

## **INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS**

**Background:** The Commission on Dental Accreditation approved the Accreditation Standards for Dental Hygiene Education Programs on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, 94 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards. At the time of this report, the Standards included 90 “must” statements addressing 153 required areas of compliance. The data provided in **Appendix 1** are based on the areas of non-compliance cited by visiting committees during site visits conducted July 1, 2022 through October 31, 2023.

**Analysis:** The data in **Appendix 1** indicates that a total of 265 areas of non-compliance were made during the period of reporting. Of these, 32 (12.07%) were related to Standard 1-Institutional Effectiveness; 116 (43.77%) were related to Standard 2-Educational Program; 59 (22.26%) were related to Standard 3-Administration, Faculty and Staff; 33 (12.45%) were related to Standard 4-Educational Support Services; 9 (0.03%) were related to Standard 5-Health and Safety Provisions; and 18 (0.06%) related to Standard 6-Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance are within Standard 2-Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 30 citations. Standard 2-12 requires graduate be competence in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (7), adolescent (7), adult (4), geriatric (6), and special needs patients (6). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Standard 2-24 (curriculum management plan) was the second most frequently cited Standard with 28 citations. Standard 1-1 (outcomes assessment) was the third most frequently cited Standard with 26 citations; most citings relate to analyzing outcomes and using results for program improvements. Within Standard 3–Administration, Faculty and Staff, Standard 3-6 received 25 citations. The most frequently cited subset of Standard 3-6 was part b that requires documented background in current educational methodology concepts consistent with teaching assignments received nine (9) citations. Standard 3-2, the dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program, received 12 citations.

**Summary:** Based on existing data, it appears that most dental hygiene programs are in compliance with the majority of the Accreditation Standards. The Commission will continue to receive reports annually summarizing the updated data on frequency of citings of individual Standards.

**Recommendation:** This report is informational in nature and no action is required.

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**ACCREDITATION STANDARDS FOR DENTAL HYGIENE  
EDUCATION PROGRAMS  
(July 2022 Standards)**

**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 94  
July 1, 2022 through October 31, 2023

**STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>	
	1-1	The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:	
1		a.	developing a plan addressing teaching, patient care, research and service;
2		b.	an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;
6		c.	implementing the plan to measure program outcomes in an ongoing and systematic process;
8		d.	assessing and analyzing the outcomes, including measures of student achievement;
9		e.	use of the outcomes assessment results for annual program improvement and reevaluation of program goals.
1	1-2	The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.	
3	1-3	The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.	
	1-4	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.	

	1-5	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.
	1-6	Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.
	1-7	All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.
2	1-8	There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

**STANDARD 2- EDUCATIONAL PROGRAMS** – 60 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
2	2-1	The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.
		In a two year college setting, the graduates of the program must be awarded an associate degree. In a four year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.
2	2-2	A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

2	2-3	Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.	
1	2-4	Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.	
1	2-5	The number of students enrolled in the program must be proportionate to the resources available.	
	2-6	<b>The dental hygiene program must:</b>	
		1.	define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.
4		2.	employ student evaluation methods that measure all defined graduation competencies.
1		3.	document and communicate these competencies and evaluation methods to the enrolled students.
	2-7	Course syllabi for dental hygiene courses must be available at the initiation of each course and include:	
		1.	written course descriptions
		2.	content and topic outlines
2		3.	specific instructional objectives
2		4.	learning experiences
1		5.	evaluation methods
3	2-8	The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.	
2	2-8a	General education content must include oral and written communications psychology and sociology:	
1	2-8b	Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology,	

		general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.	
2	2-8c	Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.	
	2-8d	Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.	
	2-9	The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.	
2	2-10	Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.	
5	2-11	The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.	
	2-12	Graduates must be competent in providing dental hygiene care for all patient populations including:	
7		1.	Child
7		2.	Adolescent
4		3.	Adult
6		4.	Geriatric
6		5.	Special needs
	2-13	Graduates must be competent in providing the dental hygiene process of care which includes:	
1		a.	comprehensive collection of patient data to identify the physical and oral health status;
1		b.	analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;

1		c.	establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
2		d.	provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
2		e.	measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
1		f.	complete and accurate recording of all documentation relevant to patient care.
6	2-14	Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.	
5	2-15	Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.	
	2-16	Graduates must demonstrate competence in:	
		a.	assessing the oral health needs of community-based programs
		b.	planning an oral health program to include health promotion and disease prevention activities
1		c.	implementing the planned program, and,
2		d.	evaluating the effectiveness of the implemented program.
1	2-17	Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.	
1	2-18	Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.	
	2-19	Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.	

	2-20	Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.	
1	2-21	Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.	
	2-22	Graduates must be competent in the evaluation of current scientific literature.	
	2-23	Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.	
	2-24	The dental hygiene program must have a formal, written curriculum management plan, which includes:	
9		a.	an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
12		b.	evaluation of the effectiveness of all courses as they support the program's goals and competencies;
7		c.	a defined mechanism for coordinating instruction among dental hygiene program faculty.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
	3-1	The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.
12	3-2	The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.
1	3-3	The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.

	3-4	The program administrator must have the authority and responsibility necessary to fulfill program goals including:	
		a.	curriculum development, evaluation and revision;
		b.	faculty recruitment, assignments, supervision and evaluation;
2		c.	input into faculty evaluation;
		d.	initiation of program or department in-service and faculty development;
		e.	assessing, planning and operating program facilities;
4		f.	input into budget preparation and fiscal administration;
2		g.	coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
1	3-5	The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.	
1		1.	In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.
2		2.	In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.
1		3.	In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.
	3-6	Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.	
		All dental hygiene program faculty members must have:	
7		a.	current knowledge of the specific subjects they are teaching.
9		b.	documented background in current educational methodology concepts consistent with teaching assignments.
1		c.	faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.
6		d.	evidence of faculty calibration for clinical evaluation.
	3-7	Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.	
1	3-8	A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.	



	3-9	Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.
6	3-10	Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.
3	3-11	Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

**STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>	
	4-1	The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.	
		The dental hygiene facilities must contain the following:	
2		a.	sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
2		b.	a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
1		c.	a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
1		d.	a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
1		e.	sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

2		f.	facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
1		g.	space and furnishings for patient reception and waiting provided adjacent to the clinic;
1		h.	patient records kept in an area assuring safety and confidentiality.
1	4-2	Radiography facilities must be sufficient for student practice and the development of clinical competence.	
		The radiography facilities must contain the following:	
3		a.	an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
1		b.	modern processing and/or scanning equipment;
1		c.	an area for mounting and viewing radiographs;
2		d.	documentation of compliance with applicable local, state and federal regulations.
		Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.	
1	4-3	A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.	
1		If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.	
		Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:	
3		a.	placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;
2		b.	student work areas that are designed and equipped for students to work with necessary utilities and storage space;
3		c.	documentation of compliance with applicable local, state and federal regulations.
	4-4	When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:	

		a.	a formal contract between the educational institution and the facility;
		b.	a contingency plan developed by the institution should the contract be terminated;
		c.	a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
		d.	the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
2		e.	clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;
1		f.	all dental hygiene students receive comparable instruction in the facility;
1		g.	the policies and procedures of the facility are compatible with the goals of the educational program.
	4-5	Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.	
	4-6	Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.	
		Student and program records must be stored to ensure confidentiality and safety.	
	4-7	Instructional aids and equipment must be provided for student learning.	
		Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.	

		There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.
	4-8	There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 12 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>
2	5-1	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.
		A. Policies must include, but not be limited to:
		1. Radiation hygiene and protection,
1		2. Use of ionizing radiation,
		3. Hazardous materials, and
1		4. Bloodborne and infectious diseases.
3		B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.
1		C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.
	5-2	Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

	5-3	The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.
		Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

STANDARD 6- PATIENT CARE SERVICES – 10 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<b>Required Areas of Compliance</b>	
2	6-1	The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.	
	6-2	The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:	
2		a.	standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
2		b.	an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;
4		c.	mechanisms to determine the cause of treatment deficiencies;
6		d.	patient review policies, procedure, outcomes and corrective measures.
	6-3	The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.	

	6-4	The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.
2	6-5	The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

## **REPORT OF THE AD HOC COMMITTEE TO STUDY DENTAL HYGIENE STANDARDS RELATED TO RATIOS**

**Background:** At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages in dental assisting and dental hygiene education programs. The Commission discussed the letter and directed that a formal letter be sent to the state dental associations requesting additional information on the request, and that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards. The Ad Hoc Committee conducted an extensive review of the issues surrounding the state dental associations' request. Following review of faculty to student ratios in Accreditation Standards, the Ad Hoc Committee submitted its report found in **Appendix 1**, to the Commission for consideration at its Summer 2023 meeting.

In Summer 2023, the Commission reviewed the report and recommendations of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. Following review, the Commission concurred with the recommendations of the Ad Hoc Committee and directed that the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards be provided to the Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education for further consideration and review, including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024. The Commission also directed that there be no development of a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios, and that a copy of the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards be provided to the state dental associations.

