the procedures in which a student must demonstrate minimum competence. The Board accepted the proposed modification with staff's recommended amendment and voted to modify the text.

CADAT proposed deleting the following text from section 1070(f): "to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes", "appropriate", "with these protocols", "preparing", and "All reusable armamentaria shall be sterilized and non-reusable items disposed." CADAT proposed specifying that adequate space be provided for "handling, processing" and sterilizing armamentarium. CADAT noted concern about the lack of clarity for institutional programs regarding the handling of instrumentation and chemicals used for instruction. Their proposed language provides the clarity necessary for the programs. The Board accepted the proposed modification and voted to modify the text.

CADAT proposed modifications to section 1070(g). CADAT proposed adding “instructional” before “staff”. They proposed specifying that all faculty and instructional staff involved in the direct “oversight”, rather than “provision”, of patient care “activities” are required to be certified in basic life support procedures. CADAT proposed modifying the text to specify that a program or course is required to “sequence curriculum in such a manner so as” to ensure the student’s complete instruction in basic life support prior to performing procedures on “human subjects used for clinical instruction and evaluation.” CADAT stated that the protection of the public is best served if basic life support training occurs prior to clinical experiences involving human subjects, including student partners during laboratory or pre-clinical instruction; however, some programs or courses may not model the curriculum for completion of the requirement until clinical patient experiences begin; therefore, CADAT recommends the completion of basic life support be managed within the appropriately sequenced curriculum to provide curricula flexibility but should mandate completion prior to clinical experiences. Board staff recommended maintaining the term “patient” rather than “human subject” to maintain consistency with existing regulations. The Board accepted CADAT’s proposed modifications with the exception of changing “patient” to “human subject” and voted to modify the text.

CADAT proposed modifications to section 1070(h). CADAT recommended adding that the detailed program or course outline is required to be “in writing,” and deleting “and specific instruction” and “in the individual areas of” from the outline requirements. CADAT proposed creating a new sentence for the general program and course objectives and deleting “and specific,” “unit,” and “shall be stated in writing, and shall include, at a minimum.” They proposed replacing “aspects” with “content” and “as well as” with “and, where applicable, the use of.” CADAT proposed adding a new sentence stating: “Standards of performance shall be adjusted upward as student’s progress through the curriculum.” CADAT proposed additional modifications to subsection 1070(h)(1) through subsection 1070(h)(3) including replacing “unit” with “performance” and replacing “that will be used for all aspects of the curriculum including written, practical, and clinical” with “used for measuring levels of competence for each component of a given procedure including those used for.” CADAT proposed adding “performance-evaluated” to subsection 1070(h)(2). CADAT proposed deleting “constitute a critical error and” from subsection 1070(h)(3) and replacing “procedure” with “task being evaluated” and “assessed for each procedure” with “utilized during evaluation procedures, and a defined standard of performance that is adjusted upward as students progress through the curriculum.” Staff recommended that the Board not accept the following sentences: “Standards of performance shall be adjusted upward as student’s progress through the curriculum.” and “that is adjusted upward as students progress through the curriculum.” as these provisions are vague, difficult to enforce, and do not add any additional public protection. The current minimum criteria are sufficient to address the educational standards. The Board accepted CADAT’s proposed modifications with the exception of “Standards of performance shall be adjusted upward as student’s progress through the curriculum.” and “that is adjusted upward as students progress through the curriculum” and voted to modify the text.

The Board subcommittee recommended that the Board add new subsection 1070(i)(1) to provide a definition for the term “extramural dental facility” that is used throughout the proposed regulatory language. To provide consistency with comments received from interested parties, the subcommittee recommended adding a definition that more clearly explains what an “extramural dental facility” is for the purposes of the dental assisting educational programs. The subcommittee proposed the following definition: “As used in this article “extramural dental facility” means any clinical facility employed by an approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary campus of the approved program and in which dental treatment is rendered.” The Board accepted the subcommittee’s recommendation and voted to modify the text.

CADAT proposed modifications to subsection 1070(i)(1). CADAT proposed changing “extramural clinical facility” to “extramural clinical dental healthcare facility.” They proposed specifying that laboratory and preclinical instruction is required to be performed under the direct supervision of program or course faculty or “instructional staff” and will not be provided in an “extramural site.” The Board accepted the comments with the exception of changing the references to “extramural clinical dental healthcare facility” and “extramural site” to “extramural dental facility.” The Board previously voted to add a definition for “extramural dental facility” to provide consistency throughout the proposed text. The Board voted to modify text to utilize the term “extramural dental facility.”

CADAT proposed modifying subsection 1070(i)(2) to allow “instructional staff” to be responsible for the selection of extramural clinical sites and evaluating student competence. CADAT also proposed deleting “in performing procedures both” from the section. The Board accepted the deletion of “in performing procedures both” and voted to modify the text. The Board rejected the addition of “instructional staff” to be responsible for the section of extramural clinical sites and evaluating student competence because only the program or course director should be responsible for selecting extramural dental facilities.

CADAT proposed modifying subsection 1070(i)(3) to add “prior to student assignment in an extramural dental healthcare facility,” add “or instructional staff,” add “and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting” and delete “who intend to provide extramural clinical facilities prior to the student assignment.”. CADAT also proposed adding “or the licensed personnel in the extramural facility” and “which shall be the same as the evaluation criteria used within the program or course.” The Board accepted the comments with the exception of changing the references to “extramural dental healthcare facility” and “extramural facility” to “extramural dental facility”. The Board previously voted to add a definition for “extramural dental facility” to provide consistency throughout the proposed text. The Board voted to modify text.

CADAT proposed deleting subsection 1070(i)(4). The Board accepted the recommendation and voted to modify the text.

CADAT proposed modifications to subsection 1070(i)(5) to state “There shall be a written contract of affiliation between the program and each extramural dental healthcare facility” and deleting the remaining text. Staff recommended the Board add the following provision “and shall include written affirmation of compliance with the regulations of this Article” and changing “extramural dental healthcare facility” to “extramural dental facility.” Institutions are capable of determining the content of contracts of affiliation. Some school districts determine the content of the contracts by district policy. Contracts should include a written affirmation to the Board to assure facilities are in compliance with state regulations. The Board accepted CADAT’s comments with staff’s recommended modifications and voted to modify the text.

