

DENTAL BOARD OF CALIFORNIA

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DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL

NOTICE OF MEETING May 12, 2022

Council Members

Jeri Fowler, CDA, RDAEF, OA, Chair Traci Reed-Espinoza, RDAEF, Vice Chair De'Andra Epps-Robbins, RDA Cara Miyasaki, RDA, RDHEF, MS Rosalinda Olague, RDA, BA Joanne Pacheco, RDH, MAOB Kandice Rae Pliss, RDA Action may be taken on any item listed on the agenda.

The Dental Assisting Council (Council) of the Dental Board of California (Board) will meet at 9:00 a.m., on Thursday, May 12, 2022, at the following location¹:

Sheraton Garden Grove 12221 Harbor Blvd., Emerald/White Diamond Room Garden Grove, CA 92840 (714) 703-8400 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

AGENDA

- 1. Call to Order/Roll Call/Establishment of a Quorum
- 2. Introduction of New Council Members [4]
- 3. Public Comment on Items Not on the Agenda Note: The Council may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)
- 4. Discussion and Possible Action on January 28, 2022 Meeting Minutes [5-9]
- 5. Update on Dental Assisting Examination Statistics [10-11]
 - a. Registered Dental Assistant (RDA) General Written and Law and Ethics Examinations

Dental Assisting Council Meeting Agenda May 12, 2022

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¹ Face masks may or may not be required at the location depending upon state and local laws and business preferences on the date of the meeting.

- b. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
- c. Orthodontic Assistant (OA) Written Examination
- d. Dental Sedation Assistant (DSA) Written Examination
- 6. Update on Dental Assisting Licensing Statistics [12-22]
 - a. RDA License
 - b. RDAEF License
 - c. OA Permit
 - d. DSA Permit
- 7. Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations [23-32]
- 8. Discussion and Possible Action Regarding Recommendations of Council Working Group on RDAEF Administration of Local Anesthesia and Nitrous Oxide [33-42]
- 9. Update Regarding Administration of New RDAEF Written Examination [43-44]
- 10. Update Regarding Dental Assisting Comprehensive Rulemaking (California Code of Regulations, Title 16, Sections 1067-1081.3) [45]
- 11. Discussion and Possible Recommendation on Pending Legislation [46-51]
 - a. Assembly Bill (AB) 2276 (Carrillo, 2022) Dental assistants.
- 12. Adjournment

This agenda can be found on the Dental Board of California website at <a href="documents-decorate-orange-decor

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Council prior to the Council taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Council, but the Council Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Council to discuss items not on the agenda; however, the Council can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a

Dental Assisting Council Meeting Agenda May 12, 2022 request by contacting Sarah Wallace, Interim Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789



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MEMORANDUM

DATE	April 28, 2022
то	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2: Introduction of New Council Members

Background:

The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinic. Council members are appointed by the Board and serve at the Board's pleasure.

The Council had vacancies for two RDAs employed clinically in private dental practice, a public safety net, or dental health care clinic. At the February 2022 Board meeting, De'Andra Epps-Robbins and Kandice Rae Pliss were appointed to fill these vacancies. They will join the following members on the Council:

Faculty:

Jeri Fowler, RDAEF, OA Cara Miyasaki, RDA, RDHEF

Clinical:

Traci Reed-Espinoza, RDAEF

Board Representative:

Rosalinda Olague, RDA Joanne Pacheco, RDH

Action Requested:

No action requested.

Agenda Item 2: Introduction of New Council Members Dental Assisting Council Meeting May 12, 2022



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DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL MEETING MINUTES January 28, 2022

NOTE: In accordance with Government Code Section 11133, the Dental Assisting Council (Council) of the Dental Board of California (Board) met on January 28, 2022, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

Members Present:

Jeri Fowler, CDA, RDAEF, OA, Chair Traci Reed-Espinoza, RDAEF, Vice Chair Cara Miyasaki, RDA, RDHEF, MS Rosalinda Olague, RDA, BA Joanne Pacheco, RDH, MAOB

Staff Present:

Sarah Wallace, Interim Executive Officer
Tina Vallery, Chief of Administration and Licensing
Paige Ragali, Acting Dentistry Licensing and Examination Unit Manager
Rikki Parks, Acting Dental Assisting Program Manager
Mirela Taran, Administrative Analyst
Emilia Zuloaga, Complaint and Compliance Unit Manager
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

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

Council Chair, Ms. Jeri Fowler, called the meeting to order at 10:05 a.m.; five members of the Council were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda

There were no public comments made on this item.

Agenda Item 3: Discussion and Possible Action on November 18, 2021 Meeting Minutes Motion/Second/Call the Question (M/S/C) (Miyasaki/Olague) to approve the November 18, 2021 Meeting Minutes.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None. Absent: None. Recusals: None.

The motion passed and the minutes were approved. There were no public comments made on this item.

Agenda Item 4: Update on Dental Assisting Examination Statistics

Ms. Rikki Parks, Acting Dental Assisting Program Manager, provided the report, which is available in the meeting materials.

There were no public comments made on this item.

Agenda Item 5: Update on Dental Assisting Licensing Statistics

Ms. Parks provided the report, which is available in the meeting materials.

The Council received public comment. Ms. Claudia Pohl, representing California Dental Assistants Association (CDAA), pointed out that the "Dental Assistant Applications Received by Month" on page 12 of the meeting materials showed that in fiscal year (FY) 2020/2021, there were 2,661 RDA applications received. The "Dental Assistant Applications Approved by Month" table for FY 2020/2021 showed there were 1,907 approved RDA applications. This indicated that roughly 700 RDA applications in FY 2020/2021 were not approved. Ms. Pohl requested the Council provide more information on the data of those applications that were not approved.

<u>Agenda Item 6: Update Regarding RDAEF Licensure Requirements and Administration</u> of New RDAEF Written Examination

Ms. Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials. Ms. Vallery advised that the new RDAEF written examination was intended to be launched on January 1, 2022. On January 24, 2022, Ms. Vallery and Ms. Sarah Wallace, Interim Executive Officer, were informed that implementation of the new RDAEF written examination did not occur on January 1, 2022, as anticipated. From January 3, 2022, until January 24, 2022, the previous version of the RDAEF exam remained in effect and was administered to nine candidates. No additional candidates were scheduled to take the exam between January 25-28, 2022. After consulting with the DCA, Office of Professional Examination Services (OPES) and Board Counsel, it was advised that the delayed implementation of the new RDAEF exam did not impact the nine candidates. The administration of the new RDAEF examination will begin on January 28, 2022. OPES will monitor the statistical performance of the item to ensure the examination functions as intended.

The Council received public comment. Dr. Molly Newlon inquired whether there was any other content that was added to the new exam other than the inclusion of a cord retraction and final impressions. In addition, Dr. Newlon asked what the length of the new exam is in comparison to the previous exam.

<u>Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations</u>

Ms. Vallery provided the report, which is available in the meeting materials. She noted that the goal of a re-evaluation is to ensure the programs and courses are in compliance with current laws and regulations.

There were no public comments made on this item.

Agenda Item 8: Discussion and Possible Action Regarding Recommendations of Council Working Group on RDAEF Administration of Local Anesthesia and Nitrous Oxide

Ms. Vallery provided the report, which is available in the meeting materials.

Chair Fowler disclosed that in order to determine whether local anesthesia and nitrous oxide should become an allowable duty for an RDAEF2, relevant data in a non-biased survey is necessary. To accurately obtain good data results, the survey must be sent to all dental professionals who are responsible for administering additional local anesthesia and nitrous oxide in the practice utilizing RDAEFs. Chair Fowler expressed opposition to OPES' first recommendation since there could potentially be discrepancies in data results between the supervising dentist and the RDAEF due to a lack of awareness of the dentist for the need of local anesthesia reinforcement. The reason as to why the survey should be taken separately by RDAEFs and their employers is so data results can be compared between the dentists and RDAEFs to ensure that they are on the same page. The working group proposed that all practices that utilize RDAEFs should be given access to this survey.

Council Member, Ms. Cara Miyasaki, asked OPES whether the recommendations that they have provided are in order of importance. Ms. Karen Okicich, M.A., Research Data Supervisor II, from OPES, responded that their primary reason for their recommendation for surveying the RDAEFs and dentists first was to simplify the process so that one can assess, based on the most involved parties, whether there was a rationale for proceeding forward and then extending it to other dental professionals that would be involved. OPES recommended that there be two separate surveys, so that the questions can be tailored toward the specific profession and their involvement.

Council member, Ms. Rosalinda Olague, inquired whether the Council had thought about a mixed method approach. She suggested the Council conduct both quantitative and qualitative surveys; through qualitative, conduct 25-30 interviews to obtain saturation, and then subsequently combine both methods. Ms. Okicich replied that this approach could be taken. However, it would be beneficial to start with the survey to ensure that there is interest and move toward a qualitative type analysis. Ms. Olague added that she had seen the value of starting with qualitative research to get the end result. She suggested that the Council could consider whether the approach should be adjusted to obtain the information and ensure that validity is present. Chair Fowler mentioned that this survey is

intended to gather how much time was spent if the need for additional anesthesia is required

Ms. Miyasaki agreed with Ms. Olague's comments and verbalized that it could be beneficial to add "other" as an answer on the survey, as some of the answers might be unapplicable. Chair Fowler replied that she did not think it would be a good approach to make the survey more generalized, as the Council needs very specific data whether the patient's procedure is being lengthened due to needing more anesthesia. Ms. Okicich added the OPES would continue to recommend that the Council seek large-scale qualitative data after quantitative data is obtained.

Ms. Olague indicated that vague language existed in a few of the survey questions, specifically survey question numbers 11 and 19. Chair Fowler replied that OPES reworded various survey questions. Chair Fowler asked OPES whether their version of the proposed survey would be presented at the Board meeting. Ms. Vallery replied that the purpose of this agenda item was to put forward what the two-member working group came up with and for the Council to agree if this was the direction they would like to move in. If so, the two-member working group could continue to work with OPES to make revisions to the survey and bring them back for future discussion.

Ms. Miyasaki asked to hear from the Council on their opinion regarding having a small focus group, which would allow the Council to compare the answers received to the survey answers. Ms. Olague replied that she is in support of taking this as a first step but urged the Council to consider the focus groups. Ms. Vallery reiterated that the Board does not have the staff resources to take on the formation of working groups. Ms. Tara Welch, Board Counsel, advised that the Council needs to think about compliance with the Bagley-Keene Open Meeting Act and whether the focus group would have to be some type of noticed public meeting and consider the amount of meeting materials Board staff would have to prepare for such a meeting. Ms. Miyasaki inquired if Subject Matter Experts (SMEs) could constitute the focus groups, as opposed to other licensed professionals. Ms. Welch replied that SMEs might have Bagley-Keene exemption status based on being Board contracted but also potentially have statutory protection for examination review. Ms. Vallery indicated that by using SMEs, the work would still fall on Board staff.