At its Winter 2024 meeting, the Review Committee on Dental Hygiene Education (DH RC) reviewed the report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Committee began with a review of the Ad Hoc committee findings and a brief discussion outlining the other possible factors outside of education that should be considered related to the allied dental education workforce shortage. The DH RC noted that the top three (3) factors negatively affecting program enrollment in dental hygiene programs are: 1) program capacity, 2) ability to hire faculty, and 3) the cost of education. The DH RC discussed the possibility that the faculty-to-student ratios are one (1) of many factors negatively impacting the allied dental education workforce. Other possible negative influences affecting the allied dental education workforce shortage were noted by the Committee, including the increasing wage gap between clinical hygienist and dental hygiene educators, the physical demands of the clinical dental hygiene profession, and career expansion outside of clinical dental care. Nonetheless, it was noted that the DH RC and Commission have considered a large number of enrollment increases and program expansions since the COVID-19 pandemic.

The Committee noted the information found in the report on Resolutions Adopted by the ADA House of Delegates and the ADA Board of Trustees Related to the Commission on Dental Accreditation and Dental Education, and specifically discussed Resolutions 408H-2023 and 409H-2023 related to faculty-to-student ratios. The request for transparency related to the reasoning of the current one (1) to five (5) faculty-to-student ratio found in Dental Hygiene Education Standard 3-5 was discussed at length by the Committee.

The DH RC noted the revision history for Standard 3-5 that outlines the faculty-to-student ratios in dental hygiene education programs, which was provided in the report of the Ad Hoc Committee on Ratios. It was noted that the current faculty-to-student ratio has been in place since 2016. The Committee also noted that other dental education disciplines may not have explicit Standards related to ratios, however, it was believed that institutions consider the need for an appropriate learning environment for dental education programs based on the need for proper supervision of students that have limited skills manipulating surgical instruments subgingivally while administering treatment to patients safely.

The Committee also discussed the following concerns and related factors that could affect the dental hygiene education programs, should the faculty-to-student ratio be increased, including: the effect on the quality of clinical education for students if higher ratios were implemented; the effect on clinical course hour requirements; the increased wait time for patients in the clinical education setting related to negatively impacting the dental hygiene programs' patient pool; the possibility of decreasing availability of adjunct faculty due to the inability to work more hours within the contracted teaching hour requirement of the institution, which would require more faculty to be hired in a program; and the barrier related to new faculty hiring pool limitations with regard to Dental Hygiene Standard 3-Administration and Faculty.

Related to the Dental Hygiene Standards, the DH RC discussed how a change in the required degree, through a degree completion requirement rather than current degree attainment, in both Standard 3-2 and 3-6 could be reviewed based on the continued discussion of a limited faculty pool in the dental hygiene field. To that end, the Review Committee discussed including a possible time frame for achieving the current degree required by the Standards rather than eliminating the degree criteria all together. It was also discussed by the DH RC that Standards 3-2 and 3-6 had recent revision related to degree requirements that were circulated to the communities of interest prior to their recent adoption. The DH RC also noted that some institutions require faculty to hold a degree to teach in academic programs, and some institutions require that faculty hold a degree higher than the degree awarded to the students.

Following discussion, the Dental Hygiene Review Committee believed that more information was needed to understand faculty-to-student ratios in dental hygiene education programs and to further consider this matter. The Committee additionally concluded that further data and research were suggested to establish the need to retain the faculty-to-student ratio at one (1) faculty to five (5) students, or to increase the faculty-to-student ratio to one (1) faculty to six (6) students. The



DH RC also concluded that dental hygiene education Standards 3-2 and 3-6 should be reviewed for further consideration of possible barriers related to the ability to hire qualified program administrators and faculty.

As a result of the discussion, at its Winter 2024 meeting the Dental Hygiene Review Committee recommended that an Ad Hoc Committee be directed to further study this matter and to review the faculty-to-student ratios in the clinical setting, and faculty requirements to teach in a dental hygiene education program. In completing this work, the Ad Hoc Committee could complete a literature review related to the current faculty-to-student ratios found in Standard 3-5, and further study dental hygiene Standards 3-2 and 3-6 related to faculty degree requirements and how those Standards may negatively impact the ability of programs to hire faculty and expand enrollment within dental hygiene education programs. The DH RC believed that representation from dental hygiene education and predoctoral dental education would be valuable and suggested that the Commission invite nominations from the American Dental Education Association (ADEA). The Ad Hoc Committee would therefore be comprised of six (6) members of the DH RC, one (1) dental hygiene educator and one (1) predoctoral dental educator, selected by CODA from a group of nominees submitted by ADEA.

At its Winter 2024 meeting, and following consideration of the DH RC's report, the Commission on Dental Accreditation directed appointment of an Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios, and to research and review the current faculty-to-student ratios (Dental Hygiene Standard 3-5) and faculty degree requirements (Dental Hygiene Standards 3-2 and 3-6), within the Accreditation Standards for Dental Hygiene Education Programs, with a future report to the Commission on Dental Accreditation. The Commission further directed that the American Dental Education Association (ADEA) be invited to submit the names of qualified nominees for selection by the Commission to fulfill the positions of one (1) dental hygiene educator and one (1) predoctoral dental educator on the Ad Hoc Committee.

**Meetings of the Ad Hoc Committee:** As directed by the Commission in Winter 2024, an Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios was appointed. Members of the Ad Hoc Committee were Dr. Monica Nenad, Chair (Dental Hygiene Commissioner), Dr. Linda Boyd (DH RC Educator Member), Dr. Ngoc Chu (Commissioner and DH RC Dentist Member), Dr. Marcia Ditmyer (DH RC Higher Education Administrator Member), Dr. Janet Guthmiller (ADEA, Predoctoral Dental Educator), Dr. James Harrison (DH RC Dentist Member), Ms. LaShun James (Commissioner, Public), Dr. Nancy Rosenthal (Commissioner, Dentist), Ms. Jessica Suedbeck (ADEA, Dental Hygiene Educator) and Ms. Maiga Van Haalen (DH RC Practitioner Member).

The Ad Hoc Committee met on Friday, May 17, 2024 (all members attended); Thursday, June 6, 2024 (all members attended except Dr. Chu, Dr. Rosenthal, and Ms. Van Haalen); and Monday, June 17, 2024 (all members attended except Dr. Chu, Dr. Rosenthal, and Ms. Van Haalen). The Commission's chair, Dr. Maxine Feinberg, attended a portion of the meeting on June 17, 2024.

The Commission's vice chair, Dr. Frank Licari, attended the meeting on June 6, 2024, and a portion of the meeting on June 17, 2024. Ms. Katie Navickas, manager, Allied Dental Education, CODA, Dr. Sherin Took, senior director, CODA, and Ms. Samara Schwartz, senior associate general counsel, CODA/ADA attended all meetings. Mr. Daniel Sloyan, coordinator, Allied Program Reviews, CODA attended the meeting on May 17, 2024.

The Ad Hoc Committee began its work by reviewing its charge, which included research and review of the current faculty-to-student ratios (Dental Hygiene Standard 3-5) and faculty degree requirements (Dental Hygiene Standards 3-2 and 3-6), within the Accreditation Standards for Dental Hygiene Education Programs. The Ad Hoc Committee considered a number of resource materials, including a letter from the ADA Council on Dental Education and Licensure related to House Resolution 409H-2023 (**Appendix 2**), an unsolicited letter related to faculty standards (**Appendix 3**), the Dental Hygiene Frequency of Citings of the January 2009 and July 2022 Standards, Annual Survey Data on dental hygiene education programs, and the American Dental Education Association (ADEA) Entry-level Competencies for Allied Dental Professionals.

**Dental Hygiene Standard 3-3 (Program Administrator Degree Requirement):** The Ad Hoc Committee began its discussion with a review of Dental Hygiene Standard 3-3 (program administrator degree requirement). Although Dental Hygiene Standard 3-2 was cited in the Winter 2024 DH RC report, it was identified that Standard 3-3 was the intended Standard, since this standard states: "The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement." The Ad Hoc Committee discussed the educational requirements of the program director and concluded that a dental hygiene program administrator must possess a masters or higher degree. Therefore, Standard 3-3 should be retained as written with no edits.

**Dental Hygiene Standard 3-6 (Faculty Degree Requirement):** The Ad Hoc Committee continued its discussion related to Standard 3-6 and the faculty degree requirement, which requires that full-time and part-time faculty possess a baccalaureate or higher degree, while clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.

The current Ad Hoc Committee considered the work and findings of the Summer 2023 Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards, noting the top three (3) factors that negatively affect dental hygiene education programs are: 1) capacity of the program's facility; 2) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards; and 3) cost of education to students.