CADAT proposed modifications to section 1070.1(a) to specify that didactic instruction includes other instruction “involving theory that may or may not involve” active participation by students. They suggested adding “faculty or instructional staff of an educational institution” may approve didactic instruction via electronic media, home study materials, or live lecture “modality.” They suggested striking “or its designee” and “methodology if the provider has submitted that content for approval.” The Board accepted the recommendations and voted to modify the text.

CADAT proposed modifications to section 1070.1(b) to replace “laboratory” with “instruction”. The Board accepted the recommendation and voted to modify the text.

CADAT proposed modifications to section 1070.1(c) by adding “within the educational facilities” and deleting “experience.” They propose adding “simulation devices on human subjects which may include” and adding “instructional” before staff members. They recommended deleting “preclinical” from within the definition to avoid repetition. The Board accepted CADAT’s comments with the exception of changing “which may include” to “limited to” and to reject the use of the term “human subjects” because the term “patient” is consistently used throughout the Dental Practice Act. The Board voted to modify the text to ““Preclinical instruction” means “instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There should be one instructor for every six students who are simultaneously engaged in instruction.” The Board voted to modify the text.

CADAT recommended changing section 1070.1(d) to modify the definition of “clinical instruction” to mean: “instruction in which students received supervised experience in performing procedures in a clinical setting on human subjects which may be patients in an extramural facility or in the educational facility. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and/or preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in instruction during laboratory and preclinical instruction.” The Board rejected the use of the term “human subject” because the term “patient” is consistently used throughout the Dental Practice Act, and the addition of a new term is superfluous. The Board accepted CADAT’s recommendations with the exception of

“which may be patients in an extramural facility or in the educational facility” and “during laboratory and preclinical instruction” to eliminate the constraint on programs and courses. The schools should determine where clinical instruction occurs. The Board voted to modify the text of the definition to state: “Clinical instruction” means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.” The Board voted to modify the text.

Additionally, the Board subcommittee recommended that the Board add new subsection 1070.1(d) to provide a definition for the term “simulated clinical instruction” that is used throughout the proposed regulation. The subcommittee proposed the following definition: “Simulated clinical instruction” means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.” The Board accepted the subcommittee’s recommended and voted to modify the text.

CADAT proposed modifying section 1070.2 to state: “A new Registered Dental Assistant Program in California shall apply for approval prior to operation. The Board may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (herein after referred to as the Commission) shall submit to the Board after each site visit a copy of the final report of the Commission’s findings within 30 days of the final report issuance. Adoption of the report of findings is at the pleasure of the Board and does not in any way prevent the Board from exercising its right to site evaluate a program.” The Board voted to replace “A new Registered Dental Assistant program” with “All Registered Dental Assistant programs” to be inclusive previously approved programs. The Board voted to reject CADAT’s recommended deletion of “receive Board approval prior to operation” and voted to replace the language with “apply and receive Board approval prior to operation.” Programs are required to apply and receive Board approval prior to operation to protect the public from unlawful practices. The Board voted to accept and move the following language to section 1070: “The Board may approve, provisionally approve, or deny approval to any such program.

Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefor. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.” The language should be included under the General Provisions Section 1070 because this language applies to all programs and courses in these regulations, and is not limited to RDA programs. The Board voted to modify the text.

Additionally, the Board voted to move CADAT’s following recommended text and create a new section 1070.5(b): “The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (herein after referred to as the Commission) shall submit to the Board after each site visit a copy of the final report of the Commission’s findings within 30 days of the final report issuance. Adoption of the report of findings is at the pleasure of the Board and does not in any way prevent the Board from exercising its right to site evaluate a program.” The board voted to add: “New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program.” to ensure the Board has discretion in reviewing programs approved by the Commission. The Board voted to delete “herein after referred to as the” from the text because it is not necessary. The Board voted to delete the sentence “Adoption of the report of findings is at the pleasure of the Board and does not in any way prevent the Board from exercising its right to site evaluate a program.” and voted to replace the sentence with “Acceptance of the Commission or any accrediting agencies findings is at the discretion of the Board and does not prohibit the Board from exercising its right to sight evaluate a program.” to provide consistency with other regulatory language to and include other accrediting agencies. The Board voted to modify the text.

CADAT recommended the following text to create a new section 1070.2(a)(1): “(1) If the program is granted the status of “Approved with Reporting Requirements,” the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of “Approval without Reporting Requirements” is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.” The Board voted to make the addition new subsection 1070.2(c) and to add “from the Commission” to add specificity. The Board voted to accept the recommendation and modified the text as follows: “(c) If the program is granted the status of “Approved with Reporting Requirements” from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of “Approval without

Reporting Requirements” is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.”

CADAT recommended adding new subsection 1070.2(b)(2) as follows: “(2) It is the intent of the Board to approve only those educational programs for registered dental assisting which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for Registered Dental Assistants. Continuation of approval by the Board will be contingent upon compliance with these requirements.” The Board voted to reject CADAT’s recommendation because the addition of this language does not promote patient safety and the language is superfluous and duplicative.

CADAT proposed the addition of new subsection 1070.2(a)(3) with the following text: “(3) All Registered Dental Assisting programs accredited by the Commission shall adhere to the Board’s educational regulations as well as the Standards of the Commission. Where the educational requirements of the Board are more stringent or advanced in scope, the state regulations shall supersede.” The Board voted to reject this comment because Registered Dental Assisting educational programs fall under the Board’s regulatory control. The Board does not enforce the CODA standards as Board standards, or cede its regulatory authority to a private accrediting agency. Therefore, CADAT’s recommendation is not consistent with the Board’s mandate to set minimum standards. Private accrediting agency findings may be used on a case-by-case basis, but their standards do not control Board discretion in this area.

CADAT recommended adding new subsection 1070.2(a)(4) with the following text: “(4) An educational program for Registered Dental Assistants is one which has as its primary purpose providing college level, post-secondary programs or which is accredited to offer college level or college parallel programs by the Commission or an equivalent body approved by the Department of Education.” The Board voted to reject the comment because the language is duplicative of language included in section 1070(a)(5).