Ms. Miyasaki asked the Council to provide their thoughts on having a survey that went out to a smaller group with an "other" or "not applicable" option in the questions in order to narrow down the range of answers. Ms. Olague added that she is in support of the survey but would want to see it in final draft. She does not feel that the questions are where they need to be and asked the Council to consider adjusting the questions on the survey.

(M/S/C) (Olague/Pacheco) to delegate authority to the two-member working group to continue working with OPES to finalize the surveys and bring them back at a future DAC meeting.

Ayes: Fowler, Miyasaki, Olague, Pacheco, Reed-Espinoza.

Nays: None.

Abstentions: None. Absent: None. Recusals: None.

The motion passed. The Council received public comment. Ms. Claudia Pohl, representing CDAA, commented that with respect to survey question number two, it seemed that there could be a dentist employee or practicing dentist who is neither an owner nor associate. Ms. Pohl suggested the Council may want to consider having a dentist employee or practicing dentist as an optional answer for that question. Ms. Pohl also noted that only survey question numbers 19 and 21 deal with nitrous oxide. She suggested the Council may want to consider having additional question(s) relative to nitrous oxide or incorporating that topic into some of the questions that talk about local anesthesia.

Agenda Item 9: Adjournment

Chair Fowler adjourned the meeting at 11:07 a.m.



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MEMORANDUM

DATE	April 26, 2022
то	Members of the Dental Assisting Council
FROM	Rikki Parks, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 5: Update on Dental Assisting Examination Statistics

Background:

The following table provides the examination statistics for candidates who took dental assisting examinations in the past three fiscal years (FYs). The data captured for FY 2021/2022 is July 1, 2021 through March 31, 2022.

	License Type	RDA	OA	DSA		RDAEF	
		Written	Written	Written	Clinical	Practical	Written
	Total 1st Time Candidates Tested	1236	112	3	54	58	113
	1st Time Candidates Pass	834	82	3	37	46	87
	1st Time Candidates Pass %	67%	73%	100%	69%	79%	77%
	1st Time Candidates Fail	402	30	N/A	17	12	26
	1st Time Candidates Fail %	33%	27%	N/A	31%	21%	23%
	Total Repeat Candidates Tested	793	105	N/A	14	19	64
FY	Repeat Candidates Pass	305	50	N/A	9	12	28
2021/22	Repeat Candidates Pass %	38%	48%	N/A	64%	63%	44%
2021/22	Repeat Candidates Fail	488	55	N/A	5	7	36
	Repeat Candidates Fail %	62%	52%	N/A	36%	37%	56%
	Total Candidates Tested	2029	217	3	68	77	177
	Total Candidates Passed	1139	132	3	46	58	115
	Total Candidates Pass %	56%	61%	100%	68%	75%	65%
	Total Candidates Failed	890	85	N/A	22	19	62
	Total Candidates Fail %	44%	39%	N/A	32%	25%	35%
	Total 1st Time Candidates Tested	1665	162	3	N/A	N/A	156
	1st Time Candidates Pass	1285	82	2	N/A	N/A	133
	1st Time Candidates Pass %	77%	51%	67%	N/A	N/A	85%
	1 st Time Candidates Fail	380	80	1	N/A	N/A	23
	1st Time Candidates Fail %	23%	49%	33%	N/A	N/A	15%
FY	Total Repeat Candidates Tested	854	184	2	N/A	N/A	28
2020/21	Repeat Candidates Pass	368	51	1	N/A	N/A	20
2020/21	Repeat Candidates Pass %	43%	28%	50%	N/A	N/A	71%
	Repeat Candidates Fail	486	133	1	N/A	N/A	8
	Repeat Candidates Fail %	57%	72%	50%	N/A	N/A	29%
	Total Candidates Tested	2519	346	5	N/A	N/A	184
	Total Candidates Passed	1653	133	3	N/A	N/A	153
	Total Candidates Pass %	66%	38%	60%	N/A	N/A	85%

	Total Candidates Failed	866	213	2	N/A	N/A	31
	Total Candidates Fail %	34%	62%	40%	N/A	N/A	17%
	Total 1st Time Candidates Tested	2122	213	6	56	64	96
	1st Time Candidates Pass	1416	110	6	29	35	71
	1st Time Candidates Pass %	67%	52%	100%	52%	55%	74%
	1st Time Candidates Fail	706	103	N/A	27	29	25
	1st Time Candidates Fail %	33%	48%	N/A	48%	45%	26%
	Total Repeat Candidates Tested	1481	225	N/A	24	21	53
FY	Repeat Candidates Pass	635	91	N/A	11	7	30
2019/20	Repeat Candidates Pass %	43%	40%	N/A	46%	33%	57%
2013/20	Repeat Candidates Fail	846	134	N/A	13	14	23
	Repeat Candidates Fail %	57%	60%	N/A	54%	67%	43%
	Total Candidates Tested	3603	438	6	80	85	149
	Total Candidates Passed	2051	201	6	40	42	101
	Total Candidates Pass %	57%	46%	100%	50%	49%	68%
	Total Candidates Failed	1552	237	N/A	40	43	48
	Total Candidates Fail %	43%	54%	N/A	50%	51%	32%

The Office of Professional Examination Services (OPES) monitors the passing rates for the dental assistant examinations. OPES works with subject matter experts (i.e., actively practicing licensees who are in good standing) to build a bank of quality questions that adhere to professional guidelines and technical standards for use on occupational licensing examinations. OPES believes the passing rates are consistent with expectations for the current phase of development for the examinations.

Additional information regarding written examination statistics for the RDA General and Law and Ethics Written Examination, the RDAEF Written Examination, the Orthodontic Assistant Permit Written Examination, and the Dental Sedation Assistant Permit Written Examination are available on the Board's website located here: https://dbc.ca.gov/applicants/rda written exam stats 2021.shtml

Action Requested:

Informational only. No action required.



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MEMORANDUM

DATE	April 6, 2022
то	Members of the Dental Assisting Council
FROM	Nguyet Tran, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 6: Update on Dental Assisting Licensing Statistics

Dental Assistant License Application Statistics

The following tables provide monthly dental assistant application statistics for fiscal years (FY) 18/19, 19/20, 20/21 and 21/22. The data provided for FY 21/22 is through March 31, 2022.

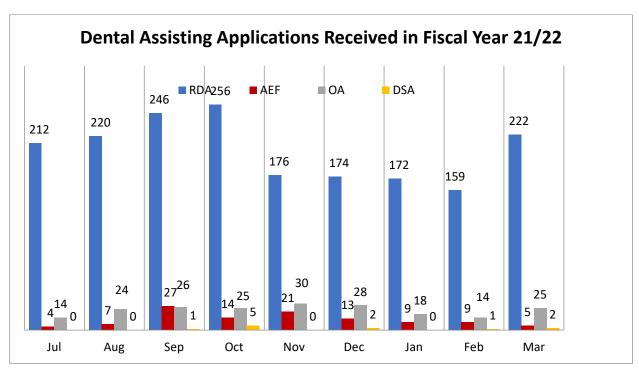
	Dental Assistant Applications Received by Month												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 18/19	234	299	179	156	133	178	150	203	254	267	222	449	2,724
RDA 19/20	325	204	320	328	131	326	204	153	273	47	42	100	2,453
RDA 20/21	128	120	288	409	134	210	263	120	215	239	195	340	2,661
RDA 21/22	212	220	246	256	176	174	172	159	222	-	-	-	1,663
RDAEF 18/19	19	29	2	3	0	2	0	1	35	42	19	1	153
RDAEF 19/20	9	11	11	1	0	5	45	1	69	6	1	3	162
RDAEF 20/21	3	13	17	2	4	0	1	11	12	36	13	14	126
RDAEF 21/22	4	7	27	14	21	13	9	9	5	-	-	-	109
OA 18/19	44	26	27	12	16	31	15	43	50	32	28	27	351
OA 19/20	20	31	31	47	14	42	19	18	17	6	2	11	258
OA 20/21	14	16	15	21	9	25	10	15	28	21	23	29	226
OA 21/22	14	24	26	25	30	28	18	14	25	-	-	-	204
DSA 18/19	0	1	1	0	1	0	1	0	0	1	0	0	5
DSA 19/20	0	0	5	0	0	0	1	0	2	2	0	2	12
DSA 20/21	0	0	1	0	0	0	1	1	0	0	0	4	7
DSA 21/22	0	0	1	5	0	2	0	1	2	-	-	-	11
		De	ntal As	sistant	Applic	cations	Appro	ved by	Month				
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 18/19	259	242	204	226	202	166	122	162	181	182	131	161	2,238
RDA 19/20	339	316	213	235	195	216	126	239	80	209	106	105	2,379
RDA 20/21	65	47	248	188	69	89	261	239	219	244	146	92	1,907
RDA 21/22	225	273	225	209	176	108	71	118	114	-	-	-	1,519