The Ad Hoc Committee also reviewed the Commission's current Annual Survey data, noting that some dental hygiene programs do not enroll to capacity. The Ad Hoc Committee considered whether the reduced enrollment (i.e., less than the program's capacity) is related to insufficient applicants for admission, insufficient numbers of faculty, or other reasons. The Committee noted that during the COVID pandemic, there was a reduction in workforce and a decline in student enrollment in dental hygiene education programs. Since the COVID pandemic, the 2022-2023 first-year student enrollment has exceeded all prior years back to the published 2012-2013 data, with the most recent years reflecting first year enrollment of 8,322 (2019-2020), 7,745 (2020-2021), 8,197 (2021-2022), and 8,642 (2022-2023). The Ad Hoc Committee was unsure of the reasons for reduced enrollment to program capacity in Annual Survey data, and noted that facility capacity may be an issue, as well as lack of qualified faculty, or both. The Committee noted that competitive salaries for educators compared to private practice also makes it difficult to attract and retain educators in dental hygiene programs.

The Ad Hoc Committee engaged in a lengthy discussion related to faculty qualifications. The Committee noted that many institutions require faculty to hold a degree or credential at least one (1) level above the degree or credential that will be awarded to program graduates. The Committee believed that faculty in dental hygiene education programs who teach didactic courses should possess a baccalaureate or higher degree. However, the Ad Hoc Committee concluded, after lengthy discussion, that faculty whose teaching is limited to clinical and dental science laboratory courses should be permitted to teach provided they possess an associate or higher degree. The Ad Hoc Committee believed that a revision to faculty credentials for clinical and dental science laboratory instructors would permit programs to hire additional clinical and laboratory adjunct faculty to support student enrollment, while maintaining the quality of instruction since all faculty must continue to demonstrate current knowledge of the subjects they teach and background in current educational methodology concepts consistent with teaching assignments.

Additionally, the Committee noted the current Standard 3-6 requires faculty to be graduates of a CODA-accredited program, except for dentists who were appointed prior to July 1, 2022. International graduates of dental and dental hygiene programs may serve, or be interested in serving, as faculty in a CODA-accredited program. Therefore, the Ad Hoc Committee believed internationally trained dentists and dental hygienists should be permitted to serve as faculty in the dental hygiene program if the individual holds the appropriate credential required by the state. The Committee noted some states grant licensure to internationally trained dental professionals, while other states may issue teaching permits, for example. Following discussion, the Ad Hoc Committee believed a revision to the Standard was warranted to permit internationally trained dentists and dental hygienists to teach if they hold credentials required by the state.

Following lengthy discussion, the Ad Hoc Committee believed the proposed revision to Dental Hygiene Standard 3-6 (**Appendix 4**) should be circulated to the communities of interest for

review and comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission's Winter 2025 meetings. Given the changes to the Standards will assist programs in attracting qualified faculty, it was believed that the six (6) month period for public comment was sufficient.

**Dental Hygiene Standard 3-5 (Faculty to Student Ratio):** The Ad Hoc Committee also discussed Standard 3-5, which sets forth the faculty to student ratios that ensure the development of competence and ensure the health and safety of the public. The Committee discussed at length the needs of a dental hygiene student, noting that this student population requires a significant amount of oversight and instruction in the clinical setting. The Committee noted that dental hygiene students are typically early post-secondary education students who may not have prior academic degrees or experience since they are in the "emerging adulthood" stage of development. As such, the Commission's faculty to student ratio is intended to ensure that faculty have adequate instructional time with students and ensure the health and safety of each patient treated in the program's clinic.

The Ad Hoc Committee also discussed the management of student instruction, patient oversight and treatment, clinical evaluation, and other duties of faculty within the current ratios for clinical settings. The Committee noted that, under current ratios (1 faculty to 5 students), students receive approximately 35 minutes of direct faculty instruction, assessment, and oversight within a three-hour clinical session. During the 35 minutes of individualized student instruction, there are typically at least four (4) points of contact per student, including: 1) a medical history check, 2) procedure check throughout treatment, 3) instruction and evaluation, and 4) post-care checks and patient dismissal. Faculty also engage with five (5) patients throughout care to provide anesthesia (as allowed by law), patient care, post-care instructions, and other interactions while supervising students during clinical sessions. Should a student require special assistance, competency evaluation, and additional interaction within the appointment time, the faculty's availability to educate and assess other students is reduced.

The Ad Hoc Committee again recalled that the Summer 2023 CODA Faculty to Student Ratio Study found the greatest barriers for dental hygiene programs were associated with a program's capacity (i.e., facility), along with the program's ability to hire and retain a sufficient number of qualified faculty, and the cost of education to students. The Committee noted that an increase in students while maintaining the same number of clinical faculty could create additional burnout among faculty and further reduce the amount of time and instruction provided to students, which may also affect the quality of patient care.

The Committee concluded its review of faculty to student ratios by examining the literature in dental hygiene, dental, and allied health education. The Committee found that the literature was primarily outside the scope of dental hygiene education and focused on other health professions. Further, the literature was outdated and provided limited relevance to dental hygiene education. The Committee also noted the Commission's ongoing review of program-requested increases in

enrollment as well as the increase in the number of new (i.e., developing) dental hygiene programs that have recently been accredited by the Commission. Following consideration, the Ad Hoc Committee believed that the proposed revision to Standard 3-6 related to faculty degree requirement will provide dental hygiene programs with flexibility to increase enrollment (e.g., adding additional students and/or creating additional course sections) while maintaining a faculty to student ratio that continues to support quality education and patient safety. As such, the Ad Hoc Committee believed there should be no change to Dental Hygiene Standard 3-5 regarding faculty to student ratios.

**Summary:** The Dental Hygiene Review Committee and the Commission on Dental Accreditation are requested to consider the Report of the Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios. The Dental Hygiene Review Committee and Commission are also requested to consider proposed revisions to Dental Hygiene Standard 3-6, related to faculty degree requirement (**Appendix 4**), noting that the Ad Hoc Committee recommended no changes to Standards 3-3 (program administrator degree requirement) and 3-5 (faculty to student ratio). The Dental Hygiene Review Committee may recommend, and the Commission may direct, that the proposed revision to Dental Hygiene Standard 3-6 be circulated to the communities of interest for review and comment for six (6) months, with a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting, with comments reviewed at the Commission's Winter 2025 meetings. Alternately, the Dental Hygiene Review Committee may recommend, and the Commission may direct, that there be no proposed revisions to the Accreditation Standards at this time, or the Review Committee may recommend, and the Commission may direct, circulation of additional proposed revisions to Accreditation Standards for Dental Hygiene Education Programs.

**Recommendation:**

## **REPORT OF THE AD HOC COMMITTEE ON FACULTY TO STUDENT RATIOS IN ACCREDITATION STANDARDS**

**Background:** At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the January 16, 2023 letter from 17 state dental associations (**Appendix 1**), related to workforce shortages in dental assisting and dental hygiene, and requesting that the Commission:

- “Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
  - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
  - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
  - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
  - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA’s Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.”

At its Winter 2023 meeting, the Commission discussed the letter, and the number of new programs and enrollment increases that have been requested, particularly in dental hygiene, over the past three (3) years. The Commission also discussed several additional factors that may contribute to the current workforce issues in dental assisting and dental hygiene, including facility capacity during the COVID-19 pandemic, the lack of licensure for dental assisting within many states, and other factors. Some Commission members believed it was not the Commission’s role, as an accrediting agency, to oversee workforce demands. Other Commission members believed that the ratios should be reviewed to ensure the educational quality of the program is sustained without being restrictive to educational programs. The Commission also concluded that the state dental associations should provide additional information on factors that relate to workforce shortages. Following discussion, the Commission directed that a formal letter be sent to the state dental associations requesting additional information on the request, and

that an Ad Hoc Committee be established to consider ratios within the Commission's Accreditation Standards.

Following the Commission's Winter 2023 meeting, the Commission contacted the 17 state dental associations and requested data from each of them related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data (**Appendix 2**).

Additionally, the Commission directed the formation of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Ad Hoc Committee met on May 10, 2023, June 21, 2023, and July 26, 2023. Members of the Ad Hoc Committee included: Ms. Lisa Mayer (chair), Dr. Amid Ismail, Dr. George Kushner, Dr. Brent Larson, Ms. Martha McCaslin (absent May 10 and July 26), Dr. Monica Nenad, Dr. Nancy Rosenthal, and Dr. Timmothy Schwartz. Dr. Sanjay Mallya (absent June 21 and July 26), chair, and Dr. Maxine Feinberg (absent July 26), vice chair, Commission on Dental Accreditation (CODA), *ex-officio*, attended as available. Dr. Sherin Tooks, senior director, and Ms. Jamie Asher Hernandez, Ms. Katie Navickas, Ms. Yesenia Ruiz, Ms. Peggy Soeldner (absent July 26), and Ms. Kelly Stapleton, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA, also attended the meetings.

Below is the Ad Hoc Committee's report and recommendations to the Commission following its meetings.