CADAT recommended modifications to sections 1070.2(b)(1) and 1070.2(b)(2). The Board voted to reject the proposed sentence “There must be an active liaison mechanism between the program and the dental and allied dental professionals in the community.” because it is unnecessary and does not benefit the schools or better protect the public. The Board voted to reject the provision for advisory committees to meet “at regular intervals as defined by the institution” because it is vague, undefined, and legally unenforceable. The Board voted to add “In addition” before “consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee.” The Board voted to maintain the provision for the advisory committee to meet at least once each academic year to provide specificity. The Board voted to accept the CADAT’s remaining modifications and modified the text to read as follows:

(b) In order for a Registered Dental Assistant program to secure and maintain approval by the Board, it shall meet the requirements of sections 1070 and 1070.1 and the requirements contained in this section.

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee, whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

CADAT recommended deleting section 1070.2(b)(3)(A) because by regulation, all faculty and instructional staff must be licensed, certified, or permitted to perform the duties and procedures they are assigned to teach. This provision would create an undue hardship on instructional staff that do not teach in the subject area but have been required to obtain costly certification in an area they are not responsible or may never be responsible to provide instruction or evaluation. The Board voted to accept CADAT's recommendation to delete section 1070.2(b)(3)(A) and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(3)(B) to additionally accept certification programs in educational methodology and to specify that the program director or designated administrator is responsible to obtain and maintain records of each faculty member showing evidence of meeting the regulation. The Board voted to delete "Board-approved" because there are professional associations for educators, Colleges and Universities that offer teaching certification programs and credentialing coursework that may be consistent with the intent of this regulation and may be considered a valid method of meeting the requirement. The Board voted to accept CADAT's recommendations with the deletion of "Board-approved" and modified section 1070.2(b)(3)(B) to read as follows:

(B) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

CADAT recommended technical modifications to sections 1070.2(b)(3)(C) through 1070.2(b)(3)(D) to provide consistency throughout the regulatory language. The Board voted to accept CADAT's recommendations and modified the text.

CADAT recommended modifications to section 1070.2(b)(4) through 1070.2(b)(5). The Board voted to modify the term "extramural dental healthcare clinical facilities" to provide consistency with the definition for "extramural dental facility" pertaining to dental assisting educational programs and courses. The Board voted to replace "Programs approved prior to promulgation of these regulations shall verify by signed affidavit issued by the Board, on a date specified by the Board, the verification of program content and instructional hours as defined herein." with "To maintain approval, programs approved prior to the effective date of these regulations shall submit a "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs and Courses (New 9/10)" within ninety (90) days of the effective date of these regulations." to add specificity and to incorporate a form by reference to verify program compliance with the regulations. The Board voted to accept the remaining recommendations made by CADAT and voted to modify the text to read as follows:

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and Registered Dental Assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit a "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs and Courses (New 9/10)" within ninety (90) days of the effective date of these regulations.

CADAT recommended modifications to section 1070.2(b)(6) with regard to the requirements for extramural instruction. CADAT proposed that each student must be assigned to two or more extramural dental facilities or clinics for clinical experiences. Furthermore, CADAT recommended that a dental assisting faculty member must visit each facility at least monthly to assess the progress of students when clinical experiences are provided in an extramural facility. They further specified that the major portion of the student's time in clinical assignments must be spent assisting with or participating in patient care and that students must maintain a record of their activities in each clinical assignment. Additionally, CADAT recommended that seminars be required to be conducted periodically with students during the clinical phase of the program. The Board voted to reject CADAT's proposed modifications to section 1070.2(b)(6) because requiring students to be assigned to at least two externships may

create a hardship on programs located in remote areas and the requirement for seminars could create difficulties with scheduling.

CADAT proposed modifications to section 1070.2(b)(7)(A). CADAT proposed replacing “The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeter in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, -camera for intraoral use, -camera for extraoral use, CAD machine or simulated device, -caries detection devices in the ratio of one for every ten students” with “The program must provide adequate and appropriately maintained facilities to support the mission and purpose of the program. The physical facilities and equipment must effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and safety for patients, students, faculty and staff. The laboratory facilities shall include an appropriate number of student stations, equipment, armamentarium and space for individual student performance of laboratory and preclinical procedure”. The Board voted to reject this recommendation because it is necessary to specify the minimum requirements for equipment and armamentaria. CADAT further recommended adding the following at the end of section 1070.2(b)(7)(A): “With the exception of patient monitoring equipment specific to EKG machine and pulse oximeter, the program shall own the necessary equipment and have readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed provider in patient monitoring is acceptable. In the event instruction in patient monitoring procedures is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment.” The Board voted to accept this recommendation with an amendment to specify that instruction by a licensed “healthcare” provider is acceptable. The Board voted to modify the text.

CADAT recommended modifications to section 1070.2(b)(7)(B) to replace “One permanently preassembled tray for each procedure shall be provided for reference purposes.” with “Instruments must be provided to accommodate students needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.” The Board voted to accept the recommendation and voted to modify the text.

CADAT recommended modifications to section 1070.2(b)(8) to replace “The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the

practice of dentistry and registered dental assisting.” with” Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical sciences and clinical practice. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum’s defined competencies.” The Board voted to accept CADAT’s recommendation with the deletion of the sentence: “The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical sciences and clinical practice” because it does not add any substantive requirements. The Board voted to modify the text.

CADAT proposed modifications to sections 1070.2(b)(8)(A) through 1070.2(b)(9)(E) to provide specificity and technical amendments. The Board voted to accept CADAT’s recommendations with the exception of replacing the term “patients” with “human subjects”. The term “human subject” because the term “patient” is consistently used throughout the Dental Practice Act and the addition of a new term is superfluous. The Board voted to modify the text.

CADAT recommended modifying sections 1070.2(b)(10) through 1070.2(b)(10)(C) to authorize the Board to accept incorporated curriculum in a program in lieu of having the programs apply separately for course approval. Additionally, CADAT recommended technical amendments. The Board voted to reject CADAT’s recommended modifications to sections 1070.2(b)(10) through 1070.2(b)(10)(C) because current law requires programs to “apply separately” for course approval even if they have a program and the technical amendments are unnecessary.

CADAT recommended adding a new subsection 1070.2(b)(10)(D) that states: “A Registered Dental Assisting educational program approved to incorporate instructional content for either the orthodontic assistant permit or dental sedation assistant permit or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all application requirements for the permit examination.” The Board voted to accept CADAT’s recommendation with the exception of changing “application requirements” to “educational requirements” because it is up to the Board to deem if the application requirements have been fulfilled. The Board voted to modify the text.