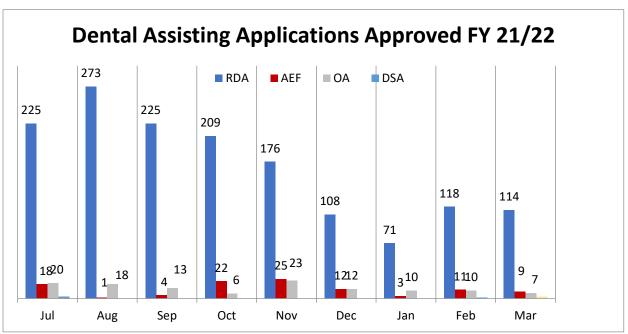
		Dental A	Assista	nt App	licatio	ns App	roved	by Mon	th – Co	nt'd			
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDAEF 18/19	7	21	13	13	7	1	0	0	33	41	17	0	153
RDAEF 19/20	2	0	11	20	2	1	17	31	1	6	0	0	91
RDAEF 20/21	36	19	23	17	1	5	2	3	19	10	23	20	178
RDAEF 21/22	18	1	4	22	25	12	3	11	9	-	-	-	105
OA 18/19	24	38	20	31	21	14	12	34	37	21	19	11	282
OA 19/20	26	19	37	26	23	17	23	24	7	25	10	5	242
OA 20/21	0	4	22	12	13	7	18	28	17	31	14	7	173
OA 21/22	20	18	13	6	23	12	10	10	7	-	-	-	119
DSA 18/19	1	1	1	1	1	0	0	0	1	1	0	0	7
DSA 19/20	0	0	0	1	0	1	0	0	1	2	1	0	6
DSA 20/21	3	0	0	0	0	0	0	0	0	0	0	0	3
DSA 21/22	2	0	0	0	0	0	0	1	2	-	-	-	5
			Dental	Assist	ant Lie	censes	Issued	by Mo	nth		1		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 18/19	293	216	228	223	204	205	193	117	149	202	106	192	2,328
RDA 19/20	217	184	245	252	248	294	185	146	104	27	51	81	2,034
RDA 20/21	179	19	263	90	215	67	87	124	204	167	137	181	1,733
RDA 21/22	244	151	126	149	155	181	79	97	99	-	-	-	1,281
RDAEF 18/19	3	24	4	3	8	1	0	0	32	14	2	70	161
RDAEF 19/20	7	20	3	12	7	2	2	12	11	0	1	1	78
RDAEF 20/21	1	2	0	0	1	1	0	0	0	0	0	0	5
RDAEF 21/22	0	46	1	1	0	0	262	0	2	-	-	-	312
OA 18/19	30	28	28	20	20	17	32	15	15	22	20	22	269
OA 19/20	18	28	18	25	29	17	19	12	16	5	8	10	205
OA 20/21	11	7	9	16	9	5	8	10	11	12	22	9	129
OA 21/22	10	17	2	0	32	19	22	13	15	-	-	-	130
DSA 18/19	1	1	0	1	0	0	1	1	0	2	1	0	8
DSA 19/20	0	0	0	1	0	1	0	1	0	0	1	3	7
DSA 20/21	0	1	0	2	0	0	0	0	0	0	0	0	3
DSA 21/22	0	0	0	0	0	2	0	0	0	-	-	-	2
		Ca	ncelled	Denta	l Assis	tant A	plicat	ions by	Month	<u> </u>			
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 18/19	5	12	6	1	5	3	0	2	1	0	0	0	35
RDA 19/20	3	0	4	1	1	1	2	2	4	0	0	1	19
RDA 20/21	0	0	0	1	0	1	2	1	2	0	3	1	11
RDA 21/22	0	1	4	2	0	6	1	0	0	-	-	-	14
RDAEF 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 19/20	0	1	1	1	0	0	0	0	1	1	0	0	5
RDAEF 20/21	0	1	0	0	1	1	2	0	1	0	0	2	8
RDAEF 21/22	8	0	0	1	0	0	0	0	0	-	-	-	9

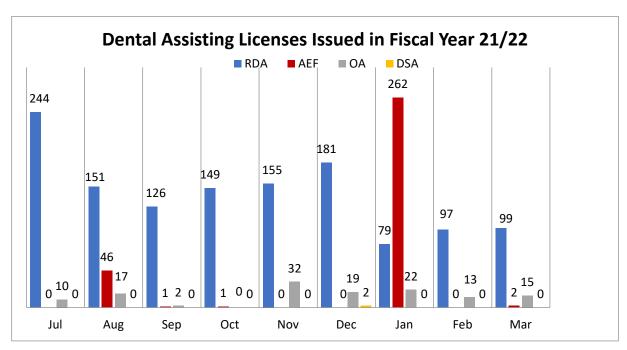
	(Cancell	ed Den	tal Ass	istant	Applic	ations	by Mon	th – Co	ont'd			
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
OA 18/19	0	1	1	0	0	2	0	0	0	0	0	0	4
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 21/22	0	0	1	1	0	0	0	0	0	-	-	-	2
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	-	-	-	0
		Wit	hdrawr	Denta	l Assis	stant A	pplicat	ions by	Month)			
Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Totals													
RDA 18/19	14	19	11	9	20	13	0	0	0	0	0	0	86
RDA 19/20	7	1	6	3	7	0	6	0	7	1	1	1	40
RDA 20/21	0	3	7	2	1	3	1	1	2	0	0	1	21
RDA 21/22	3	2	0	0	4	3	4	5	4	-	-	-	25
RDAEF 18/19	0	0	0	0	1	0	0	0	0	0	0	0	1
RDAEF 19/20	0	1	0	0	0	0	1	0	0	0	0	0	2
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	2	0	2
RDAEF 21/22	1	0	1	1	0	0	1	0	0	-	-	-	4
OA 18/19	0	1	1	1	0	0	0	0	1	0	0	0	4
OA 19/20	1	2	1	0	0	0	2	1	0	0	0	0	7
OA 20/21	1	0	0	0	0	0	0	0	0	0	0	0	1
OA 21/22	0	2	0	0	1	0	1	0	3	-	-	-	7
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	1	0	0	0	0	1
DSA 21/22	0	0	0	0	1	0	0	0	0	-	-	-	1
		D	enied [Dental A	Assista	ant App	olicatio	ns by N	lonth				
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA 18/19	0	0	0	0	2	0	2	1	1	0	0	0	6
RDA 19/20	2	2	0	0	0	0	1	1	0	1	1	1	9
RDA 20/21	1	0	0	0	0	0	1	0	3	2	0	2	9
RDA 21/22	1	0	0	0	0	1	0	0	0	-	-	-	2
RDAEF 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
RDAEF 21/22	0	0	0	0	0	0	0	0	0	-	-	-	0
OA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
OA 20/21	0	0	0	0	0	0	0	0	0	0	0	1	1
OA 21/22	0	0	0	0	0	0	0	0	0	-	-	-	0

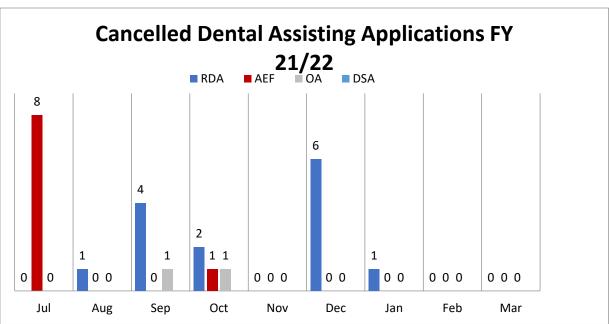
	Denied Dental Assistant Applications by Month – Cont'd												
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
DSA 18/19	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 19/20	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 20/21	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA 21/22	0	0	0	0	0	0	0	0	0	-	-	•	0

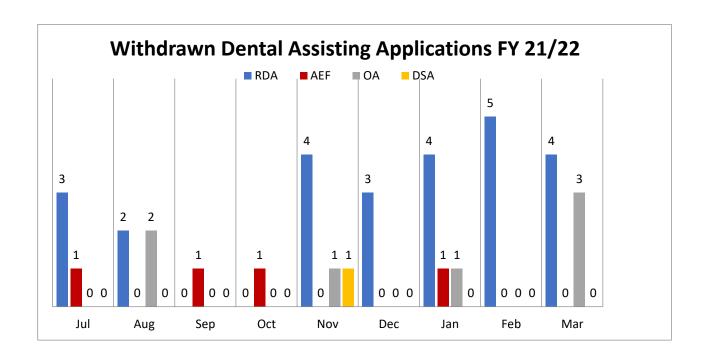
	Application Definitions							
Received	Application received in paper format or electronically through BreEZe system.							
Approved Application for eligibility of licensure processed with required documentation and examination eligibility issued.								
License Issued	Final application including examination results approved and license issued.							
Cancelled	Board requests staff to remove application (i.e. duplicate).							
Withdrawn	Applicant requests Board to remove application for eligibility of licensure.							
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.							

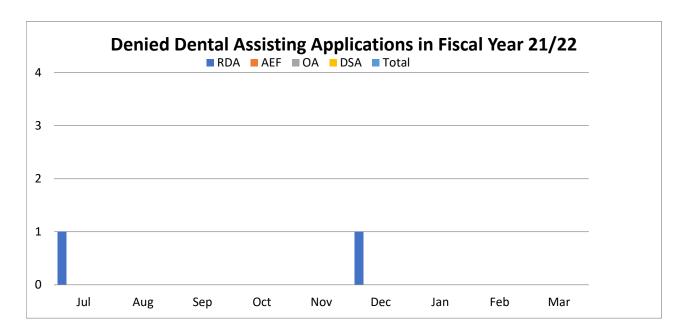












Dental Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years (FY) 18/19, 19/20, 20/21 and 21/22.

License Type	License Status	FY18/19	FY 19/20	FY 20/21	FY 21/22
	Active	30,116	30,465	30,317	29,417
Registered Dental	Inactive	4,401	4,321	4,155	4,065
Assistant	Delinquent	11,471	11,636	11,802	12,391
	Cancelled	46,276	47,759	49,700	51,214
License Type	License Status	FY18/19	FY 19/20	FY 20/21	FY 21/22
	Active	1,542	1,584	1,522	1,776
Registered Dental	Inactive	72	75	74	76
Assistant in Expanded Functions	Delinquent	212	213	251	273
1 dilotions	Cancelled	323	350	379	408
License Type	License Status	FY18/19	FY 19/20	FY 20/21	FY 21/22
	Active	1,137	1,281	1,340	1,400
	Inactive	19	23	34	41
Orthodontic Assistant	Delinquent	109	158	211	259
	Cancelled	2	4	13	26
License Type	License Status	FY18/19	FY 19/20	FY 20/21	FY 21/22
	Active	30	36	38	34
Dental Sedation	Inactive	2	2	3	2
Assistant	Delinquent	16	15	13	18
	Cancelled	0	2	4	6

Definitions	
Active	An individual who has an active status and has completed all renewal requirements receives this status.
Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status. Total number of licenses / permits cancelled to date.

The following table provides statistics on population, current and active Registered Dental Assistant (RDA) licenses by county, and population per RDA license by county for fiscal years (FY) 19/20, 20/21 and for 21/22.

