DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL MINUTES
AUGUST 23, 2018
Hyatt Regency San Francisco Airport
1333 Bayshore Highway, Sequoia B
Burlingame, CA 9401092840

Members Present: Members Absent:
Anne Contreras, RDA Jennifer Rodriguez, RDAEF
Pamela Davis-Washington, RDA
Cindy Ovard, RDA
Pamela Peacock, RDA
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum
A regular meeting of the Dental Assisting Council (Council) was called to order by Dr. Whitcher, appointed as interim chair by Dr. Stewart President of the Dental Board of California, at 10:45 a.m. on Thursday, August 23, 2018. Jeri Westerfeld called roll and a quorum was established.

Agenda Item 2: Introductions of Dental Assisting Council Members
Dr. Whitcher asked the Council members to give a one- to two- minute introduction. All members shared a brief summary of their personal/professional experience.

Agenda Item 3: Acceptance of the May 14, 2015 Dental Assisting Council Meeting Minutes
M/S/C (Whitcher/Davis-Washington) to accept the May 14, 2015 Dental Assisting Council Meeting minutes. The meeting minutes are dated so long ago because that is when the last Council meeting was held. For the previous several years, the Council has been holding their meetings as a joint meeting with the Board. No vote was necessary.

Agenda Item 4: Overview of the Dental Assisting Council
Ms. Sarah Wallace, Assistant Executive Officer introduced Ms. Tina Vallery, Dental Assisting Program Manager. Ms. Vallery took over the unit in June 2018 and has been very busy. She is very acclimated to the program and has served in many positions in the unit even when it was still under the Commission on Dental Auxiliaries (COMDA). An overview of the Board and Council, what their responsibilities are, their missions, and their objectives was provided.
Agenda Item 5: Update on Dental Assisting Program and Course Applications and RDA Program Re-evaluations
There are 50 RDA programs requiring a re-evaluation of their curriculum. The status of each program that has been notified is provided in the meeting packet for Board and Council members. The remaining programs are still awaiting the initial re-evaluation letters. These letters inform the program of their re-evaluation along with an application and a request for a copy of their curriculum. Five (5) letters are being sent out monthly until November 2018. One program has been approved and six applications are under review by staff and subject matter experts. Eight programs have been notified of deficiencies and staff are working with them for correction of deficiencies.

Ms. Vallery then reviewed the Dental Assisting Program and Course Applications statistics.

Agenda Item 6: Update on Dental Assisting Examinations Statistics
Currently there are four examinations in the Dental Assisting program: Registered Dental Assistant (RDA) General/Law and Ethics Written (RDAC), Registered Dental Assistant Extended Functions (RDAEF) Clinical/Practical, Orthodontic Assistant (OA) Written, and Dental Sedation Assistant (DSA) Written. The meeting packet provides the written examination pass and fail statistics for candidates who took the examinations from July 2017 to June 2018. This information is also available on the website.

Public Comment:
Dr. Molly Newlon, University of California, San Francisco (UCSF) and University of the Pacific (UOP), asked if administration of the RDAEF Clinical/Practical examination will ever be offered in different languages. She stated that candidates who speak other languages other than English as their first language, could have problems with conceptually understanding concepts not in their language.

Ms. Wallace stated that there is a statute that requires all dental examinations be in English. Staff is verifying if the Board has the authority to offer the exams in different languages. This potentially will be discussed at future Board meetings.

Ms. Joan Greenfield expressed agreement with Dr. Newlon’s request.

Agenda Item 7: Update on Dental Assisting Licensing Statistics
An update on the Dental Assisting Licensing statistics was provided.

Agenda Item 8: Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations
At the May Board meeting, staff reported that the combining of the two examinations was in process from May 15th through May 23rd. May 24th through July 8th candidates, would receive a letter stating their results were being held for the period of four to six weeks and they would receive their examination scores by mail, so staff could complete a quality assurance assessment. The staff experienced a slight delay in getting the
results from PSI due to an issue with the BreEZE interface but started to issue licenses on July 16, 2018. The pass rate for the RDAC remains consistent with the two previous examinations at 54%. The Council expressed concern with the 54% pass rate.