**Report and Recommendations of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards:** The Ad Hoc Committee reviewed its charge and the information collected to support the work of the Committee for each of its three (3) meetings. The Committee reviewed the communication from the 17 state dental associations (**Appendix 1**) and CODA's response letter to the state associations (**Appendix 2**). Additionally, the Ad Hoc Committee considered the May 1, 2023 response letter from 19 state dental associations in response to the Commission's request for additional information (**Appendix 3**) and a letter from the American Dental Association's Council on Dental Education and Licensure (CDEL) dated February 16, 2023, related to the Commission's review of this matter (**Appendix 4**). The Committee also reviewed excerpts of the Dental Hygiene and Dental Assisting Review Committees' Reports to the Commission in Summer 2022, related to CODA's initial review of a May 19, 2022 letter from the state dental associations requesting the Commission to consider revisions to the Standards (**Appendix 5**). The Ad Hoc Committee also considered the current Accreditation Standards for all disciplines that include a faculty to student ratio, the Frequency of Citings data collected and reported by the Commission each Summer pertaining to the number of times Accreditation Standards are cited, and Annual Survey data regarding enrollment and graduation rates for allied dental education programs.

The Ad Hoc Committee discussed the materials provided and the current workforce shortage in allied personnel within the practicing community, which precipitated the request for a change in faculty to student ratios. The Ad Hoc Committee noted that from 2019 through 2022, the Commission accredited seven (7) new dental assisting programs and 14 new dental hygiene programs. Additionally, based on an estimation of recent CODA meeting actions from Winter 2022 to Winter 2023, the Commission reviewed 35 dental hygiene reports for enrollment increase resulting in 310 approved additional enrollments, with an additional 14 reports under consideration as of Winter 2023, that could result in an additional 156 approved enrollments for a total of 466 additional dental hygiene positions available within educational programs. The Committee noted that while programs are requesting increases in enrollment, the annual survey data suggests that programs are not achieving the full capacity of student positions. The Committee discussed whether facility size limitations, the ability to hire faculty based upon factors such as salary and benefits, or other factors may affect current enrollment capacity within programs. Additionally, it was noted that a significant number of allied dental professionals left the workforce during the COVID-19 pandemic.

The Ad Hoc Committee believed the decline in workforce may be multi-factored, not simply a result of accreditation requirements for faculty to student ratios, but also academic and other requirements for faculty. In review of the Frequency of Citings data for dental hygiene, the Ad Hoc Committee noted a low number of citations related to faculty to student ratios (approximately 10% in Summer 2022), which appeared to suggest that hiring faculty may not be a concern for most programs. Alternately, it was noted that in dental assisting, it may be difficult to find faculty with required educational degrees. The Ad Hoc Committee recalled that the Commission directed a public call for comment on proposed revisions to the Dental Assisting Standards related to the faculty degree requirement during Spring 2023, for consideration at the Summer 2023 Commission meeting.

The Committee also noted the Commission's mission to serve the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs. The Committee noted that historically the Commission has considered revisions to its Accreditation Standards through regular review of the Standards (validity and reliability) as well as individual requests for revision. The Commission has not previously established any policies or procedures to dictate the methodology for the standards revision process; however, many factors are taken into consideration when considering a revision to Accreditation Standards, including standards pertaining to faculty to student ratios. Proposed revisions to educational standards originate from a review by the Commission, or suggestion by an external party, with an opportunity for the broad communities of interest to review and comment on the revisions prior to potential implementation by the Commission. The Commission considers the comments received and may either adopt the proposed revisions, revise and recirculate the proposed revisions, or make no changes to the Standards. It was also noted that proposed revisions may be forwarded to the Commission from dental organizations following their own review process with input from various stakeholders, including educational programs.



The Ad Hoc Committee also noted the chronology of revisions to the Accreditation Standards for Dental Hygiene Education Programs (DH), noting faculty to student ratios have been cited within the Standards since at least the early 1980s.

In the 1989 Standards; DH Standard 7.2: **“To assure development of clinical competence and to insure maximum protection of the patient, the faculty to student ratio for preclinical, clinical and radiographic sessions should not exceed one to six. Faculty to student ratios for laboratory sessions in dental science courses such as tooth morphology and dental materials should not exceed one to fifteen.”**

In 2005, the Dental Hygiene Standards state: **“The faculty to student ratios for preclinical, clinical and radiographic sessions should not exceed one to six, and laboratory sessions in the dental science courses should not exceed one to fifteen to ensure development of clinical competence and to ensure maximum protection of the patient.”**

In July 2007 (following the 2006 Validity and Reliability Study), the Commission adopted revisions which took effect in January 2009; DH Standard 3-6: **“The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.”**

In February 2015, revisions were adopted with immediate implementation, no circulation to the communities of interest; DH Standard 3-6: **“The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.”**

In August 2015, the Commission, through its Dental Hygiene Review Committee (DH RC) considered the February 2015 revision, noting that the change received informal questions and concerns from the educational community, and, in retrospect, the proposed revision would have benefitted from circulation for public comment. The proposed revisions were circulated to the communities of interest; DH Standard 3-6: **“~~The faculty to student ratios for~~ In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every ~~to six~~ five students. ~~Faculty to student ratios for~~ In laboratory sessions ~~in for~~ dental materials courses, there must not be less than one faculty for every ~~to twelve to~~ ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.”**

In Summer 2016, the Commission noted the vast majority of comments spoke in favor of the proposed revisions to add clarity to the standard and return to the one (1) to five (5) faculty to student ratios. The revisions were adopted with implementation July 1, 2017; DH Standard 3-6: **~~“The faculty to student ratios for In preclinical, clinical and radiographic clinical and laboratory sessions, there must not be less than one faculty for every to six five students. Faculty to student ratios for In laboratory sessions in for dental materials courses, there must not be less than one faculty for every to twelve to ten students to~~ ensure the development of clinical competence and maximum protection of the patient, faculty and students.”**

In Winter 2021, the time of the last comprehensive review of Dental Hygiene Standards, there was no revision to the requirement, only a revision to the layout of the Standard, effective July 1, 2022; DH Standard 3-5: **“The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.**

- 1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.**
- 2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.**
- 3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.”**

Following lengthy discussion, the Ad Hoc Committee believed additional information was warranted through a survey to gather information on CODA-accredited programs’ perceptions of the requirements for faculty to student ratios and the potential impact on educational programs. The Ad Hoc Committee sought to obtain information on the potential impact on quality of dental education, if any, should faculty to student ratios be revised. The Ad Hoc Committee noted that the state dental associations previously provided information to the Commission, with a focus related to workforce shortages, and the state associations were provided an opportunity to respond to the Commission with additional requested information (**Appendix 3**). Considering the information received, the Ad Hoc Committee determined that the CODA survey would focus on the impact to CODA-accredited educational programs that would be affected by, and have the best understanding of, the impact to the educational program should the Commission implement changes to the Accreditation Standards related to faculty to student ratios.

The Ad Hoc Committee developed and distributed the Survey of Allied Dental Education Programs Related to Faculty to Student Ratios (**Appendix 6**). On June 30, 2023, an announcement was sent to all CODA-accredited dental assisting, dental hygiene, dental laboratory technology, and dental therapy programs informing program directors of the survey, which would be sent to these individuals on Wednesday, July 5, 2023, with a response deadline of Friday, July 21, 2023. Respondent data was embedded to link the respondent to the correct discipline that they administer; additionally, for directors who administer dental assisting and dental hygiene programs, the survey allowed separate responses for each program.

Survey response data is found in **Appendix 7** (all programs), **Appendix 8** (Question 4, by program type), **Appendix 9** (dental hygiene), **Appendix 10** (dental assisting), and **Appendix 11** (dental laboratory technology). To protect the confidentiality of respondents, program-specific data from dental therapy education program directors was not independently reported; however, dental therapy data was included in **Appendix 7** and **Appendix 8** for all respondent programs.

Summary and Analysis of Ratio Survey Data: The Ad Hoc Committee noted that the survey was distributed to a total of 582 allied dental education programs, with responses from 431 programs, resulting in a response engagement rate of 74%. Partial and unfinished surveys were not included in the data.

- 71% (N=302) of all responding programs reported current ability to hire and retain a sufficient number of qualified faculty.
  - Of the 121 respondents who indicated inability to hire and retain a sufficient number of qualified faculty, 70% (N=85) did not believe an adjustment to the faculty to student ratio would assist the program in hiring and retaining a sufficient number of qualified faculty.

Further Analysis:

A majority of Dental Hygiene and Dental Assisting programs indicated current ability to hire and retain a sufficient number of qualified faculty; however, a majority of dental laboratory technology programs indicated an inability to hire and retain a sufficient number of qualified faculty.

- Almost half of all responding programs (48%; N=206) indicated an interest in increasing enrollment in the next one (1) to two (2) years.

Further Analysis:

A majority of Dental Assisting and Dental Laboratory Technology programs indicated an interest in increasing enrollment in the next one (1) to two (2) years. A slight majority (54%) of Dental Hygiene programs indicated no interest in increasing enrollment in the next one (1) to two (2) years.