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Alameda	1,275	1,669,301	1,309	1,475	1:1	1,252	1,670,834	1,334	1,497	1:1	1,210	1,682,353	1,390	1,510	1:1
Alpine	1	1,162	1,162	1	1:1	0	1,142	N/A	1	0:1	0	1,204	N/A	1	0:1
Amador	59	38,294	649	23	3:1	57	37,676	660	23	2:1	53	40,474	763	22	2:1
Butte	263	226,466	861	130	2:1	267	210,291	787	126	2:1	254	211,632	833	128	2:1
Calaveras	59	45,117	764	17	3:1	61	45,023	738	18	3:1	54	45,292	838	18	3:1
Colusa	26	22,117	850	6	4:1	28	21,902	782	6	5:1	29	21,839	753	5	6:1
Contra Costa	1,284	1,155,879	900	1,117	1:1	1,285	1,153,561	897	1,123	1:1	1,243	1,165,927	937	1,102	1:1
Del Norte	29	27,401	944	13	2:1	29	27,298	941	15	2:1	26	27,743	1,067	14	2:1
El Dorado	227	191,848	845	160	1:1	220	193,227	878	161	1:1	210	191,185	910	159	1:1
Fresno	874	1,018,241	1,165	613	1:1	907	1,023,358	1,128	622	1:1	886	1,008,654	1,138	615	1:1
Glenn	45	29,132	647	10	5:1	49	29,400	600	10	5:1	49	28,917	590	6	8:1
Humboldt	168	135,333	805	70	2:1	170	133,302	784	68	2:1	170	136,463	802	66	3:1
Imperial	92	190,266	2,068	40	2:1	85	188,777	2,220	38	2:1	85	179,702	2,114	39	2:1
Inyo	13	18,593	1,430	11	1:1	11	18,584	1,689	9	1:1	11	19,016	1,728	8	1:1
Kern	628	916,464	1,459	360	2:1	624	917,553	1,470	350	2:1	612	909,235	1,485	351	2:1
Kings	139	153,710	1,105	67	2:1	139	153,608	1,105	64	2:1	139	152,486	1,097	54	3:1
Lake	84	65,071	774	46	2:1	90	64,040	711	45	2:1	88	68,163	774	25	3:1
Lassen	54	30,150	558	24	2:1	48	28,833	600	24	2:1	43	32,730	761	24	2:1
Los Angeles	4,776	10,253,716	2,146	8,426	1:2	4,748	10,172,951	2,142	8,502	1:2	4,587	10,014,009	2,183	8,496	1:2
Madera	133	159,536	1,199	45	3:1	137	158,147	1,154	43	3:1	133	156,255	1,174	45	3:1
Marin	186	262,879	1,413	310	1:2	183	260,831	1,425	304	1:2	175	262,321	1,498	305	1:2
Mariposa	13	18,068	1,389	7	2:1	15	18,067	1,204	7	2:1	12	17,131	1,427	7	2:1
Mendocino	103	89,009	864	53	2:1	103	87,946	853	52	2:1	96	91,601	954	55	2:1

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Merced	249	282,928	1,136	93	3:1	252	283,521	1,125	91	3:1	246	281,202	1,143	89	3:1
Modoc	5	9,602	1,920	4	1:1	4	9,570	2,392	5	1:1	2	8,700	4,350	5	3:1
Mono	6	13,616	2,269	3	2:1	5	13,464	2,692	3	2:1	6	13,195	2,199	4	2:1
Monterey	400	445,414	1,113	263	2:1	392	441,143	1,125	259	2:1	383	439,035	1,146	265	1:1
Napa	149	140,779	944	115	1:1	137	139,088	1,015	113	1:1	129	138,019	1,069	112	1:1
Nevada	94	98,904	1,052	79	1:1	96	98,114	1,022	77	1:1	88	102,241	1,161	77	1:1
Orange	1,847	3,222,498	1,744	3,901	1:2	1,823	3,194,332	1,752	4,005	1:2	1,757	3,186,989	1,813	4,024	1:2
Placer	509	396,691	779	468	1:1	507	403,711	796	471	1:1	472	404,739	857	469	1:1
Plumas	20	19,779	988	13	2:1	19	18,260	961	15	1:1	19	19,790	1,041	14	1:1
Riverside	2,089	2,440,124	1,168	1,102	2:1	2,126	2,442,304	1,148	1,111	2:1	2,015	2,418,185	1,200	1,120	2:1
Sacramento	1,679	1,546,174	920	1,109	2:1	1,662	1,555,365	935	1,159	1:1	1,654	1,585,055	958	1,175	1:1
San Benito	97	62,296	642	21	5:1	106	62,353	588	23	5:1	108	64,209	594	24	5:1
San Bernardino	1,620	2,192,203	1,353	1,352	1:1	1,567	2,180,537	1,391	1,381	1:1	1,522	2,181,654	1,433	1,395	1:1
San Diego	2,656	3,351,786	1,261	2,750	1:1	2,659	3,343,355	1,257	2,779	1:1	2,594	3,298,634	1,271	2,778	1:1
San Francisco	449	883,869	1,968	1,243	1:3	437	897,806	2,054	1,225	1:3	430	873,965	2,032	1,211	1:3
San Joaquin	771	770,385	999	370	2:1	792	773,632	976	371	2:1	785	779,233	992	372	2:1
San Luis Obispo	227	280,393	1,235	230	1:1	222	277,259	1,248	225	1:1	224	282,424	1,260	208	1:1
San Mateo	629	774,485	1,231	872	1:1	605	773,244	1,278	858	1:1	574	764,442	1,331	854	1:1
Santa Barbara	352	454,593	1,291	326	1:1	352	451,840	1,283	324	1:1	353	448,229	1,269	318	1:1
Santa Clara	1,707	1,954,286	1,144	2,270	1:1	1,673	1,961,969	1,172	2,292	1:1	1,637	1,936,259	1,182	2,294	1:1
Santa Cruz	232	274,871	1,184	175	1:1	234	271,233	1,159	170	1:1	221	270,861	1,225	166	1:1
Shasta	199	178,773	898	107	2:1	189	178,045	942	115	2:1	179	182,155	1,017	113	2:1
Sierra	5	3,213	642	1	5:1	5	3,201	640	1	5:1	4	3,236	809	0	4:0
Siskiyou	33	44,584	1,351	23	1:1	34	44,461	1,307	24	1:1	31	44,076	1,421	22	1:1
Solano	646	441,307	683	283	2:1	641	440,224	686	287	2:1	621	453,491	730	289	2:1
Sonoma	686	500,675	729	397	2:1	671	492,980	734	393	2:1	656	488,863	745	393	2:1

County	RDA 19/20	Pop. 19/20	Pop. per RDA 19/20	DDS 19/20	RDA to DDS Ratio 19/20	RDA 20/21	Pop. 20/21	Pop. per RDA 20/21	DDS 20/21	RDA to DDS Ratio 20/21	RDA 21/22	Pop. 21/22	Pop. per RDA 21/22	DDS 21/22	RDA to DDS Ratio 21/22
Stanislaus	596	558,972	937	275	2:1	594	557,709	938	273	2:1	589	552,878	938	273	2:1
Sutter	116	97,490	840	54	2:1	124	100,750	812	56	2:1	122	99,633	816	54	2:1
Tehama	86	64,387	748	27	3:1	87	65,129	748	29	3:1	86	65,829	765	31	3:1
Trinity	5	13,688	2,737	3	2:1	4	13,548	3,387	4	1:1	4	16,112	4,028	4	1:1
Tulare	457	479,112	1,048	218	2:1	451	479,977	1,064	227	2:1	435	473,117	1,087	217	2:1
Tuolumne	73	54,590	747	45	2:1	75	54,917	732	47	2:1	68	55,620	817	48	2:1
Ventura	544	856,598	1,574	670	1:1	550	842,886	1.532	666	1:1	520	843,843	1,622	668	1:1
Yolo	194	222,581	1,147	113	2:1	196	221,705	1,131	114	2:1	194	216,403	1,115	118	2:1
Yuba	90	77,916	865	8	11:1	88	78,887	896	7	13:1	90	81,575	906	6	15:1
TOTAL	30,048	39,927,315	66,593	32,007	N/A	29,887	39,782,870	65,490	32,308	N/A	28,983	39,538,223	71,558	32,265	N/A

^{*}Population data obtained from Department of Finance, Demographic Research Unit **Ratios are rounded to the nearest whole number

Counties with the Highest Population per RDA:	Modoc County (1:4,350)		Alpine County (No RDAs)
	Trinity County (1:4,028)	Counties with Lowest	Glenn County (1:590)
	Mono County (1:2,199)	Population per RDA:	San Benito County (1:594)
	Los Angeles County (1:2,183)		Solano County (1:730)
	Imperial County (1:2,114)		Sonoma County (1:745)



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	May 2, 2022
то	Members of the Dental Assisting Council
FROM	Tina Vallery, Chief of Administration and Licensing Dental Board of California (Board)
SUBJECT	Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations

The following table identifies dental assisting educational program and course application statistics for fiscal years (FY) 2018/2019, 2019/2020, 2020/2021, and 2021/22 through March 31, 2022.

Total Program and Course	Application	ns Approved	k	
Program/Course	18/19	19/20	20/21	21/22
RDA Program	2	2	0	1
RDAEF Program	1	0	0	0
RDAEF-ITR	0	0	0	0
Radiation Safety	7	10	9	9
Coronal Polishing	3	5	14	9
Pit & Fissure Sealant	2	3	9	9
Ultrasonic Scaling	0	1	2	7
Infection Control	6	9	10	11
DSA Permit	4	3	2	13
OA Permit	5	5	7	8
Total Applications	30	38	53	67
Total Program and Course	Application	ns Deficient		
Program/Course	18/19	19/20	20/21	21/22
RDA Program	0	2	0	0
RDAEF Program	0	0	0	0
RDAEF-ITR	0	0	0	0
Radiation Safety	1	2	3	0
Coronal Polishing	0	0	0	0
Pit & Fissure Sealant	0	0	2	0
Ultrasonic Scaling	0	0	0	0
Infection Control	0	0	1	0
DSA Permit	0	0	2	1
OA Permit	0	0	1	1
Total Applications	1	4	9	2

Total Program and Course Ap	plications E	Being Revie	wed	
Program/Course	18/19	19/20	20/21	21/22
RDA Program	0	0	0	0
RDAEF Program	0	0	0	0
RDAEF-ITR	0	1	0	0
Radiation Safety	0	1	1	6
Coronal Polishing	0	0	1	4
Pit & Fissure Sealant	0	0	1	2
Ultrasonic Scaling	0	0	0	0
Infection Control	0	0	0	3
DSA Permit	0	0	0	0
OA Permit	0	0	0	6
Total Applications	0	2	3	21
Total Program and Cours	e Application	ons Denied		
Program/Course	18/19	19/20	20/21	21/22
RDA Program	0	0	0	1
RDAEF Program	0	0	0	0
RDAEF-ITR	0	0	0	0
Radiation Safety	0	0	0	3
Coronal Polishing	0	0	0	0
Pit & Fissure Sealant	0	0	0	0
Ultrasonic Scaling	0	0	0	1
Infection Control	0	0	0	3
	0	0	0	1
DSA Permit	U	0		
DSA Permit OA Permit	0	0	0	0

	Application Definitions											
Approved	Application for approval of program/course and required documentation processed and approval number issued.											
Curriculum Approved – Pending Site Visit	Application for approval of program/course and required documentation processed and site visit pending.											
Deficient	Application for approval of program/course and required documentation has been reviewed and deemed incomplete. Additional documentation has been requested from applicant.											
Being Reviewed	Application for approval of program/course and required documentation is being reviewed by Board staff and/or Subject Matter Expert.											
Denied	Program/course applicant has not met the requirements outlined in the California Code of Regulations.											