CADAT recommended deleting the word “abnormal” from section 1070.2(b)(11)(B). The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(C) by replacing “Legal requirements and ethics related to scope of practice, unprofessional conduct, and patient records and confidentiality.” along with “Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016, as well as principles of HIPAA privacy and

security standards, risk management and professional codes of ethical behavior.” The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(D) by adding “waste management” and “Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).” The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(E) by deleting “and federal, state, and local requirements” and adding “and biomedical sciences including nutrition and microbiology”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(F) by deleting “including symptoms and treatment”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(H) by adding “including the legal and ethical issues involving patient records.” The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(I) by adding “the psychology and management of dental patient, and overall interpersonal relationships”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.2(b)(11)(K) by adding “contemporary dental materials used in general and specialty dentistry.” The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended adding new section 1070.2(b)(11)(O) that states “All content for instruction in radiation safety as set forth in California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Section 1014.1”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended adding new section 1070.2(b)(11)(P) that states “All content for instruction in coronal polishing as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended adding new section 1070.2(b)(11)(Q) that states “All content for instruction in the application of Pit and Fissure Sealants as set forth in California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3”. The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended deleting sections 1070.2(c) and 1070.2(d). The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.6(a) by replacing “Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of the infection control regulations and guidelines issued by the Board and the Division of Occupational Safety and Health (Cal-DOSH)” with “Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching” and adding “or instructional staff member”. The Board voted to reject CADAT’s recommendation because unlicensed individuals should be permitted to teach infection control since a licensee or permit holder is not required to teach in this area. Unlicensed individuals trained with sufficient experience and having sufficient knowledge about the requirements should be able to be employed as faculty to teach infection control courses.

The Board voted to modify the last sentence of the proposed text for subsection 1070.6(a) to delete “to the requirements of Section 1070” to avoid conflict with teaching requirements.

CADAT recommended deleting the word “and” from section 1070.7(b). The Board voted to accept CADAT’s recommendation and voted to modify the text.

CADAT recommended modifying section 1070.7(c) by adding “Adequate provisions for the supervision and operation of the orthodontic assistant permit course shall be made in compliance with section 1070. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, or an orthodontic assistant permit issued by the Board, and shall have been licensed or permitted for a minimum of two years. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” Additionally, CADAT recommended modifying the last sentence in section 1070.7(c) to say “In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.” The Board voted to reject the following language to avoid duplication: “Adequate provisions for the supervision and operation of the orthodontic assistant permit course shall be made in compliance with section 1070. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, or an orthodontic assistant permit issued by the Board, and shall have been licensed or permitted for a minimum of two years. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” The Board voted to accept the remaining recommendations and voted to modify the text.

CADAT proposed replacing the term “patients” with “human subjects” in sections 1070.7(d) through 1070.7(k). The Board voted to reject this recommendation because the term “patient” is used consistently throughout the Dental Practice Act. The addition of a new term is superfluous. The Board voted to reject the comment.

CADAT proposed adding the following language to section 1070.8(a)(1): “Adequate provisions for the supervision and operation of the dental sedation assistant permit course shall be made in compliance with section 1070. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, or a dental sedation assistant permit issued by the Board, and shall have been licensed or permitted for a minimum of two years. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform.” The Board voted to reject this proposed addition to avoid duplication with section 1070.

CADAT proposed adding language to section 1070.8(a)(1) to specify “In addition to the requirements of section 1070,” all faculty or “instructional staff members” responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students. The Board voted to accept CADAT’s recommendation. The Board voted to add the term “designated faculty member” to maintain consistency. The Board voted to delete the provision for a California Licensed Certified Registered Nurse Anesthetist to be a faculty member instructing dental sedation assistants. Certified Nurse Anesthetists are not eligible to obtain a general anesthesia or conscious sedation permit. They would be eligible to provide instruction once they have held a dental sedation permit for two (2) years. The Board voted to modify the text.

CADAT proposed deleting section 1070.8(a)(2). The Board voted to reject this recommendation because it reduces the due diligence necessary to prepare to perform clinical evaluations for sedation. The Board voted to specify the faculty responsible for completing the methodology course prior to student evaluations and modified the text as follows: “(2) The course director, designated faculty member, or instructional staff member responsible for evaluations shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.”

The Board voted to add subsection 1070.8(a)(3) to specify that clinical instruction will be administered under the direct supervision of the specified staff member to better protect the public. The Board proposed the following language: “(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the board.” The Board voted to modify the text.

The Board voted to modify section 1070.8(b) to include a provision that “Clinical instruction shall require completion of the duties described in Section 1750.5 of the

Code during no less than 20 supervised cases utilizing conscious sedation or general anesthesia.” The addition of this language provides better public protection.

CADAT recommended making amendments to the numbering within sections 1070.8(c) through 1070.8(e). The Board voted to accept the recommendation and voted to modify the text.

CADAT recommended making amendments to the numbering within section 1070.8(f) through 1070.8(i). The Board voted to accept the recommendation. The Board voted to replace “Instruction shall include at least two experiences each, one of each of which shall be used for a practical examination” with “The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this section” to require the student to demonstrate proficiency in simulated emergencies during training before being eligible to complete a practical examination. This language will provide better public protection. The Board voted to modify the text.

CADAT recommended adding new subsections 1071(a) through 1071(c) as follows:

(a) A single standard of care shall be maintained and the Board shall approve only those educational programs for dental assisting in extended functions which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for RDAEF's. Continuation of approval will be contingent upon compliance with these requirements.

(b) An educational program for RDAEF's is one which has as its primary purpose providing post-secondary education in extended function dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to Registered Dental Assistants in extended functions.

(c) A new educational program for RDAEF's shall apply for approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. Provisional approval shall not be granted for a period which exceeds beyond the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.