- The top three (3) factors that currently **negatively** affect all programs' enrollment are: (1) capacity of the program's facility, N=138; (2) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards, N=132; and (3) student attrition, N=124.

Further Analysis:

*Dental Hygiene:* 1) capacity of the program's facility; 2) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards; 3) cost of education to students.

*Dental Assisting:* 1) student interest in the program; 2) student attrition; 3) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards.

*Dental Laboratory Technology:* 1) program funding; 2) capacity of the program facility; ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards; and student interest in the program (tied).

- The top three (3) factors that currently **positively** affect all programs' enrollment are: (1) student interest in the program, N=247; (2) program funding, N=156; and (3) ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA standards, N=139.

Further Analysis:

*Dental Hygiene:* 1) student interest in the program; 2) program funding; 3) capacity of program's facility.

*Dental Assisting:* 1) capacity of the program's facility; 2) student interest in the program; 3) program funding.

*Dental Laboratory Technology:* 1) student attrition and student enrollment (tied)

- Of the 420 respondents who indicated how likely or unlikely an increase in faculty to student ratios would impact their program:
  - 259 (62%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to enhance the student learning experience;
  - 215 (51%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to support the quality of patient care;
  - 208 (50%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to support faculty recruitment and retention;
  - 179 (43%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **likely** to help the program address the local workforce shortage, while 152 (36%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to help the program address the local workforce shortage; and
  - 160 (38%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **unlikely** to align with the current capacity of the program's facility, while 154 (37%) indicated an increase in faculty to student ratios (more students per faculty) would be somewhat or extremely **likely** to align with the current capacity of the program's facility.

Further Analysis:

*Dental Hygiene:* For each category noted above, the majority of respondents indicated **"somewhat or extremely unlikely."**

*Dental Assisting:* The majority of respondents indicated **"somewhat or extremely unlikely"** for enhancement of student learning, while the other categories were **"somewhat or extremely likely,"** or **"neither likely nor unlikely."**

*Dental Laboratory Technology:* The majority of respondents indicated “**somewhat or extremely unlikely**” for enhancement of student learning and support for faculty recruitment and retention, while the other categories were “**somewhat or extremely likely**,” or “**neither likely nor unlikely**.”

- 268 of 422 respondents (64%) indicated that the Accreditation Standards are appropriate as written related to the faculty to student ratios; 84 respondents (20%) indicated the ratio should be revised to permit less students per faculty, while 62 respondents (15%) indicated the ratio should be revised to permit more students per faculty.

Further Analysis:

*Dental Hygiene and Dental Assisting:* An overwhelming majority of Dental Hygiene (N=167; 65%) and Dental Assisting (N=96, 61%) programs that responded indicated the Standards are appropriate as written.

*Dental Laboratory Technology:* Three (3) of the six (6) respondent Dental Laboratory Technology programs indicated that the ratios should be revised to permit more students per faculty, while two (2) programs indicated the Standards are appropriate and written and one (1) program had no opinion.

The Ad Hoc Committee also noted that, although not requested, the Commission office received unsolicited comments from 10 allied dental education program directors. All comments expressed concern with an increase in the faculty to student ratios for dental hygiene, citing facility limitations, decreased quality of student educational experiences, decreased patient care, and a potential negative effect on faculty retention rates, among the concerns of dental hygiene programs. Additionally, several programs noted concern related to the Dental Hygiene Standard requiring clinical faculty to hold a baccalaureate degree. To protect the confidentiality of the programs, the Ad Hoc Committee determined that the comments will not be distributed publicly.

Ad Hoc Committee Conclusions and Recommendations: At its final meeting, the Ad Hoc Committee considered all previously reviewed materials as well as the survey data results and communications submitted to the Commission office. The Committee engaged in a discussion related to the data, which indicated very little support for a revision of the allied Standards related to faculty to student ratios. The Ad Hoc Committee also noted that a revision of faculty to student ratios would be “somewhat or extremely unlikely” to enhance the student learning experience for all program disciplines affected. For dental hygiene, a change in ratio would also be “somewhat or extremely unlikely” to support the quality of patient care, support faculty recruitment and retention, or align with the current capacity of the programs’ facilities, according to the recent CODA study.

The Ad Hoc Committee believed there could be other solutions to the workforce shortage rather than making a change to faculty to student ratios, which could affect the quality of dental education. The Committee noted several options for programs such as: 1) requesting an increase in student enrollment, 2) expansion of existing facilities on campus to support enrollment increases, and 3) expansion to off-campus major educational activity sites with additional student

enrollment increases, for example. The Ad Hoc Committee noted that nearly half of all respondent programs indicated considering an increase in enrollment in the next one (1) to two (2) years. The Committee also noted the establishment of several new dental hygiene and dental assisting programs, as noted elsewhere in this report. The Ad Hoc Committee discussed whether state dental associations, or others, could work with CODA-accredited allied dental education programs to assist programs with resources for enrollment increases as another method by which the workforce shortages could be addressed while maintaining quality dental education.

Following consideration, the Ad Hoc Committee concluded that the Commission should not make immediate changes to the faculty to student ratios in the Accreditation Standards for allied dental education programs. The data provided by educational programs does not support a revision to the Standards at this time. However, the Ad Hoc Committee believed its report should be forwarded to each allied dental education Review Committee for further consideration, including determination if revisions of Accreditation Standards are warranted.

The Ad Hoc Committee also concluded that the Commission does not need to develop a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios. The Ad Hoc Committee noted that several factors are already considered by Review Committees and the Commission when revising Accreditation Standards, including but not limited to the specific requirements of training in the discipline, emerging technology, and expected educational outcomes for graduates. Each Review Committee, which includes individuals within the discipline of dentistry as well as practitioners, educators, general dentists, and public members consider and propose revisions to the educational Standards, which are then circulated to the broad communities of interest for comment. The feedback from the various communities of interest is subsequently considered by the Commission after which the nationally accepted Standards are adopted and implemented. All educational programs accredited by CODA are held to the nationally accepted Accreditation Standards for the discipline. Again, taking into consideration the request of the state dental associations, the Ad Hoc Committee believed its report should be forwarded to each allied dental education Review Committee for further consideration and review, including determination if revisions of Accreditation Standards are warranted.

Related to the state dental associations' request to solicit feedback through stakeholder efforts, the Ad Hoc Committee noted that the Commission considered the initial request of the state dental associations as well as the supplemental information requested by CODA, following its Winter 2023 consideration of this issue. Additionally, through the work of the Ad Hoc Committee, a national study was disseminated to all program directors of CODA-accredited allied dental education programs, which resulted in a response engagement rate of 74%. The Committee believed that sufficient information was gathered from the stakeholders related to this topic to formulate the conclusions and recommendations submitted in this report to the Commission. Nonetheless, the Ad Hoc Committee encourages the Commission to forward to each allied dental education Review Committee the report of this Committee for further

consideration and review, including determination if revisions of Accreditation Standards are warranted.

**Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards**

**Recommendations:** It is recommended that the Commission on Dental Accreditation direct there be no development of a policy or process for rationale that must be followed when revising Accreditation Standards related to faculty to student ratios.

It is further recommended that the Commission on Dental Accreditation direct the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards be provided to the Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education for further consideration and review, including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024.

It is further recommended that the Commission on Dental Accreditation send a copy of the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards to the state dental associations.

**Commission Action:**

January 16, 2023

Dr. Sanjay Mallya, Chair  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, IL 60611

*Sent via email only*

Dear Dr. Mallya,

Prior to its August 2022 meeting, the Review Committee on Dental Hygiene Education to the Commission on Dental Accreditation (Hygiene Committee) and the Review Committee on Dental Assisting Education to the Commission on Dental Accreditation (Assisting Committee) received and reviewed two letters from several state dental associations. The letters recommended that the Commission on Dental Accreditation (CODA) modify Sections 3-4 and 3-8 in the Accreditation Standards for Dental Assisting Education Programs and Sections 3-6 and 3-7 in the Accreditation Standards for Dental Hygiene Education Programs.

In summary, these letters asked CODA to reconsider the faculty to student ratios and the explicit requirement for a baccalaureate degree for certain program faculty as opposed to more exact qualifications in both Accreditation Standards. Ultimately, both committees decided to take no action on the recommendations presented and these decisions were approved by CODA on consent without discussion.

CODA did make brief written commentary about the discussions of the respective committees available electronically as the committee meetings are not open to the public. The following excerpts are pulled from the committees' reports to CODA.

From the "Report of the DA RC, Page 300, Subpage 4, CODA Summer 2022":

*Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student.*

From the "Report of the DH RC, Page 400, Subpages 4-5, CODA Summer 2022":

*Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's*



*purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.*

On November 30, 2022, CODA chair Dr. Sanjay Mallya, CODA vice chair Dr. Maxine Feinberg, and CODA director Dr. Sherin Tooko met virtually with the American Society of Constituent Dental Executives (ASCDE) to discuss CODA's work and to answer questions posed by ASCDE members. ASCDE appreciated CODA leadership participating in the virtual meeting and providing useful background material.