The following table identifies the number of Registered Dental Assistant (RDA) and RDA in Extended Functions (RDAEF) program site visits conducted in FYs 2018/2019, 2019/2020, 2020/2021, and 2021/22, through March 31, 2022.

	Total RDA and RDAEF Program Site Visits												
Fiscal	RDA Pr	ograms	RDAEF F	Grand									
Year	Provisional	Full	Provisional	Full	Total								
2018/2019	0	2	0	1	3								
2019/2020	0	2	0	0	2								
2020/2021	0	0	0	0	0								
2021/2022	1	0	0	0	1								

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations Dental Assisting Council Meeting May 12, 2022

The following table identifies approved Dental Assisting program and course providers by name and type of program from July 1, 2021, through March 31, 2022.

Dental Assisting Program and Co	urse Provide	rs A	pp	rove	ed 7/	1/202	1 Thr	ough	12/3	1/202	1	
Provider	Approval Date	RDA Program	RDAEF	Program	RDAEF ITR	X-Ray	СР	P/F	SN	<u>၁</u>	DSA	OA
Michael Koury, DDS, MD, Inc.	7/6/2021										X	
Foothill College Dental Assisting Program	7/13/2021									X		
Dentricity Dental Institute	7/13/2021											X
Chester George, DDS	7/26/2021										X	
Valentine Oral & Maxillofacial Surgery DP Inc.	7/26/2021										X	
Sacramento Surgical Arts	8/6/2021										X	
Sharo Fatehi, DDS, Inc.	8/6/2021										X	
Roseville Dental Academy	8/9/2021									X		
Frank Beglin, DDS, MS, Inc.	8/11/2021											X
John A. Boghossian, DDS, Inc.	8/13/2021										X	
Michael J.H. McDonald, DMD, Inc.	8/13/2021										X	
William W. Evans, DMD, MD	8/13/2021										X	
International Academy of Dental Implantology	8/16/2021						X					
Pacific Dental Services	8/16/2021					X						
iEducation	8/25/2021									X		
Santa Clarita School of Dental Assisting	8/25/2021									X		
Sugarbug Dental & Orthodontics	8/30/2021									X		
Pearl Orthodontics	9/1/2021											X
Gregory Heise & Craig Alpha OMS	9/2/2021										X	
Lindon Ken Kawahara, MD, DMD, Inc	9/2/2021										X	
So. California Orthodontic Assisting School	9/28/2021					X						
Antonio Arredondo, DDS	9/30/2021										X	
Moreno Valley College	10/6/2021								X			
Dental Advantage - Newhall	10/14/2021								X			
Dental Advantage - San Carlos	10/14/2021								X			
Dental Advantage - San Jose	10/14/2021								X			
Dental Advantage - San Luis Obispo	10/14/2021								X			

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations
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Provider	Approval Date	RDA Program	RDAEF Program	RDAEF ITR	X-Ray	СР	P/F	SN	C	DSA	OA
Dental Advantage - Sunnyvale	10/14/2021							X			
Moreno Valley College	10/15/2021					X					
Moreno Valley College	10/15/2021								X		
Indigo Career College	10/15/2021						X				
Moreno Valley College	10/15/2021						X				
Moreno Valley College	10/15/2021				X						
California Dental Institute, Inc.	10/20/2021					X					
Dental Advantage- Newhall	10/20/2021								X		
Dental Advantage - San Carlos	10/20/2021								X		
Dental Advantage - San Jose	10/20/2021								X		
Dental Advantage - San Luis Obispo	10/20/2021								X		
Dental Advantage - Sunnyvale	10/20/2021								X		
Dental Advantage - Madera	10/20/2021						X				
Dental Advantage - Newhall	10/20/2021						X				
Dental Advantage - San Carlos	10/20/2021						X				
Dental Advantage - San Luis Obispo	10/20/2021						X				
Dental Advantage - Sunnyvale	10/20/2021						X				
Lollipop Pediatric Dentistry & Orthodontics	10/21/2021				X						
Dental Advantage - Madera	11/3/2021					X					
Dental Advantage - San Carlos	11/3/2021					X					
Dental Advantage - San Jose	11/3/2021					X					
Dental Advantage - San Luis Obispo	11/3/2021					X					
Dental Advantage - Sunnyvale	11/3/2021					X					
Moreno Valley College	3/28/2022										X
Pacific Dental Services	11/4/2021					X					
Lollipop Pediatric Dentistry & Orthodontics	12/15/2021						X				
TMS	12/15/2021						X				
ABC Adult School	12/15/2021				X						
Dental Advantage - Madera	12/15/2021				X						
Dental Advantage - San Carlos	12/15/2021				X						
Dental Advantage - San Luis Obispo	12/15/2021				X						

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations
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Provider	Approval Date	RDA Program	RDAEF Program	RDAEF ITR	X-Ray	СР	P/F	SN	2	DSA	OA
Dental Advantage - Sunnyvale	12/15/2021				X						
West Los Angeles College	12/15/2021							X			
Dental Advantage - Newhall	12/15/2021										X
West Los Angeles College	12/23/2021										X
OMFS Care Center Partners	12/23/2021									X	
Pacific Oral and Facial Surgery Center	3/10/2022									X	
Kjeld Aamodt, DDS MS PC	3/10/2022										X
Turley Dental Corporation	3/21/2022										X
Downey Adult School	3/21/2022	X									
PROGRAM/COURSE TOTALS			0	0	9	9	9	7	11	13	8
	TOTAL APPRO	VALS	S = 67		•						

The following table provides the total number of approved Dental Assisting programs and courses as of December 31, 2021.

Table 4 Total Approved Dental Assisting Programs and Courses									
RDA Program	RDAEF Program	RDAEF- ITR	Radiation Safety	Coronal Polishing	Pit & Fissure Sealant	Ultrasonic Scaling	Infection Control	DSA Permit	OA Permit
135	12	4	185	129	170	45	166	50	180

Program and Course Re-Evaluations

The Board has the authority to re-evaluate RDA and RDAEF programs and dental assisting educational courses to ensure compliance with regulations in the event the Board deems it necessary. Pursuant to California Code of Regulations (CCR), title 16, section 1070, subsection (a)(2), all RDA and RDAEF programs and dental assisting educational courses shall be re-evaluated approximately every seven years but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with the Dental Practice Act.

The re-evaluation process is a review of currently approved programs and courses. The goal of the re-evaluation is to ensure that the programs and courses are in compliance with current laws and regulations. During the re-evaluations, the approved programs and courses can continue to offer and provide their programs and courses.

When a program or course has been identified by Board staff for re-evaluation, a notice of the re-evaluation is sent to the program or course, which is given approximately one month to submit the required documentation to the Board. Once the documentation has been received by the Board, the information is reviewed by a Board Subject Matter Expert

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations Dental Assisting Council Meeting May 12, 2022

(SME). After the review is completed, the program or course is notified of the continuance of Board approval or any deficiencies identified by the SME. If deficiencies have been identified, the program or course will be notified of the deficiencies and given 30 days to submit correction documents to the Board. If no response is received by the program/course, either to the initial notice of re-evaluation or the deficiency notice within the specified timeframe, a notice of withdrawal of Board approval will be sent to the program/course. The withdrawal of Board approval will become effective 90 days from the date of the notice.

Update on RDA Program Re-Evaluations

The following table details the status of the RDA programs currently undergoing reevaluations.

RDA Program Re-Evaluations					
Program Name	Letter Mailed	Status			
Grossmont Health Occupations Center	February 6, 2018	1/21/2022 – Deficiency Response received; pending review.			
Tri-Cities Regional Occupational Program	September 7, 2018	2018 – Extension granted. 9/1/2020 – Resent notification; no response received. 12/16/2021 – Final notice sent; no response received. 4/23/2022 – Notice of withdrawal of Board approval effective in 90 days due to no response to re-evaluation notice.			
Carrington College – Citrus Heights	October 30, 2018	1/13/2022 – Deficiency Response received; pending review.			
Carrington College – Sacramento	October 30, 2018	1/14/2022 – Deficiency Response received; pending review.			
Reedley College	November 27, 2018	2018 – Extension Granted. 4/7/2022 – Re-evaluation materials received; pending review.			
Milan Institute – Visalia	November 27, 2018	4/23/2022 – Deficiency Response reviewed; program notified of deficiencies; awaiting response from program.			

RDA Program Re-Evaluations (Continued)		
Program Name	Letter Mailed	Status

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Milan Institute – Palm Desert	November 27, 2018	4/23/2022 – Deficiency Response reviewed; program notified of deficiencies; awaiting response from program.
College of Alameda	January 9, 2019	Approved 12/16/2021
Carrington Career College – Pleasant Hill	January 9, 2019	1/18/2022 – Deficiency Response received; pending review.
San Jose City College	January 9, 2019	2/28/2022 – Deficiency Response received; pending review.
College of San Mateo	February 15, 2019	2019 – Extension Granted 4/8/2022 – Deficiency Response received; pending review.
Milan – Merced	June 15, 2021	4/23/2022 – Deficiency Response reviewed; program notified of deficiencies; awaiting response from program.
UEI – Bakersfield	June 15, 2021	1/18/2022 – Deficiency Response received; pending review.
UEI – Fresno	June 15, 2021	1/18/2022 – Deficiency Response received; pending review.
UEI – Oceanside	June 15, 2021	1/18/2022 – Deficiency Response received; pending review.
UEI – Stockton	June 15, 2021	1/18/2022 – Deficiency Response received; pending review.

Update on RDAEF Program Re-Evaluations

In addition to resuming RDA program re-evaluations, Board staff have also begun re-evaluating all RDAEF programs and will follow the same re-evaluation process as discussed above.

The following table details the status of the RDAEF program re-evaluations.