The Board voted to reject the addition of subsection 1071(a) to avoid duplication with subsection 1070.1. The Board voted to reject the addition of subsection 1071(b) to avoid duplication with subsection 1070.1. The Board voted to reject the following

sentences: "Provisional approval shall not be granted for a period which exceeds beyond the length of the program and in no event for more than 30 days. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status." and "If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action" to eliminate duplication with provisions in Section 1070. The Board voted to modify the text as follows:

(a) A new educational program for RDAEF's shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

CADAT recommended modifying section 1071(c) to add a provision requiring faculty and instructional staff to possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform. Additionally, CADAT recommended replacing the provision for the six-hour teaching methodology course in clinical evaluation prior to conducting clinical evaluations of students with the following language: "Board-approved course or certification program in educational methodology of at least 15 hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation." The Board voted to delete the following text from section 1071(c) to avoid duplication with the provisions in section 1070: "Adequate provision for the supervision and operation of the program shall be made in compliance with section 1070. Notwithstanding the requirements of Sections 1070 and 1070.1, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. Faculty and instructional staff shall possess experience in the subject matter he or she is teaching and shall not teach in any subject area he or she is unlicensed or permitted to perform." The Board voted to reject CADAT's proposed fifteen hours of educational methodology and maintain a six hour requirement for educational methodology because six (6) hours is adequate for patient protection and 15 hours is an excessive requirement. The Board voted to modify the text as follows:

In addition to the requirements of Sections 1070 and 1070.1, each faculty member shall have completed a Board-approved course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or

she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

The Board subcommittee recommended modifying section 1071(d) to specify that all “laboratory and simulated clinical” instruction be provided under the direct supervision of program instructional staff. The Board subcommittee recommended adding the following provision to section 1071(d): “Clinical instruction shall be provided under the direct supervision of a licensed dentists and may be completed in an extramural dental facility as defined in Section 1070.1(i).” to specify supervision requirements for clinical instruction and provide better patient protection. The Board voted to modify the text to add the subcommittee’s recommended additions.

CADAT recommended adding “The following are minimum requirements for” before “equipment and armamentaria” in section 1071(e)(1) to provide clarity and specificity. The Board voted to accept CADAT’s recommendation and modified the text.

CADAT recommended modifying section 1071(h) to delete “but not limited to,” and add “caries risk assessment” and “charting of existing conditions excluding periodontal assessment”. The Board voted to reject the addition of “caries risk assessment” to section 1071(h). A caries risk assessment falls within the definition of “basic supportive duties” as described in Business and Professions Code (Code) Section 1750 for a dental assistant. Basic supportive procedures are procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated. A "caries risk assessment" involves filling out a questionnaire, and according to American Academy of Pediatric Dentistry guidelines, may be performed by clinical or non-clinical personnel. It is an assessment and not a diagnosis. Neither Section 1750.1 of the Code, nor any regulations adopted by the Board specify "caries risk assessment" as an allowable duty. These regulations are designed to teach the new duties, and because caries risk assessment is not a specified duty within the Code, this language should not be included in the regulation. It does not prohibit a school from teaching it, but the training for a duty not prescribed in statute or regulation should not be required in this regulatory language. The Board voted to modify the text to delete “but not limited to,” and add “charting of existing conditions excluding periodontal assessment” to section 1071(h).

CADAT recommended modifying sections 1071(h) through 1071(n) to replace “patients” with “human subjects”. The Board rejected CADAT’s recommendation because the term “patient” is consistently used throughout the Dental Practice Act and the addition of a new term is superfluous.

Comments from the California State Association of Endodontists:

The California State Association of Endodontists expressed concerns regarding the interpretation of the endodontic sections of the proposed regulations permitting the cementation of endodontic master and accessory cones. The Association expressed concern that the section has been interpreted to allow condensation of the root filling as evidenced by the regulations requiring teaching of condensation of the root filling material by the means of lateral condensation. The Association felt that condensation of endodontic root filling materials by inadequately trained individuals carries significant risks of injury to patients.

In response to the comments received from the California State Association of Endodontists, the Board voted to modify section 1071(i) to specify that the duties and the training of the RDAEF, as it pertains to endodontics, does not include condensation. Condensation should only be performed by licensed dentists because it is an irreversible step in the process of performing a root canal. This provides better protection to the public. The Board voted to modify section 1071(i) as follows:

(i) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting master and cementing cones on extracted teeth or assimilated teeth with canals in preparation for condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obdurator based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting, cementing master and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obdurator based techniques that employ condensation. Simulated clinical instruction shall include fitting master cones and accessory points for condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

In response to the comments received from the California State Association of Endodontists, the Board voted to modify sections 1071(l) through 1071(n) to do the following: (1) incorporate the previously defined term “simulated clinical instruction,” (2) specify the experiences and training necessary for the clinical training with respect to placing, contouring, finishing, and adjusting direct restorations, and (3) specify the experiences and training necessary for the clinical training with respect to adjusting and cementing permanent indirect restorations. The Board voted to modify sections 1071(l) through 1071(n) as follows:

(l) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include tyodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with tyodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

- (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.*
- (4) Clinical instruction shall include experience with the following techniques:*
- (A) Placement of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.*
 - (B) Placement of Class I, II, III, and V composite resin restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.*
 - (C) Placement of Class I, II, III, and V glass-ionomer restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.*
- (m) With respect to polishing and contouring existing amalgam restorations:*
- (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.*
 - (2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.*
 - (3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.*
- (n) With respect to adjusting and cementing permanent indirect restorations:*
- (1) Didactic instruction shall include the following:*
 - (A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.*
 - (B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.*
 - (C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.*
 - (2) Laboratory instruction shall include:*
 - (A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.*
 - (B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.*

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting and adjustment and cementation of permanent indirect restorations on at least one anterior and one posterior tooth for each of the following materials, with one of each type used for a clinical examination: ceramic, ceramometal, and cast metallic.

Comments from the California Society of Anesthesiologists:

The California Society of Anesthesiologists expressed reservations concerning the adequacy of the proposed educational and training standards for the Dental Sedation Assistant Permit; specifically, the three clinical “experiences on a patient” of various functions and procedures in connection with conscious sedation and general anesthesia were seen as inadequate to deal with underlying patient safety concerns.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(j)(2) to specify that a student is required to demonstrate proficiency in the tasks listed for preclinical instruction before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(j)(3) to specify that a student is required to demonstrate proficiency in the tasks listed for clinical instruction before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(j)(3)(C) deleting the use of an AED or AED trainer under clinical training because the preclinical training is sufficient and is not needed during clinical training. It is unlikely that patients would be willing to have defibrillator leads attached during clinical training.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(k)(2) to specify that a student is required to demonstrate proficiency in the tasks listed for preclinical instruction before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(k)(3) to specify that a student is required to demonstrate proficiency in the tasks listed for clinical instruction before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(l)(2) to specify that a student is required to demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(l)(3) to specify that a student is required to demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(m)(2) to specify that a student is required to demonstrate proficiency in the adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(m)(2) to specify that a student is required to demonstrate proficiency in the adding fluids to existing IV lines in the presence of course faculty or instructional staff before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(n)(2) to specify that a student is required to demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal before being eligible to complete a practical examination to provide better public protection.