During the November 30 meeting, there was significant discussion surrounding CODA's methodology or rationale for specifically setting the faculty to student ratios used in its various Accreditation Standards. This was of particular interest since some ASCDE members, in researching faculty to student ratios in various accreditation standards, have found that CODA is the only health care profession accrediting body that utilizes explicit faculty to student ratios.

CODA leadership was unable to articulate any specific methodology or rationale for determining the faculty to student ratios for dental therapy (1 to 6), dental hygiene (1 to 5), or dental assisting (1 to 6) other than their "long-standing history" in the Accreditation Standards. When specifically asked what rationale can executive directors share with questioning members on why dental therapy (with a scope that includes surgical, irreversible procedures) has a higher ratio than dental hygiene, Dr. Tooko responded that there is no rationale that can be shared.

The totality of written and verbal comments provided by CODA to the state dental associations in 2022 on faculty to student ratios indicate that CODA has no consistent methodology or oversight for establishing faculty to student ratios. It is clear that CODA believes that faculty to student ratios are necessary, but there is no apparent criteria for why 1 to 5 or 1 to 6 is appropriate for dental auxiliary education and a ratio of 1 to 4, 1 to 7, or some other ratio is inappropriate. Furthermore, CODA cannot articulate what facets of dental hygiene education necessitate a lower faculty to student ratio than dental therapy or dental assisting.

The undersigned states are writing to request CODA take the following actions:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:

- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
- Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
- At what ratio is ensuring appropriate technical instruction and evaluation compromised?
- Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst the most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5. Without clear rationale for why these exact ratios are required beyond “long-standing history”, many are left wondering whether patients and public are best served by CODA Accreditation Standards or should alternatives be considered?

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%<sup>i</sup> of dentists seeking to hire a hygienist and 87%<sup>ii</sup> of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienists<sup>iii</sup>. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less<sup>iv</sup>. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings. This shortage and the need to make impactful, timely changes cannot be overstated.

Across the country, we are taking a multifaceted approach to increase the dental hygiene and assisting workforce. Our aforementioned recommendations are an important complement to our current strategy. While we believe our request will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

Thank you for your consideration.

Respectfully,

Alaska Dental Society  
California Dental Association  
Colorado Dental Association  
Connecticut State Dental Association  
Idaho State Dental Association  
Illinois State Dental Society  
Minnesota Dental Association  
Missouri Dental Association  
Montana Dental Association  
New Mexico Dental Association  
North Dakota Dental Association  
Oregon Dental Association  
Rhode Island Dental Association  
Tennessee Dental Association  
Virginia Dental Association  
Washington State Dental Association  
Wisconsin Dental Association

- c: Dr. Sherin Took, director, Commission on Dental Accreditation  
ADA Council on Dental Practice  
ADA Council on Dental Education and Licensure  
Dr. George R. Shepley, president, American Dental Association  
Dr. Raymond A. Cohlma, executive director, American Dental Association  
American Society of Constituent Dental Executives

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<sup>i</sup> Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

<sup>ii</sup> Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

<sup>iii</sup> Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). [https://www.adha.org/pri\\_docs/Feb-2021\\_JDH\\_EmployPatterns\\_DH\\_COVID.pdf](https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf).

<sup>iv</sup> Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental\\_workforce\\_shortages\\_labor\\_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D)

Via Electronic Mail

March 20, 2023

State Dental Associations: *Alaska, California, Colorado, Connecticut, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Tennessee, Virginia, Washington State, Wisconsin*

State Dental Associations:

The Commission on Dental Accreditation (CODA), at its February 10, 2023 meeting, considered the letter submitted by Mr. Bracken Killpack, Executive Director, Washington State Dental Association on behalf of the State Dental Associations of Alaska, California, Colorado, Connecticut, Idaho, Minnesota, Missouri, Montana, New Mexico, North Dakota, Oregon, Rhode Island, Tennessee, Virginia, Washington State, Wisconsin.

The Commission reviewed the request of the 17 state dental associations asking the Commission to modify its Accreditation Standards for allied dental education programs to address workforce shortages in dental assisting and dental hygiene. Specifically, the state dental associations requested that the Commission:

- Immediately make the faculty to student ratio in the Dental Hygiene Accreditation Standards (Section 3-6) the same as the faculty to student ratios in the Dental Therapy Accreditation Standards (Section 3-5) and the Dental Assisting Accreditation Standards (Section 3-8). The result of this change would be that the Accreditation Standards for all three auxiliary professions would be identical with a faculty to student ratio of 1 to 6.
- Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:
  - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?
  - Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?
  - At what ratio is ensuring appropriate technical instruction and evaluation compromised?
  - Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?
- Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student

ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.

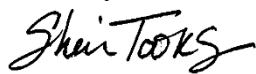
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

Following consideration and discussion of this matter, the Commission directed a communication to the State Dental Associations requesting information for the Commission's further consideration. **Specifically, the Commission requests data from each of the 17 State Dental Associations related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data. Please provide this information in one (1) comprehensive report, separated by state, no later than May 1, 2023, and submit the information to my office through email at [tookss@ada.org](mailto:tookss@ada.org).**

Additionally, the Commission directed an Ad Hoc Committee be appointed to further review faculty to student ratios within the Accreditation Standards, with a report to the Commission upon completion of the Committees work.

If I can be of assistance to you or members of your staff, please contact me at 312-440-2940 or by email, at [tookss@ada.org](mailto:tookss@ada.org).

Sincerely,



Sherin Tookss, Ed.D., M.S.  
Senior Director  
Commission on Dental Accreditation

cc: Dr. Sanjay M. Mallya, chair, Commission on Dental Accreditation (CODA)  
Dr. Maxine Feinberg, vice chair, CODA  
Alaska – Alaska Dental Society  
President - Dr. Courtney Schwartz - [courtneyschwartz2021@gmail.com](mailto:courtneyschwartz2021@gmail.com)  
Executive Director – Dr. David Logan - [dlogan@akdental.org](mailto:dlogan@akdental.org)  
California – California Dental Association  
President – Dr. John Blake - [jblake@cdhc.org](mailto:jblake@cdhc.org)  
Executive Director – Mr. Peter A. DuBois - [peter.dubois@cda.org](mailto:peter.dubois@cda.org)

Colorado – Colorado Dental Association

President – Dr. Lindsay Compton - [lindsay.compton.dds@gmail.com](mailto:lindsay.compton.dds@gmail.com)

Interim Executive Director – Ms. Molly Pereira - [molly@cdaonline.org](mailto:molly@cdaonline.org)

Connecticut – Connecticut State Dental Association

President – Dr. Bethaney Brenner - [president@csda.com](mailto:president@csda.com)

Executive Director – Ms. Kathlene Gerrity - [kgerrity@csda.com](mailto:kgerrity@csda.com)

Idaho – Idaho State Dental Association

President – Dr. Kim Keller - [kbkeller65@gmail.com](mailto:kbkeller65@gmail.com)

Executive Director – Mr. Mike Mitchell - [director@theisda.org](mailto:director@theisda.org)

Minnesota – Minnesota Dental Association

President – Dr. Tim Holland - [timrholland@hollandfamilydental.com](mailto:timrholland@hollandfamilydental.com)

Executive Director – Mr. Carmelo Cinqueonce - [info@mndental.org](mailto:info@mndental.org)

Missouri – Missouri Dental Association

President – Dr. Jeremy Bowen - [jlbcmb03@sbcglobal.net](mailto:jlbcmb03@sbcglobal.net)

Executive Director – Ms. Vicki Wilbers - [vicki@modentalmail.org](mailto:vicki@modentalmail.org)

Montana – Montana Dental Association

President – Dr. Ronald Davis - [gpddsrn@gmail.com](mailto:gpddsrn@gmail.com)

Executive Director – Mr. Webb Brown - [webb@montanadental.org](mailto:webb@montanadental.org)

New Mexico – New Mexico Dental Association

President – Dr. Kelley Ryals – [belle2222@aol.com](mailto:belle2222@aol.com)

Executive Director – Dr. Tom Schripsema - [tschrip@nmdental.org](mailto:tschrip@nmdental.org)

North Dakota – North Dakota Dental Association

President – Dr. Carrie Orn - [carrieorn@yahoo.com](mailto:carrieorn@yahoo.com)

Executive Director – Mr. William R. Sherwin - [wsherwin@smilenorthdakota.org](mailto:wsherwin@smilenorthdakota.org)

Oregon – Oregon Dental Association

President – Dr. Mark Miller - [rhinodmd@gmail.com](mailto:rhinodmd@gmail.com)

Executive Director – Dr. Barry Taylor - [btaylor@oregondental.org](mailto:btaylor@oregondental.org)

Rhode Island – Rhode Island Dental Association

President – Dr. Gregory Stepka - [gregstepka@gmail.com](mailto:gregstepka@gmail.com)

Executive Director – Ms. Christy Durant - [cdurant@ridental.org](mailto:cdurant@ridental.org)