**Agenda Item 9: Discussion and Possible action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar’s Inc.**

The discussion is for the addition of the administration of Local Anesthesia and administration of Nitrous Oxide to the scope of practice for RDAEF2.

Ms. Joan Greenfield, representative of the RDAEF Association, advocates the utilization of local anesthesia by the EF2s as an optional post-licensure permit, with conditions determined by the Board.

Ms. Greenfield stated that a major concern is for patient safety. When local anesthesia wears off, the RDAEF2 does not have the ability to directly control pain levels and anxiety. At this time, they must go find a Registered Dental Hygienist (RDH) or dentist to adjust the local anesthesia or nitrous oxide. Thereby, interrupting not only their patient’s procedure but interrupting the other patient.

The proposed program length for the post-secondary level education is 150 hours of instruction including 118 hours of didactic instruction and 32 hours of pre-clinical and clinical instructions. This is proposed because the education content would be developed by the Board if it agrees to increase scope of practice for RDAEF2s.

M/S/C (Davis-Washington/Peacock) to table for discussion and further review.

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The motion to table this agenda item passed.

**Public Comment:**

Ms. Julie Cisneros, RDAEF2, stated it is a normal everyday occurrence to have anesthesia wear off and have to get RDH or Dentist to come back and apply more anesthesia. The overall bases for this increase of scope is for the quality of care for the patient.

Ms. Lisa Okamoto, California Dental Hygienists’ Association, is opposed to increasing the scope of practice to include administration of local anesthesia. The dentist is required to be present not only to ensure patient safety but the proper delivery of care and to provide pain management. The dentist’s or RDAEF2’s inconvenience is not really...
relevant; safety and improved care for the patient is. With the on the job career pathway, an RDAEF2 might only have the equivalent of one semester/quart of formal college education.

Ms. Lori McDonald, California Dental Hygiene Educators’ Association (CDHEA), is opposed to increasing the scope of practice to include administration of local anesthesia. This proposal is not supported by members of the CDHEA due to the lack of education in the basic sciences and dental hygiene core courses and insufficient patient experiences of administration of local anesthesia.

Dr. Vicki Kimbrough, Taft College and Purple Pen Seminars, is opposed to the proposal of increasing the scope of practice to include administration of local anesthesia.

Ms. Linda Brookman, USC Ostrow Dental School, is opposed to the proposal increasing the scope of practice to include administration of local anesthesia. Brought in letters of opposition.

Mr. Anthony Lum, Dental Hygiene Committee in California, is opposed to increasing the scope of practice to include administration of local anesthesia. No reported incidence throughout the states of injection problems. The only reporting requirement he was able to find is that it would be unprofessional conduct if it was not reported if the patient died or if the patient had to be admitted to the hospital for at least 24 hours because of the injection problems.

Ms. Suzy Jordon, RDAEF2, stated this is all about patients being able to be comfortable during their procedure.

Ms. Dana Tubbs, RDAEF2, works in a Rural Health Clinic. When completing quadrant dentistry, they become unnumbed so she has to stop, waiting for the dentist to come back and reapply anesthetic.

Ms. Denise Dessert, RDAEF2, requests that this proposal be addressed again at the November meeting, so Council members have the ability to get the information they need.

Ms. Melodi Randolph, California Dental Assistants Association, stated that education is the main issue after listening to all the public comment. She stated that if we address this issue and compromise to what is necessary, maybe even an Associate Degree, then we can make this happen so patient safety and access to care issues can be addressed.

Dr. Whitcher stated since the Council has already agreed to table the local anesthesia piece. He requested that the Council receive the Nitrous Oxide and Local Anesthesia information given by Ms. Greenfield by email.
Agenda Item 10: Public Comment on Items Not on the Agenda
None

Agenda Item 11: Future Agenda Items
None

Agenda Item 12: Board and Council Members Comments on Items not on the Agenda
None

Agenda Item 13: Adjournment
Meeting adjourned at 2:01 p.m.