In response to the concerns expressed by the California Society of Anesthesiologists, the Board voted to modify section 1070.8(n)(3) to specify that a student is required to demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff being eligible to complete a practical examination to provide better public protection.

Comments from Dr. Earl Johnson during the July 19, 2010 Public Regulatory Hearing:

Dr. Earl Johnson, California Association of Orthodontists, delivered verbal testimony and stated that he was shocked that the second path to training for the orthodontic assistant permit was not included in the language. He stated that there had been previous discussion by the board that the second path would be included. He stated that the language is designed for educational providers and once they are granted a permit to teach, the board will have no control regarding who goes to the school and is trained. Dr. Johnson reported that the second pathway requirements are different and the board needs to know who is taking the course and grant someone permission to practice on a short-term basis for clinical training. He was opposed to having a Registered Dental Assistant (RDA) permitted for two years be qualified to teach bracketing and placing bonds before bonding. He stated that the only qualified people to teach this are Orthodontists. He stated that the board should reconsider and address the second pathway to the orthodontic assistant permit. Dr. Johnson's comments were

not relevant to the rulemaking file. Dr. Johnson was referring to previous proposed legislative requirements that were not enacted and were not included in the provisions of Assembly Bill 2637 (Chapter 499, Statutes of 2008).

Summary of Comments Received During the First 15-Day Comment Period

Comment from Butte Sierra District Dental Society:

The Butte Sierra District Dental Society commented that the terminology proposed in section 1070.2(d)(9)(D) pertaining to the basic life support course would cause confusion with the continuing education regulations for licensees. They also commented that the Board would be put in the position of approving basic life support programs other than the American Heart Association or American Red Cross providers. The Board rejected the comment because the Board's continuing education requirements are not germane to the approval of Registered Dental Assistant programs. Each application is reviewed individually, and the Board may review the programs basic life support course and instructor and determine if the course is equivalent during the initial application review.

Comments from the Dental Assisting Alliance (Alliance):

Alliance Comment 1:

The Alliance commented on the use of the term "designated faculty member" in subdivisions 1070.8(a)(1), (2), and (3) suggested that the term "faculty member" is sufficient. The Board rejected the comment because the term specifies the designated person responsible for clinical evaluation during the dental sedation assistant permit course.

Alliance Comment 2:

The Alliance suggested that section 1070.8(b) needed to be clarified to state that "Clinical instruction shall require completion of all of the duties described in Section 1750.5 of the Code during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia." The Board accepted the comment and voted to modify the text.

Alliance Comment 3:

The Alliance stated that they were concerned about removing the specified required number of pre-clinical experiences in subsections 1070.8(f)(2), (j)(2), (k)(2), (l)(2), (m)(2), and (n)(2). The Board rejected the comment because it is pertinent that the student be able to demonstrate proficiency during laboratory and preclinical instruction rather than complete a specified number of experiences to promote better public protection in regard to sedation. The requirements for demonstration of proficiency provided in section 1070(i) indicate that "objective evaluation criteria shall be used." All programs and courses are required to provide students with specific performance objectives, defined standards of performance, and those steps that would cause the student to fail the task being evaluated, all of which are reviewed by the Board during the application review process. This is the true measure of proficiency, not the number of times a task is performed.

Alliance Comment 4

The Alliance commented that the modified text proposes hours based on the content contained in current law. However, the modified text includes revisions to require additional simulated clinical instruction for fitting, and cementing master and accessory points, additional clinical instruction for direct restorations, and additional clinical instruction for adjusting and cementing permanent indirect restorations.

The Alliance commented that it is important that the program hours be increased to reflect whatever additional requirements are ultimately determined by the Board to be necessary. The hours and requirements in current statute were carefully calculated when AB2637 was drafted to assure that students would be minimally qualified upon graduation. According to feedback from existing programs, the current minimum number of hours is barely sufficient to appropriately instruct in all of the EF duties.

The Alliance commented that revising the minimum number of hours will ensure that each program will provide a minimum number of hours that are realistic and truly assure that each student achieves competence in each of the allowable duties. It also assists Board staff and/or consultants in evaluating each program in a fair and consistent manner. All other dental assisting programs and courses contain realistic minimum numbers of required hours. Treating EF programs differently will allow unscrupulous providers to provide all required instruction within an unrealistic minimum number of hours, which are not sufficient for students to achieve competence in each duty.

Based on the proposed addition of 22 direct restorations, the proposed four (4) simulated endodontic experiences, and the Alliance's proposed two (2) indirect restorations, the Alliance proposed that the minimum program hours be changed by adding 58 hours, calculated as follows: 4 simulated endodontic x 2 hours each = 8 additional laboratory hours; 22 direct restorations x 2 hours each = 44 additional clinical hours; and 2 indirect restorations x 3 hours each = 6 additional clinical hours.

The Alliance recommend that subsection 1071(b)(2)(A), which governs EF programs for existing EFs, be amended to change the total minimum program hours from 288 to 346, leave the didactic hours at 76, change the laboratory hours from 180 to 188, and change the clinical hours from 32 to 82. As stated in other portions of the regulations, these clinical hours can be performed either within the facility, or at an extramural dental facility, or both.

The Alliance recommended that subsection (e), which governs EF programs for RDAs, be amended to change the total minimum program hours from 380 to 438, leave the didactic hours at 100, change the laboratory hours from 200 to 208, and change the clinical hours from 80 to 130.

The Board voted to accept the Alliance's comment with modifications. The Board voted that each direct restoration should be calculated at one (1) hour each, rather than two (2) hours each. Additionally, the Board had voted to modify the text due to a comment received from the California Dental Association which reduced the number of direct

restorations completed during clinical training to 20. Therefore, the Board voted to modify the minimum number of program hours, calculated as follows:

- 4 Simulated Endodontic Experiences x 1.5 Hours Each = 6 Additional Laboratory Hours
- 20 Direct Restorations x 1 Hour Each = 20 Additional Clinical Hours
- 2 Indirect Restorations x 2 Hours Each = 4 Additional Clinical Hours

The Board voted to modify Section 1071(b)(2)(A) to read as follows:

The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

The Board voted to modify Section 1071(e) to read as follows:

The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(i).