Tennessee – Tennessee Dental Association

President – Dr. Mitch Baldree - [mitch@baldreedds.com](mailto:mitch@baldreedds.com)

Executive Director – Ms. Andrea Hayes - [andrea@tndentalassociation.org](mailto:andrea@tndentalassociation.org)

Virginia – Virginia Dental Association

President – Dr. Cynthia Southern - [docsouthern50@gmail.com](mailto:docsouthern50@gmail.com)

CEO – Mr. Ryan L. Dunn - [dunn@vadental.org](mailto:dunn@vadental.org)

Washington State – Washington State Dental Association

President – Dr. John L. Gibbons - [jkagib@comcast.net](mailto:jkagib@comcast.net)

Executive Director – Mr. Bracken R. Killpack - [bracken@wsda.org](mailto:bracken@wsda.org)

Wisconsin – Wisconsin Dental Association

President – Dr. Chris Johnson - [cjohnson@wda.org](mailto:cjohnson@wda.org)  
Executive Director – Mr. Mark Paget - [mpaget@wda.org](mailto:mpaget@wda.org)

May 1, 2023

Dr. Sherin Took, Senior Director  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, IL 60611

*Sent via email only*

Dear Dr. Took,

The following letter is the formal response from 19 state dental associations (two additional associations have signed on since our January 16, 2023 letter was submitted) to your letter dated March 20, 2023.

The undersigned states applaud CODA's decision to form an Ad Hoc Committee to further review faculty to student ratios within the Accreditation Standards. We would appreciate further clarity on the scope of work of this Ad Hoc Committee and, more specifically, whether the following points from our January 16, 2023 letter have been included in this scope:

- *Establish an ad hoc group to draft a clear rationale for setting faculty to student ratios for all CODA Accreditation Standards for which faculty to student ratios exist. This ad hoc group should, at a minimum, consider the following factors:*
  - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon the complexity of procedures in which students are being trained?*
  - *Should there be variation in the faculty to student ratios in the Accreditation Standards based upon technology used for training students?*
  - *At what ratio is ensuring appropriate technical instruction and evaluation compromised?*
  - *Are there any factors within the control of educational programs that warrant variance in the faculty to student ratios?*
- *Solicit robust feedback from the broader dental community on establishing rationale for setting faculty to student ratios for Accreditation Standards that include faculty to student ratios. ASCDE and other organizations will gladly assist CODA in this stakeholdering effort.*
- *Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.*

Furthermore, we also request information on the composition of the Ad Hoc Committee and the extent to which the work, deliberation, and development of a report will be transparent to stakeholders.

During its discussion of our January 16, 2023 letter, the Commission requested the following:



*Specifically, the Commission requests data from each of the 17 State Dental Associations related to: 1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data; and 2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data. Please provide this information in one (1) comprehensive report, separated by state, no later than May 1, 2023, and submit the information to my office through email at [tookss@ada.org](mailto:tookss@ada.org).*

Leadership from the undersigned state dental associations met to discuss the Commission's request and sincerely questions the relevance of this extensive request for select, state-by-state workforce data for several reasons:

- First, statements from Commission members during its Winter 2023 meeting and from you during the Winter 2023 meeting and in previous statements indicate that the Commission does not believe it has a role in or obligation to address workforce shortages. How does requesting extensive workforce data from state dental associations petitioning the commission to modify Accreditation Standards comport with the Commission's position that said data is not germane to its work? The undersigned states respectfully request an explanation as to how this data request furthers the work of the Ad Hoc Committee or the Commission more broadly.
- Second, assuming that the Commission does articulate how and why such a data request is germane to its work, why is the request for data limited exclusively to states that signed the January 16, 2023 letter? What rationale can the Commission provide for limiting its interest in data to this arbitrary data set and not national data?
- Third, with the request articulated in the March 20, 2023 letter, the Commission has established a behavior of requesting extensive data without clearly defined rationale. This behavior is having a chilling effect on the ability of the undersigned state dental associations to collect the requested data from allied health programs that follow CODA's Accreditation Standards as it potentially portends that even more extensive data may be requested by the Commission without a clear rationale. Because of this chilling effect, the undersigned state dental associations will keep information shared in this response high level and anonymous.

Without further clarification from the Commission, the undersigned state dental associations will limit our response to the Commission to this letter.

***1) an analysis of all factors other than faculty to student ratios that have been reviewed and addressed by each state related to workforce shortages and all related data***

Our nation is facing a severe shortage of dental hygienists and assistants; this shortage has been exacerbated by the COVID-19 pandemic. Currently, 95%<sup>i</sup> of dentists seeking to hire a hygienist and 87%<sup>ii</sup> of dentists seeking to hire an assistant find the hiring process to be extremely or very challenging. A 2020 study by the

American Dental Hygienists' Association (ADHA) found that the pandemic resulted in a voluntary contraction of the U.S. dental hygiene workforce by an estimated 3.75%, or approximately 7,500 dental hygienists<sup>iii</sup> which is approximately equal to the number of dental hygiene graduates in one calendar between 2014-2019<sup>iv</sup>. Furthermore, an October 2022 study by the American Dental Association (ADA), ADHA, and the Dental Assisting National Board found one-third of the hygienists and assistant workforce indicated they expect to retire in five years or less<sup>v</sup>. The severe shortage of hygienists and assistants is having a negative impact on access to care, with patients having to wait months to receive preventive dental care in both private practice and public health settings.

Looking forward into the next decade, data show that the dental allied health shortage will get worse without drastic action. According to U.S. Bureau of Labor Statistics (BLS), the number of dental hygiene and dental assisting jobs will grow faster than average between 2021-2031 (9%<sup>vi</sup> and 8%<sup>vii</sup> respectively) compared to dentist that will grow as fast as average (6%<sup>viii</sup>). The following table shows the BLS data for the number of annual job openings for each profession compared to the number of 2019 graduates from accredited programs according to the American Dental Education Association (ADEA).

Profession	BLS Annual Job Openings (2021-2031)	Number of Graduates from Accredited Programs (2019)	Percentage of Annual Graduates from Accredited Programs to Annual Openings <sup>ix</sup>
General Dentistry*	5,100 <sup>x</sup>	6,350 <sup>xi</sup>	125.0%
Dental Hygiene	16,300 <sup>xii</sup>	7,311 <sup>xiii</sup>	44.9%
Dental Assisting	56,400 <sup>xiv</sup>	4,688 <sup>xv</sup>	8.3%

*\*The BLS data are unclear on whether dental specialties are included in its "dentistry" dataset. For the purpose of this analysis, we assume that all annual job openings are for general dentistry.*

Across the country, each of the undersigned states is taking action to increase the dental hygiene and dental assistant workforces. Collectively, these approaches include the following broad components, though not every approach is being considered in every state:

- Advocating for state, federal, and private funding to expand training capacity at existing dental hygiene and assisting programs.
- Advocating for state, federal, and private funding to create new dental hygiene and assisting programs.
- Developing public information campaigns, with an emphasis on historically underrepresented groups, to increase awareness about career opportunities in dental assisting and dental hygiene.
- Advocating for adjustments in scope of practice for allied health professions to facilitate career ladder and long-term workforce retention. Examples of this work include establishing expanded function dental assistants.

- Advocating for adjustments in state credentialing and laws that simplify or reduce barriers to becoming a dental hygienist or assistant.
- Developing training materials that aid dental offices in on-the-job training for dental assistants, where permitted by law.
- Advocating increased licensure or credential reciprocity for dental assistants and dental hygienists that move to another state or jurisdiction.
- Advocating for the establishment of the Dentist and Dental Hygienist Compact.
- Supporting dental offices in providing employee benefits that aid in recruitment and retention of dental hygienists and assistants.

***2) analysis of the impact that a change in faculty to student ratios would have on addressing shortages in dental assisting and dental hygiene workforce members in the state, and all related data.***

Community and technical colleges across the country cite dental hygiene and dental assisting education programs as amongst their most expensive programs to operate. A major driver of the costs of these programs is the costs of faculty, especially when Accreditation Standards require a low faculty to student ratio like 1 to 5 for dental hygiene. Adjusting the dental hygiene ratio to match the ratio of dental assisting would create a theoretical 20% increase in the national training capacity of dental hygienists without requiring the employment of additional faculty.

In preparing this response to the Commission's information request, it has come to our attention that at some point after 2004 the faculty to student ratio for dental hygiene was adjusted from 1 to 6 to 1 to 5. Although we are not sure of the exact time or rationale for this adjustment, we do know that multiple dental hygiene education facilities were designed in configurations that are multiples of 6 instead of multiples of 5. These configurations would allow these programs to add chair capacity within their existing floorplans.

Fundamentally, we believe that dental hygiene and dental assisting programs should have increased flexibility in determining the appropriate size of their programs, which is consistent with the Accreditation Standards for undergraduate dental education. In our conversations with several dental assisting programs that have opted to continue operations without accreditation we believe increased flexibility is a driving factor for this decision.