RDAEF Program Re-Evaluations				
Program Name Letter Mailed Status				
Central California Dental Academy	5/28/2021	Approved 3/28/2022		

RDAEF Program Re-Evaluations (Continued)				
Program Name	Program Name	Program Name		

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Ordemy	5/28/2021	Re-evaluation response not received. Program is not currently in operation. Expected to resume in February 2022. Re-evaluation materials not received from program. 4/23/2022 – Notice of withdrawal of Board approval effective in 90 days due to no response to re-evaluation notice.
Gold Coast Dental Academy	5/28/2021	Re-evaluation materials not received from program. 4/23/2022 – Notice of withdrawal of Board approval effective in 90 days due to no response to re-evaluation notice.
Loma Linda University	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
Dental Career Institute	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
J Productions	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
Expanded Functions Dental Assistant Association	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
Howard Healthcare Academy	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
Dental Specialties Institute, Inc.	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
University of the Pacific	5/28/2021	3/28/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.
The FADE Institute	5/28/2021	4/27/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.

Update on Dental Assisting Educational Course Re-Evaluations

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations
Dental Assisting Council Meeting
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As discussed above, dental assisting educational courses are also subject to re-evaluation for continued Board approval. The following table details the status of the dental assisting educational course re-evaluations.

Dental Assisting Educational Course Re-Evaluations				
Program Name	Course Type	Letter Mailed	Status	
Dental Advantage - Madera	IC	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Advantage - Madera	OA	6/14/2021	3/21/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.	
Dental Advantage - Madera	US	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Advantage - Newhall	СР	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Advantage - Newhall	RS	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Advantage - San Jose	PF	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Advantage - San Jose	RS	6/14/2021	1/7/2022 – Deficiency Response received; pending review.	
Dental Career Institute	СР	7/8/2021	12/29/2021 – Deficiency Response received; pending review.	
Dental Career Institute	DSA	7/8/2021	2/3/2022 – Deficiency Response received; pending review.	
Dental Career Institute	IC	7/8/2021	12/29/2021 – Deficiency Response received; pending review.	
Dental Career Institute	OA	7/8/2021	4/23/2022 – Re-evaluation materials reviewed; program notified of deficiencies; awaiting response from program.	
Dental Career Institute	PF	7/8/2021	12/29/2021 – Deficiency Response received; pending review.	

Dental Assisting Educational Course Re-Evaluations (Continued)				
Program Name	Course Type	Letter Mailed	Status	

Agenda Item 7: Update on Dental Assisting Educational Program and Course Applications and Re-Evaluations Dental Assisting Council Meeting May 12, 2022

Dental Career Institute	RS	7/8/2021	12/29/2021 – Deficiency Response received; pending review.
Dental Career Institute	US	7/8/2021	12/29/2021 – Deficiency Response received; pending review.

Action Requested:

None.



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MEMORANDUM

DATE	May 2, 2022	
то	Members of the Dental Assisting Council (Council)	
FROM	Rikki Parks, Associate Governmental Program Analyst Dental Board of California (Board)	
SUBJECT	Agenda Item 8: Discussion and Possible Action Regarding Recommendations of Council Working Group on RDAEF Administration of Local Anesthesia and Nitrous Oxide	

Background

At its November 2018 meeting, the Council heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEFs) licensed on or after January 1, 2010, as an optional post-licensure permit with conditions determined by the Board. During this meeting, the Council discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed concern for public protection.

The Council directed staff to conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the Council directed the formation of a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate the proposal, and recommended the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license.

At its August 2021 meeting, staff advised the Board that it does not have sufficient staff resources to carry out the Council's direction regarding the development of a survey and the formation of a working group. Board staff determined that to move forward with the Council's request, a Board member would be needed to assist staff with the surveys and working groups. The Board members held a robust discussion of the issues, and the Board considered whether to move forward with developing a survey and forming a Board member and staff working group to study the need for expanding the RDAEF scope of practice to allow administration of local anesthesia and nitrous oxide. Board members expressed concern that it was unclear as to what the Council wanted to be studied. Some Board members favored moving forward with the Council's recommendation but would need additional information from the Council. A motion failed that would have moved forward with the Council's recommendation to conduct more in-depth surveys of both

Agenda Item 8: Discussion and Possible Action Regarding Recommendations of Council Working Group on RDAEF Administration of Local Anesthesia and Nitrous Oxide **Dental Assisting Council Meeting** May 12, 2022

dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

At its November 2021 meeting, the Council was asked to reevaluate whether a survey and study of these issues needed to be performed, and if so, the Council was asked to define the specific issues to be studied and surveyed, with a list of pertinent survey questions, regarding allowing RDAEF administration of local anesthesia and nitrous oxide. Given the lack of Board staff resources and complexity of these issues, the Council established a two-member working group to discuss the specific issues to be studied, create relevant survey questions, and return to the Council with a list of the specific issues to be studied and survey questions.

At its January 2022 meeting, the two-member working group presented their proposed survey questions to the Council. After a robust discussion, the Council made a motion to delegate authority to the two-member working group to continue working with OPES to finalize the surveys and bring them back at a future DAC meeting and the motion passed.

<u>Update</u>

The two-member working group has reviewed OPES' recommendations to the survey's and are bringing their revised draft back to the Council for their consideration and feedback. The Working Group's memo to the Council describing the survey questions is attached.

<u>Action Requested</u>

The Council is asked to review the survey distribution proposal and draft survey questions to determine if any revisions are needed, and delegate authority to the two-member working group to work with OPES to finalize the surveys and distribute to stakeholders.

Attachments:

1. Working Group Memo to the Council

MEMORANDUM

DATE: March 8, 2022

TO: Members of the Dental Assisting Council

FROM: Jeri Fowler, CDA, RDAEF, OA

Traci Reed-Espinoza, RDAEF

SUBJECT: Agenda Item 8: Discussion and Possible Action Regarding

Recommendations of Council Working Group on RDAEF Administration

of Local Anesthesia and Nitrous Oxide

Background:

On August 25, 2018, the EF Association launched a survey on Survey Monkey requesting information on EF2 functions being performed in practice and included questions regarding local anesthesia. It was closed on September 28, 2018.

At that time there were 705 current licensed RDAEF2s in California. They had 275 of the 705 RDAEF2s respond to the survey yielding a 39% response rate. A summary of the results of this survey were:

- There was a total of 53% of RDAEFs who needed additional anesthesia for direct restorations and 71% of the RDAEFs needed additional anesthesia for packing cord and taking final impressions.
- 94.53% of the RDAEFs surveyed indicated that their employing dentist would like them to be able to administer local anesthesia.

OPES reviewed the results of the survey and believed it was informative regarding the perspective of one group of RDAEFs. However, even though the proposal addressed administration of both local anesthesia and nitrous oxide, the survey only focused on local anesthesia. OPES was also concerned that the RDAEFs were aware of the purpose of the survey, which may have influenced their responses.

During the November 18, 2021 Dental Assisting Council meeting, action was taken to appoint a two-member committee which included DAC members Jeri Fowler and Traci Reed Espinoza to discuss specific issues to be studied and create relevant survey questions to report back to the council in January 2022.

The Dental Assisting Council (DAC) met on January 28, 2022 and action was taken to instruct the two-member working group consisting of Jeri Fowler, Council Chair and Traci Reed-Espinosa, Council Vice Chair to work with OPES to collectively develop and refine survey questions to report back to the DAC at their next meeting.

Rationale:

The topic of determining if Local Anesthesia and Nitrous Oxide should become an allowable duty of the RDAEF2 is a two-step process:

Step 1: Should we? This can be determined by gathering relevant data via a non-biased

survey.

Step 2: If yes to step 1, how do we proceed and implement?

Patient care and well-being is the #1 concern of the Dental Board of California and patient comfort and happiness is every dental practitioner's goal. So, questions that need to be addressed that relate to the administration of additional local anesthesia and nitrous oxide are:

- How long does the patient need to wait for additional local anesthesia and/or nitrous oxide to be administered?
- Procedure efficiency how much extra time is added to the procedure by waiting for local anesthesia and/or nitrous oxide to be administered and take effect?

<u>Painful dental procedures and long appointments are practice killers and can cause dental phobias in patients.</u>

OPES recommended that the DAC initially administer two separate surveys, one to RDAEFs and the other administered to dentists who supervise RDAEFs. Once this data is collected and analyzed, the DAC can make the determination as to whether additional information from other dental professionals who provide additional anesthesia to RDAEF patients is indicated. If so, OPES recommends that surveys to dental associates and RDHs be designed as separate surveys as well.

The initial survey should be taken separately by RDAEFs and their supervising Dentists who are responsible for administering additional local anesthesia and nitrous oxide to their patients. This will allow more validity to the survey results by cross referencing the data results between Dentists providing the anesthesia with the RDAEF data results.

Proposal:

All practices that utilize RDAEFs should be given access to this survey. Invitation emails can be sent to dentists requesting participation if they work with RDAEFs in their practice. Invitation emails will be sent to RDAEFs encouraging their participation. Two separate surveys should be administered – one to RDAEFs and one to Dentists who supervise RDAEFs.

Listed below are two separate surveys - one survey should be taken separately by RDAEFs and the other by their supervising Dentists who are responsible for administering additional local anesthesia and nitrous oxide to their patients.

REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS ANESTHESIA SURVEY QUESTIONS

- 1. Are you currently licensed and practicing as a registered dental assistant in extended functions (RDAEF) in California?
 - a) Yes
 - b) No
- 2. How long have you held an RDAEF license in California?
 - a) Less than 12 months

- b) 1 to 5 years
- c) 6 to 10 years
- d) More than 10 years
- 3. How would you describe your primary work setting?
 - a) Private dental practice with one dentist
 - b) Private dental practice with two or more dentists
 - c) Dental Service Organization or Corporation (i.e., Pacific Dental Services, Aspen Dental)
 - d) Public health dentistry
 - e) Dental school clinic
 - f) Military
 - g) Other (please specify)
- 4. In your job, which of the following procedures do you perform that require administration of local anesthesia?
 - (Select all that apply)
 - a) None, I do not perform procedures that require local anesthesia (Skip to question 9)
 - b) Place and finish direct restorations
 - c) Place retraction cord for final impression of crowns and bridges
 - d) Adjust and cement indirect restorations
 - e) Obturate (fill) root canals
 - f) Other (please specify)
- 5. In your job, approximately what proportion of your time is spent performing procedures that require administration of local anesthesia?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%
 - f) 51-60%
 - g) 61-70%
 - h) 71-80%
 - i) 81-90%
 - i) 91-100%
- 6. After initial anesthetization, what proportion of patients require an additional administration of local anesthesia during procedures you perform?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%

- f) 51-60%
- g) 61-70%
- h) 71-80%
- i) 81-90%
- i) 91-100%
- 7. When patients require additional local anesthesia during procedures you perform, what is the <u>average wait time</u> before it is administered by a dentist or another dental professional?
 - a) Less than 1 minute
 - b) 1-5 minutes
 - c) 6-10 minutes
 - d) 11-15 minutes
 - e) 16-20 minutes
 - f) Longer than 20 minutes
- 8. Once additional local anesthesia has been administered, what is the <u>average wait</u> <u>time</u> before you are able to continue procedures that had been stopped?
 - a) Less than 1 minute
 - b) 1-5 minutes
 - c) 6-10 minutes
 - d) 11-15 minutes
 - e) 16-20 minutes
 - f) Longer than 20 minutes
- 9. Does the dental setting in which you work administer nitrous oxide to patients during procedures you perform?
 - a) Yes
 - b) No (Skip to question 11)
- 10. In your job, what proportion of patients receive nitrous oxide during procedures you perform?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%
 - f) 51-60%
 - g) 61-70%
 - h) 71-80%
 - i) 81-90%
 - i) 91-100%

- 11. In your opinion, in what ways would patients benefit if RDAEFs were permitted to administer local anesthesia after receiving specialized training? (Select all that apply)
 - a) None, patients would not benefit
 - b) Enhanced pain management
 - c) Reduced anxiety
 - d) Less time spent in operatory chair
 - e) Other (please specify)
- 12. In your opinion, in what ways would patients benefit if RDAEFs were permitted to administer nitrous oxide after receiving specialized training? (Select all that apply)
 - a) None, patients would not benefit
 - b) Enhanced pain management
 - c) Reduced anxiety
 - d) Less time spent in operatory chair
 - e) Other (please specify)
- 13. Would you take additional specialized training to administer local anesthesia if RDAEFs had this option?
 - a) Yes
 - b) No
- 14. Would you take additional specialized training to administer nitrous oxide if RDAEFs had this option?
 - a) Yes
 - b) No

REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS ANESTHESIA SURVEY QUESTIONS FOR **DENTISTS**

- 1. How long have you been licensed as a dentist in California?
 - a) Less than 12 months
 - b) 1 to 5 years
 - c) 6 to 10 years
 - d) More than 10 years
- 2. How would you describe your primary work setting?
 - a) Private dental practice with one dentist
 - b) Private dental practice with two or more dentists
 - c) Dental Service Organization or Corporation (i.e., Pacific Dental Services, Aspen Dental)
 - d) Public health dentistry
 - e) Dental school clinic
 - f) Military

- g) Other (please specify)
- 3. Are you currently supervising registered dental assistant in extended functions (RDAEF) in your practice?
 - a) Yes
 - b) No (Skip to question 9)
- 4. Which of the following procedures do RDAEFs you supervise perform that require administration of local anesthesia? (Select all that apply)
 - a) None, RDAEFs I supervise do not perform procedures that require local anesthesia (Skip to question 9)
 - b) Place and finish direct restorations
 - c) Place retraction cord for final impression of crowns and bridges
 - d) Adjust and cement indirect restorations
 - e) Obturate (fill) root canals
 - f) Other (please specify)
- 5. Approximately what proportion of time do RDAEFs you supervise spend performing procedures that require administration of local anesthesia?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%
 - f) 51-60%
 - g) 61-70%
 - h) 71-80%
 - i) 81-90%
 - i) 91-100%
- 6. After initial anesthetization, what proportion of patients require an additional administration of local anesthesia during procedures performed by RDAEFs you supervise?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%
 - f) 51-60%
 - g) 61-70%
 - h) 71-80%
 - i) 81-90%
 - j) 91-100%

- 7. When patients require additional local anesthesia during procedures performed by RDAEFs you supervise, what is the <u>average wait time</u> before it is administered by you or another dental professional?
 - a) Less than 1 minute
 - b) 1-5 minutes
 - c) 6-10 minutes
 - d) 11-15 minutes
 - e) 16-20 minutes
 - f) Longer than 20 minutes
- 8. Once additional local anesthesia has been administered, what is the <u>average wait</u> <u>time</u> before RDAEFs you supervise are able to continue procedures that had been stopped?
 - a) Less than 1 minute
 - b) 1-5 minutes
 - c) 6-10 minutes
 - d) 11-15 minutes
 - e) 16-20 minutes
 - f) Longer than 20 minutes
- 9. Does the dental setting in which you work administer nitrous oxide to patients during procedures performed by RDAEFs you supervise?
 - a) Yes
 - b) No (Skip to question 11)
- 10. In your dental practice, what proportion of patients receive nitrous oxide during procedures performed by RDAEFs you supervise?
 - a) 1-10%
 - b) 11-20%
 - c) 21-30%
 - d) 31-40%
 - e) 41-50%
 - f) 51-60%
 - g) 61-70%
 - h) 71-80%
 - i) 81-90%
 - i) 91-100%
- 11. In your opinion, would patients benefit if RDAEFs were permitted to administer local anesthesia during procedures after receiving specialized training?
 - a) Yes
 - b) No (Skip to question 13)

- 12. In your opinion, in what ways would patients benefit if RDAEFs were permitted to administer local anesthesia after receiving specialized training? (Select all that apply)
 - a) Enhanced pain management
 - b) Reduced anxiety
 - c) Less time spent in operatory chair
 - d) Other (please specify)
- 13. In your opinion, would patients benefit if RDAEFs were permitted to administer nitrous oxide during procedures after receiving specialized training?
 - a) Yes
 - b) No (Thank you, you have completed the survey.)
- 14. In your opinion, in what ways would patients benefit if RDAEFs were permitted to administer nitrous oxide after receiving specialized training? (Select all that apply)
 - a) Enhanced pain management
 - b) Reduced anxiety
 - c) Less time spent in operatory chair
 - d) Other (please specify)
- 15. Would you support RDAEFs you supervise in taking additional specialized training to administer local anesthesia if this were an option?
 - a) Yes
 - b) No
- 16. Would you support RDAEFs you supervise in taking additional specialized training to administer nitrous oxide if this were an option?
 - a) Yes
 - b) No



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	April 13, 2022
то	Members of the Dental Assisting Council
FROM	Rikki Parks, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 9: Update Regarding Administration of New RDAEF Written Examination

Background:

Update Regarding RDAEF Licensure Requirements:

Senate Bill (SB) 607 (Min, Chapter 367, Statutes of 2021) was signed by Governor Newsom on September 28, 2021, and became effective on January 1, 2022. Among other things, this bill removed the clinical and/or practical examination requirements to become a California Registered Dental Assistant in Extended Functions (RDAEF).

Effective January 1, 2022, the Dental Board of California (Board) may license as an RDAEF a person who submits written evidence, satisfactory to the Board, of all the following eligibility requirements:

- 1. Current licensure as a Registered Dental Assistant (RDA) or completion of the requirements for licensure as a RDA;
- 2. Successful completion of a Board-approved course in the application of Pit & Fissure Sealants:
- 3. Successful completion of a Board-approved RDAEF program;
- 4. Successful passage of a written examination administered by the Board; and
- 5. Submission of fingerprint clearances from both the Department of Justice and the Federal Bureau of Investigation.

The Board worked with the Department of Consumer Affairs' Office of Professional Examination Services (OPES) to conduct an occupational analysis of the RDAEF profession. Based on the findings of the occupational analysis, OPES developed an examination outline that identifies the tasks and knowledge critical to safe and competent RDAEF practice in California at the time of license issuance and incorporated additional content that measures competencies related to cord retraction and final impression, which had previously measured by the practical and

Agenda Item 9: Update Regarding Administration of New RDAEF Written Examination
Dental Assisting Council Meeting
May 12, 2022

clinical examinations. The examination outline has been posted on the Board's website. RDAEF applicants who had already taken and passed the previous RDAEF written examination were not required to take the new exam.

For those who had an application on file with the Board for RDAEF licensure, the Board:

- Issued refunds for the practical and clinical examination fees (\$500) to applicants who paid the fee and did not take the examination(s). Refunds were processed in mid-October 2021 and applicants should have already received refunds.
- 2. On January 2, 2022, two hundred and fifty-three (253) licenses were issued to RDAEF applicants who successfully met all licensure requirements in effect as of January 1, 2022.

Administration of New RDAEF Written Examination

The new RDAEF written examination was intended to be launched on January 1, 2022; however, on January 24, 2022, the Board was informed that the implementation of the new RDAEF examination did not occur as anticipated. From January 3 to January 24, 2022, the previous version of the RDAEF written examination remained in effect and was administered to nine (9) candidates. No additional candidates were scheduled to take the examination between January 25 and January 28, 2022. The Board consulted with OPES and Board Council and were advised that the delayed implementation of the new RDAEF examination does not impact the nine candidates and no action is needed on the part of Board administration of the new RDAEF examination.

The administration of the new RDAEF began on January 28, 2022. Due to the low number of RDAEF candidates taking the examination currently, OPES is not holding examination results. OPES is monitoring the examination performance and will perform their analyses once there is a sufficient number of candidates that have taken the examination.

Action Requested: No action requested.

Agenda Item 9: Update Regarding Administration of New RDAEF Written Examination
Dental Assisting Council Meeting
May 12, 2022



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MEMORANDUM

DATE	May 2, 2022
то	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 10: Update Regarding Dental Assisting Comprehensive Rulemaking (California Code of Regulations, Title 16, Sections 1067-1081.3)

Background:

Ms. Sarah Wallace, Interim Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



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MEMORANDUM

DATE	April 6, 2022
то	Members of the Dental Assisting Council (Council)
FROM	David Bruggeman, Legislative and Regulatory Specialist Dental Board of California (Board)
SUBJECT	Agenda Item 11: Discussion and Possible Recommendation on Pending Legislation

Background:

The Dental Board of California (Board) has been tracking bills that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and all licensing boards. This memorandum includes information regarding a bill that would specifically affect dental assistants.

Action Requested:

The Council may make one of the following recommendations to the Board regarding action on the bill:

Support Support if Amended Oppose Watch Neutral No Action

Assembly Bill 2276 (Carrillo) Dental assistants.

Introduced: February 16, 2022 Last Amended: April 5, 2022

Disposition: April 5, 2022, referred to Assembly Committee on Appropriations

Location: Assembly

Status: April 5, 2022, passed as amended by Assembly Committee on Business

and Professions.