Alliance Comment 5:

The Alliance commented that they disagree with the types of restorations being required because they do not reflect current practice. They recommend amending section 1071(m)(4) to state:

Clinical instruction shall include experience with the following techniques, at least fifty percent of which must utilize esthetic restorative materials, and at least ten percent of which must utilize amalgam:

- (A) Placement of a Class II restoration in ten prepared permanent teeth;*
- (B) Placement of a Class V restoration in two prepared permanent teeth;*
- (C) Placement of a Class III or IV restoration in ten prepared permanent teeth.*

They did not include Class I restorations, since an individual who can successfully place a Class II restoration can easily place a Class I restoration. The Board voted to reject this proposed language modification. The Board agreed that the Dental Assisting Alliance provided a good recommendation to require 50% of the clinical experiences utilize esthetic restorative material, and at least 10% of the clinical experiences utilize amalgam. However, the manner in which the language is written does not allow for flexibility for the programs to add experiences in certain classes without proportionally adjusting the experiences in other classes. The recommended language also requires experiences in Class IV restorations, which is not a listed duty.

Alliance Comment 6:

The Dental Assisting Alliance commented that it is not appropriate for students to place cast metal crowns on anterior teeth, as proposed, as this is not done in practice. They suggested using “Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.” The Board accepted the comment and voted to modify the text.

Comments from the California Dental Association (CDA):

CDA Comment 1:

The California Dental Association (CDA) proposed changes to paragraph (4) regarding the classes of restorations and materials to be used. They suggested: replacing “include experience with the following techniques” with “require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements.” Additionally, CDA recommended replacing subdivisions 1071(m)(4)(A) through 1071(m)(4)(C) with the following language:

- *(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.*
- *(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.*
- *(C) At least ten (10) percent of the clinical experiences shall use amalgam.*

Additionally, staff recommended the addition of new subdivision 1071(m)(4)(D) with the following language:

- *(D) Students who complete the 20 restorations and meet all the instructional requirements of this section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.*

The Board accepted CDA’s comment and staff’s recommended addition and voted to modify the text.

CDA Comment 2:

CDA recommended deleting the required clinical instruction for adjusting and cementing permanent indirect restorations. The Board rejected this comment because protection of the public is the Board’s highest priority, and it is imperative that Registered Dental Assistants in Extended Functions have the appropriate clinical training before practicing on patients.

CDA Comment 3:

CDA recommended changing the definition of “extramural dental facility” to clarify that an “approved” dental assisting educational program means a board-approved program. CDA also suggested changing the word “campus” to “location” and adding “nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program.” The Board accepted the addition of “board-

approved” and changing “campus” to “location” and voted to modify the text. The Board rejected the recommendation to add “Nothing in this definition shall exclude a dental office or dental clinic from being the primary location of a board-approved program.” The addition of this sentence is not germane to the definition and there is nothing in this regulation that would preclude a dental office or dental clinic from being the primary location of a program as long as the qualifications are met.

CDA Comment 4:

CDA suggests changing “Principles of...” to “Overview of...”, “preventative” to “preventive”, and adding the term “caries risk assessment” between “including,” and “plaque identification”. The Board rejected these recommendations because changing the term “principle” to “overview” insinuates teaching a general idea or summary. By keeping the term “principle,” the language establishes that the standards are to be taught. Changing the term “preventative” to “preventive” is unnecessary as the two terms are synonymous. It is unnecessary to include “caries risk assessment” as it is a basic supportive duty that falls within the duties for a dental assistant as described in Business and Professions Code Section 1750. A “caries risk assessment” involves filling out a questionnaire, and according to the American Academy of Pediatric Dentistry guidelines, may be performed by clinical or non-clinical personnel. It is an assessment and not a diagnosis, is completely reversible, and is unlikely to precipitate potentially hazardous conditions for the patient being treated.

Comments from the California Association of Dental Assisting Teachers (CADAT):

CADAT Comment 1:

CADAT suggested amending the name of the notice to: “Notice of Compliance with the New Requirements for Registered Dental Assistant Programs and Dental Assisting Educational Courses.” The Board rejected this recommendation because the “Notice of Compliance with New Requirements for Registered Dental Assistant Programs” New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. CADAT’s proposed additions were not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, the Board voted to modify the text to include new individual forms for notice of compliance for infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the registered Dental Assistant in Extended Functions Programs.

CADAT Comment 2:

CADAT suggested amending the opening statement of the notice by including reference to dental assisting educational courses as well as Registered Dental Assistant programs and courses. The Board rejected the comment because the “Notice of Compliance with New Requirements for Registered Dental Assistant Programs” New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding Registered Dental Assistant Educational Programs. However, the Board previously voted to modify the text to include new forms for notice of compliance for the infection control courses, dental sedation assistant permit courses, orthodontic assistant permit courses, and the Registered Dental Assistant in Extended Functions Programs. Subsequently, the Board

voted to modify the text to utilize CADAT's recommended changes in the new forms for the courses' notice of compliance.

CADAT Comment 3:

CADAT suggested amending certifying statements on the Notice by adding the wording "and dental assisting educational courses," adding a reference to section 1070.1 and courses, and adding "Certificates of Completion issues by educational course providers not meeting Notice submission requirements will not be recognized by the Board." The Board rejected the comment because the "Notice of Compliance with New Requirements for registered Dental Assistant Programs" New (09/10) is specific to the section pertaining to Registered Dental Assistant Programs. The proposed additions are not relevant to section 1070.2 regarding registered Dental Assistant Educational Programs. However, the Board voted to modify the text to include language in the development of the notice of compliance for the infection control course, the dental sedation assistant permit course, and the orthodontic assistant permit course that include references to section 1070.1, "course provider," and "organization or course provider."

CADAT Comment 4:

CADAT suggested amending the notice to include verification of faculty or instructional staff and current Program Director. The Board rejected this comment because it is unnecessary for the programs or courses to provide a verification of faculty or instructional staff with a notice of compliance. The programs and courses include this information in the initial application and they are required to notify the Board of any changes in faculty or instructional staff within 10 days.

Board Sub-Committee Recommendations:

The Board subcommittee recommended modifying the language in section 1070.2(d)(7)(A) to relieve the burden from the RDA programs of having to own a CAD machine or capnograph. This provides the RDA programs the flexibility to use alternative means for training, such as simulated devices and/or outside providers, instead of the costly CAD and capnograph machines. The Board accepted the recommendation and voted to modify the text.

The Board's subcommittee recommended modifying the language in section 1070.8(a)(3) relating to clinical instruction supervision for the Dental Sedation Assistant Permit Course. Business and Professions Code Section 1750.5 requires the dentist or other licensed health care professional to be at the patient's chair-side while conscious sedation or general anesthesia is being administered. To maintain public protection, it is necessary for the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia to be at the patient's chair-side during clinical instruction. The Board accepted the recommendation and voted to modify the text.

The subcommittee recommended modifying section 1070.8(b) to clarify that the clinical instruction will require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of section 1070.8. This helps to specify what tasks are required by the regulation rather than the Statute. The statute has a much broader definition and the proposed regulations have specified the regulations. The Board accepted the recommendation and voted to modify the text.

The subcommittee recommended striking “Board-approved” from section 1071(d), pertaining to the educational methodology course or certification program requirements for faculty members responsible for clinical evaluation. The subcommittee made this recommendation to maintain consistency between the requirements for the RDA programs and the RDAEF programs. The Board accepted the recommendation and voted to modify the text.

The subcommittee recommended modifying the text of section 1071 (j) to maintain consistency with the terminology of “master points” and “accessory points”. The Board accepted the recommendation and voted to modify the text.

Summary of Comments Received During the Second 15-Day Comment Period

Comments from the Dental Assisting Alliance (Alliance):

Alliance Comment 1:

The Alliance suggested a technical modification to the text to correctly identify subdivision numbers. The Board accepted the comment and voted to modify the text.

Alliance Comment 2:

The Alliance suggested correcting section 1070.2(d)(10) to correct an error in the second modified text to change the course hours to 55 to be consistent with the hours for the Orthodontic Assistant course. The Board accepted the comment and voted to modify the text.

Alliance Comment 3:

The Alliance suggested correcting sections 1070.8(a)(1) and 1070.8(a)(2) to delete the duplicate language from one of the sections regarding the requirement that those responsible for clinical evaluation must complete a two-hour methodology course. The Board accepted the comment and voted to modify the text.

Alliance Comment 4:

The Alliance suggested correcting section 1071(g) to state: “(1) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive...” to correct the reference to the subdivisions due to previous modifications to section 1071. The Board accepted the comment and voted to modify the text.

Comment from the California Association of Dental Assisting Teachers (CADAT):

CADAT suggested modifications to all of the “Notice of Compliance” forms within the regulations. CADAT suggested modifications to the forms to provide consistency in the language and references used in each form. The Board accepted the comment and voted to modify the text.

Comment from Michael W. Champeau, M.D., Past President, California Society of Anesthesiologists:

Dr. Champeau suggested modifications to sections 1070.8(k)(2) and 1070.8(k)(3) to include a requirement to demonstrate proficiency in the use of the capnograph to be consistent with the recommendations of the American Society of Anesthesiologists Standards for Basic Anesthesia Monitoring, that were updated October 20, 2010. The Board rejected the comment because the comment provided was not directly related to the noticed second modified text, and the Board has previously approved the text as currently written. The ASA Standards were updated on October 20, 2010, and do not take effect until July 2011. However, the Board believes that this is an issue that should be addressed by the Board when reviewing the conscious sedation and general anesthesia regulations, which were been deemed a regulatory priority for 2011.

Comment from Barnaby & Barnaby Attorneys Lobbyists on Behalf of the California Society of Anesthesiologists:

Barnaby & Barnaby suggested modifications to sections 1070.8(k)(2) and 1070.8(k)(3) to include a requirement to demonstrate proficiency in the use of the capnograph to be consistent with the recommendations of the American Society of Anesthesiologists Standards for Basic Anesthesia Monitoring, that were updated October 20, 2010. The Board rejected the comment because the comment provided was not directly related to the noticed second modified text, and the Board has previously approved the text as currently written. The ASA Standards were updated on October 20, 2010, and do not take effect until July 2011. However, the Board believes that this is an issue that should be addressed by the Board when reviewing the conscious sedation and general anesthesia regulations, which were been deemed a regulatory priority for 2011.

Board Sub-Committee Recommendation:

The subcommittee recommended modifications to section 1070.2(d)(10)(B). This section specifies that the orthodontic assistant permit course in an RDA program shall be no less than 55 hours of instruction, including 11 hours of didactic, 24 hours of laboratory and 20 hours of clinical instruction. Section 1070.2(d)(10)(A) specifies that the RDA program will have a course in the removal of excess cement with an ultrasonic scaler. This is a 4 hour course. The current language specifies that the total hours are actually 59 hours of instruction once you add in the ultrasonic scaler course.

Section 1070.7(a) specifies that the course hours for a student who holds a valid and current RDA license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A RDA who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current RDA license, and who has completed a Board-approved course in the use of an

ultrasonic scaler shall be no less than 51 hours, including nine (9) didactic, 22 laboratory, and 20 clinical.

To be consistent with Section 1070.7(a), the subcommittee recommended modifying the text in Section 1070.2(d)(10)(B) to specify the orthodontic assistant permit course in an RDA program shall be no less than 51 hours of instruction, including nine (9) hours of didactic, 22 hours of laboratory and 20 hours of clinical instruction. Once you add in the required four (4) hour ultrasonic scaler course, the total course will equal 55 hours and will be consistent with section 1070.7(a). The Board accepted the subcommittee's recommendation and voted to modify the text.

Summary of Comments Received During the Third 15-Day Comment Period

Comment from the Dental Assisting Alliance (Alliance):

The Alliance submitted a letter to the Board recommending that section 1070.2(d)(10)(B) be amended to require that the course for RDA programs be no less than 55 hours, including at least 11 hours of didactic instruction, at least 24 hours of laboratory instruction, and at least 20 hours of clinical instruction. The Alliance stated that the section 1070.2(d)(10)(B), as noticed in the third modified text, was inconsistent with the course hour requirements in section 1070.7(a), and would adversely impact non-RDA program providers of the Orthodontic Assistant Course.

After the public comment period closed, the Alliance submitted an email requesting the withdrawal of the comments on the dental assisting regulations made in a letter dated January 7, 2011. The Board rejected the Alliance's comment because the Alliance requested the withdrawal of their submitted comment.