Summary: The bill would add section 1750.1.5 to the Business and Professions Code, which would permit dental assistants to conduct coronal polishing or pit and fissure sealing if certain requirements are met. Dental assistants seeking to perform these procedures must complete a board approved, two-hour course in the Dental Practice Act, a board

Agenda Item 11: Discussion and Possible Recommendation on Pending Legislation
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approved, eight-hour course in infection control, and a board approved course in the procedure they seek to practice. The dental assistant can perform these procedures only under the direct supervision of a licensed dentist and only after the dental assistant has submitted evidence to the Board that they have completed a board-approved course in the procedure.

Amendments on April 5, 2022, added additional requirements for the supervising dentist and the dental practice where these procedures would be performed. The supervising dentist would have to review the pit and fissure sealant application, be listed in the record for the procedure, and along with the dental practice, confirm the competency of the dental assistant. The dental practice must retain records of the dental assistant's training in the procedures and retain records of the procedures for at least two years after the dental assistant has left the practice. The amendments did not remove the requirement that the dental assistant must submit evidence to the Board that they completed a board-approved course in the procedure.

Board Impact: As currently written the bill would require Board staff to develop regulations for implementing this bill and to identify courses for Board approval in infection control, the Dental Practice Act, and both coronal polishing and pit and fissure sealant procedures. It would expand the scope of dental assistant activities. However, there is no indication of a possible increase in risk to the public, in part because the Board does not track activities of unlicensed dental assistants.

Recommended Position: Support if amended.

The two practices singled out in this bill, pit and fissure sealant application and coronal polishing, are activities that RDAs must be trained in. Board staff anticipate unlicensed dental assistants that seek to complete these courses to perform these procedures will be more inclined to seek RDA licensure. Unlicensed dental assistants that are in continuous employment for at least 120 days must have completed (within a year of their date of employment) the courses in the Dental Practice Act and infection control that would be required by this legislation (Business and Professions Code section 1750(c)).

While the bill as currently written places responsibility for assuring the competence of the unlicensed dental assistant with the supervising dentists, consistent with existing law, it still requires that the Board receive evidence that the dental assistant has completed board-approved courses in the relevant procedure(s). Board staff recommend requesting an amendment to require the supervising dentist be responsible for ensuring successful completion of the applicable Board-approved courses, rather than require the Board to track such completions. Since the Board does not issue licenses to dental assistants, there would be significant workload and expenses associated with establishing tracking system and additional staff would be required. Such amendment would align the provisions of this bill with the provisions contained in existing law.

AMENDED IN ASSEMBLY APRIL 6, 2022

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL

No. 2276

Introduced by Assembly Member Carrillo

February 16, 2022

An act to add Section—1750.11 1750.1.5 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2276, as amended, Carrillo. Dental assistants.

Existing law, the Dental Practice Act, establishes a Dental Assisting Council of the Dental Board of California to regulate the examination, licensure, and permitting of dental assistants. Existing law authorizes a dental assistant to perform basic supportive dental procedures, including the application of topical fluoride under the direct supervision of a supervising licensed dentist.

This bill would additionally authorize dental assistants to polish the coronal surfaces of teeth or apply pit and fissure sealants under the direct supervision of a licensed dentist when the dental assistant has completed specified training and provided evidence of the completion of that training to the board. The bill would require the supervising dentist and dental practice where the procedure is performed to be responsible for determining the competency of the dental assistant. The bill would also require the dentist practice to maintain a record of compliance with the training requirements for a minimum of 2 years after the dental assistant leaves the dental practice.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

AB 2276 — 2 —

The people of the State of California do enact as follows:

SECTION 1. Section 1750.11 is added to the Business and Professions Code, to read:

1750.11.

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- SECTION 1. Section 1750.1.5 is added to the Business and Professions Code, to read:
- 6 1750.1.5. (a) A dental assistant may polish the coronal surfaces 7 of teeth or apply pit and fissure sealants when the dental assistant 8 has completed each of the following:
 - (1) A board-approved, two-hour course in the Dental Practice Act.
 - (2) A board-approved, eight-hour course in infection control.
 - (3) Any board-approved course in the procedure they seek to perform.
 - (b) The procedure shall be performed under the direct supervision of a licensed dentist. For a pit and fissure sealant performed by a dental assistant, the supervising dentist must review the completed procedure.
 - (c) The supervising dentist and dental practice where the procedure is performed shall be responsible for determining the competency of the dental assistant, consistent with subdivision (y) of Section 1680.
 - (d) The dental practice where the procedure is performed shall maintain a record of compliance with the training requirements under this section.
 - (e) The supervising dentist shall be listed in the record. If there is more than one supervising dentist, each supervising dentist shall be listed in the record.
 - (f) The dental practice shall maintain the record for a minimum of two years after the dental assistant leaves the dental practice.

(c)

(g) The procedure shall be performed only after the dental assistant has provided evidence to the board they have completed a board-approved course in the procedure.

O

Alan Felsenfeld, MA, DDS Board President Dental Board of California 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815 Sarah Wallace Interim Executive Officer Dental Board of California 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815

Re: Assembly Bill 2276

Dear Dr Felsenfeld, Ms Wallace and Dental Board Members:

We are writing on behalf of the dental assisting community to urge you to oppose Assembly Bill 2276.

The California Dental Association is seeking a statutory change to have an <u>unlicensed</u> dental assistant perform the more advanced procedures of coronal polishing and application of pit & fissure sealants. These more advanced procedures are currently performed by a Registered Dental Assistant (RDA), requiring either completion of a 9 to 11-month full-time program offered by a community college or private sector school approved by the Dental Board or completion of 15 months of work experience and three additional short-term courses. In addition, the RDA must complete continuing education, maintain licensure through a renewal process with the Dental Board of California every two years and be under the complete jurisdiction of the DBC and all its regulatory powers.

In contrast, the Dental Assistant (DA) is an entry-level individual that must complete the Infection Control and CA Dental Practice Act courses within 12 months after employment that total 10 hours. While Coronal Polishing and Pit &Fissure certificate courses currently exist, they are available only to students in an RDA program or to those who are eligible to take the RDA exam by on-the-job pathway, which is verification of 15 months of work experience – which gives foundational background, knowledge and experience in the dental office prior to taking the course.

Completion of these courses is not reported to the Dental Board of California and are often not completed for many months or not at all. The DBC has no legal authority over this category of assistant since they are unlicensed. In a tracking process, these individuals are basically non-existent. No tracking, discipline, oversight or continuing education of these unlicensed assistants will be provided for with this bill. Under this bill, the unlicensed dental assistant can literally have been a waitress, hotel worker, or just graduated from high school and be performing these technically advanced procedures within weeks of employment with little oversight. Moving these duties to an unlicensed dental assistant provides no accountability with the Dental Board or protection to the consumers of California.

Allowing an unlicensed dental assistant to perform these two duties without any accountability to the dental board is unacceptable. Consider this example (from actual DBC hot sheet): an existing RDA had their license revoked and was quoted as saying "it doesn't matter, I can just work as a DA". Direct supervision by the dentist does not mean that dentists will <u>actually</u> oversee the procedure or ensure that the procedures are being done correctly. It only requires that the dentist is physically in the facility.

The stated purpose for this bill is to address the 'issue with RDA shortages due to the licensure of the registered dental assistants'. We would agree that there <u>is</u> a <u>temporary</u> shortage of RDAs - as well as dental assistants and hygienists - but would assert that it is <u>not licensing that is causing the shortage</u>. In fact, data from the Dental Board shows that the number of RDA's has remained stable over the past six years and those pursuing their RDA license is showing signs of stability following the pandemic (2051 licensed in 19/20; 1653 in 20/21 and 851 in 6 months of 21/22).

There will be "unintended consequences" if this bill passes. This move to deregulate the RDA will only push career-oriented professionals out of the field due to the dilution of their scope of practice by shifting these two important duties to an unlicensed assistant. Dentistry is in competition with other industries that pay as well or better and offer better benefits. Moving sealants and coronal polishing to the unlicensed dental assistant removes incentives for those who are considering becoming an RDA. Moving these duties from the RDA to the DA category will make the shortage WORSE. We have heard from NUMEROUS members of our organizations that are trained and seasoned RDA professionals who will leave dentistry, viewing this as a huge step in the <u>destruction</u> of their career.

The dental assisting community worked very hard many years ago to make dental assisting a career rather than a dead-end job. The career ladder concept provided not only entry-level access in the form of the unlicensed dental assistant but the development of the RDA and the RDAEF licensures. The Orthodontic Assistant and Sedation Assistant permits were added in 2010 as a joint effort between the Dental Assisting Alliance and CDA to accommodate the specific specialties of orthodontic and oral surgery assistants.

This bill is in direct conflict with the very definition of the role of an unlicensed dental assistant. In Business & Professions Code 1750, a dental assistant is one who provides "basic supportive dental procedures . . . that have technically elementary characteristics, are completely reversible . . . ". Neither of these two duties fit into the category of completely reversible, basic, or supportive in nature and they include the use of dental handpieces and the use of acid etch (a 37% concentration of phosphoric acid) on the patient's teeth. The Commission on Dental Accreditation (CODA) considers these duties to be expanded functions and are not included in the Standards for Accreditation for programs nationwide.

This bill, as it is written, would allow a person with no dental knowledge or background to take Infection Control and the CA DPA courses today and tomorrow be taking the Coronal Polishing and Pit & Fissure Sealants courses. They could be treating patients the day after – again with no foundational background, knowledge or experience in the dental office. **This is an unacceptable standard of care**. It also undermines the intent of the original legislation as stated in Business & Professions Code 1740 that provides "the <u>continual advancement of persons to successively higher levels of licensure with additional education and training."</u>

Here are some questions for your consideration:

- How are coronal polishing and pit & fissure sealants considered basic supportive duties (with technically elementary characteristics, completely reversible or unlikely to precipitate potentially hazardous conditions for the patient)?
- Is there such a strong demand for these duties that licensing should be bypassed?
- How will adding these duties to the unlicensed dental assistant's scope of practice help the dental assisting shortage?
- How does this bill protect the patient from potential harm or provide accountability should harm occur?

What dentistry needs is well-qualified, well-educated personnel with a well-defined scope of practice that protects the dental consumers in California.

Thank you for your consideration as this bill is NOT in the best interest of the consumers of California. We urge you to oppose AB 2276. Should you have any questions, feel free to contact us.

Sincerely,

The California Dental Assisting Alliance

California Association of Dental Assisting Teachers California Dental Assistants Association Dental Assisting Educators Group The RDAEF Association

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