While we believe that adjusting or eliminating faculty to student ratios in dental allied health education will not, by itself, eliminate the current workforce shortages, we do believe these changes will be a catalyst in expanding workforce in alignment with CODA's articulated Mission, Vision, and Values of collegiality, consistency, integrity, quality, and transparency.

**Additional Request for Information**

The undersigned state dental associations request additional information from the Commission as it relates to the Dental Hygiene Accreditation Standards Section 3-6. At what date was the faculty to student ratio in Section 3-6 adjusted from 1 to 6 to 1 to 5? In addition, what rationale was provided at the time that this adjustment was

made and what public comments were submitted in support and in opposition to the adjustment? We respectfully request that all material related to this request be shared with the undersigned states as well as the newly created Ad Hoc Committee.

Thank you for your consideration.

Respectfully,

Alaska Dental Society  
California Dental Association  
Colorado Dental Association  
Connecticut State Dental Association  
Idaho State Dental Association  
Illinois State Dental Society  
Minnesota Dental Association  
Missouri Dental Association  
Montana Dental Association  
Nebraska Dental Association  
New Jersey Dental Association  
New Mexico Dental Association  
North Dakota Dental Association  
Oregon Dental Association  
Rhode Island Dental Association  
Tennessee Dental Association  
Virginia Dental Association  
Washington State Dental Association  
Wisconsin Dental Association

- c: Commission on Dental Accreditation  
ADA Council on Dental Practice  
ADA Council on Dental Education and Licensure  
Dr. George R. Shepley, president, American Dental Association  
Dr. Raymond A. Cohlma, executive director, American Dental Association  
American Society of Constituent Dental Executives

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<sup>i</sup> Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

<sup>ii</sup> Economic Outlook and Emerging Issues in Dentistry - State Dashboard. Retrieved 11.7.2022. <https://www.ada.org/resources/research/health-policy-institute/economic-outlook-and-emerging-issues/eoid-tableau-dashboard>

<sup>iii</sup> Durelian, JoAnn R et al. "Employment Patterns of Dental Hygienists in the United States During the COVID-19 Pandemic", *The Journal of Dental Hygiene* vol 95, no. 1 (February 2021). [https://www.adha.org/pri\\_docs/Feb-2021\\_JDH\\_EmployPatterns\\_DH\\_COVID.pdf](https://www.adha.org/pri_docs/Feb-2021_JDH_EmployPatterns_DH_COVID.pdf).

<sup>iv</sup> American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>

<sup>v</sup> Dental Workforce Shortages: Data to Navigate Today's Labor Market. Retrieved 11.15.2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental\\_workforce\\_shortages\\_labor\\_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dental_workforce_shortages_labor_market.pdf?rev=e6025d77df184e6c95dc7cefde4adee3&hash=225FCBBCCB67174AAFC760FE2287322D)

<sup>vi</sup> U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>

<sup>vii</sup> U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-assistants.htm>

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- viii U.S. Bureau of Labor Statists- Dentists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dentists.htm>
- ix The percentage of annual graduates from accredited programs to annual openings was calculated by dividing the number of graduates from accredited programs by BLS annual job openings.
- x U.S. Bureau of Labor Statists- Dentists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dentists.htm>
- xi American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>
- xii U.S. Bureau of Labor Statistics- Dental Hygienists. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>
- xiii American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>
- xiv U.S. Bureau of Labor Statistics- Dental Assistants. Retrieved 4.17.2023. <https://www.bls.gov/ooh/healthcare/dental-assistants.htm>
- xv American Dental Education Association – Trends in Dental Education 2020-2021. Retrieved 4.17.23. <https://www.adea.org/WorkArea/DownloadAsset.aspx?id=43750>

February 16, 2023

Dr. Sanjay Mallya, Chair  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, IL 60611

Dear Dr. Mallya,

The ADA Council on Dental Education and Licensure has subject matter responsibility on behalf of the Association for matters related to the accreditation of dental, advanced dental and allied dental education programs. At its January 26-27, 2023 meeting, the Council reviewed the correspondence dated January 16, 2023 to the Commission on Dental Accreditation from seventeen state dental associations requesting consideration of the appropriateness of faculty-to-student ratios cited in Accreditation Standards.

The Council also recognizes the current workforce challenges facing the profession and educational institutions and supports the letter requesting CODA to re-evaluate and re-examine the current faculty-to-student ratios applied in the accreditation standards, including an assessment, rationale, and data to support specific ratios.

It is my understanding that the Commission had a thoughtful discussion about the letter from the state dental associations at its February 10, 2023 meeting and directed that an ad hoc committee be appointed to consider the suitability of faculty-to-student ratios in accreditation standards. Thank you for your consideration of this important matter.

Sincerely,



James Nickman, DDS, MS  
Chair, Council on Dental Education and Licensure

JN:ms/tb

Cc: Alaska Dental Society  
California Dental Association  
Colorado Dental Association  
Connecticut State Dental Association  
Idaho State Dental Association  
Illinois State Dental Society  
Minnesota Dental Association  
Missouri Dental Association  
Montana Dental Association  
New Mexico Dental Association  
North Dakota Dental Association  
Oregon Dental Association

Rhode Island Dental Association  
Tennessee Dental Association  
Virginia Dental Association  
Washington State Dental Association  
Wisconsin Dental Association

Dr. Susan Kass, Chair, CODA Review Committee on Dental Hygiene Education  
Dr. Sherin Tooks, Senior Director, Commission on Dental Accreditation  
Dr. Hana Alberti, Senior Director, Council on Dental Practice  
Dr. Najia Usman, Vice-chair, Council on Dental Education and Licensure  
Dr. Meaghan Strotman, Director, Council on Dental Education Licensure  
Dr. George R. Shepley, President, American Dental Association  
Dr. Raymond A. Cohlma, Executive Director, American Dental Association

**EXCERPTS OF DENTAL HYGIENE AND DENTAL ASSISTING REVIEW  
COMMITTEES REPORTS TO CODA (SUMMER 2022)**

**Excerpt Dental Hygiene Review Committee Report to CODA (Summer 2022)**

**Consideration of Proposed Revisions to Accreditation Standards for Dental Hygiene Education Programs (p. 403):** At its Winter 2022 meeting, the Review Committee on Dental Hygiene Education (DH RC) and Commission on Dental Accreditation (CODA) reviewed the November 12, 2021 letter from Ms. Margaret Lemaster, dental hygiene program director, requesting that the Commission consider proposed revisions to Standards 2-14 and 3-7 of the Accreditation Standards for Dental Hygiene Education Programs. The proposed revision to Dental Hygiene Standard 3-7 (Standard 3-6 of the Accreditation Standards implemented July 1, 2022) suggested that the Commission require all full-time faculty to possess a master's degree or be in the process of obtaining a master's degree. Currently, Standard 3-6 requires that "*Full-time and part-time faculty of a dental hygiene program **must** possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from this degree requirement.*" Following consideration of the proposed revision, the DH RC recommended proposed revision to Standards 2-14 and 3-6, which were considered by the Commission at its Winter 2022 meeting and returned to the Dental Hygiene Review Committee for further consideration at the request of the Dental Hygiene Commissioner since it was identified that the proposed revision to Standard 3-6 would exempt all full-time and part-time dental hygiene faculty from the degree requirement.

Subsequently, on April 27, 2022, the Commission received a request from Dr. Warren Gabaree, department head of dental programs, for review of Dental Hygiene Standard 3-6 of the Accreditation Standards to be implemented July 1, 2022 related to the qualifications of full-time faculty. Additionally, on May 19, 2022, the CODA received a letter from Mr. Bracken Killpack, executive director, Washington State Dental Association, on behalf of 16 state dental associations, to consider proposed revisions to allow programs to determine their faculty to student ratios (Standard 3-6; Standard 3-5 effective July 1, 2022) and to determine the qualifications necessary for clinical faculty (Standard 3-7; Standard 3-6 effective July 1, 2022) from the Accreditation Standards for Dental Hygiene Education Programs. The state dental associations believe that a severe shortage of dental hygienists could be addressed, in part, through changes to the above noted Standards. Following publication of the Commission's Summer 2022 policy on this matter, the Commission received (on June 27, 2022) a letter from the ADA's Council on Dental Education and Licensure (CDEL) requesting the Commission to consider reviewing the Accreditation Standards (**Appendix 1**).

At this meeting, the DH RC reconsidered its Winter 2022 proposed revisions to Standards 2-14 and 3-6 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 3, Policy Report p. 403**), along with the letters received in the Commission office (**Appendices 1, 4, and 5, Policy Report p. 403; and Appendix 1**).



Related to the requested revisions to faculty to student ratios (Standard 3-5), the DH RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student and patient. Further, several disciplines within CODA's purview have standards related to teaching ratios, including advanced dental education programs in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics. Following discussion, the DH RC believed there should be no change to the Standards related to faculty to student ratios.

Related to the requested revisions to faculty qualifications (Standard 3-6), the DH RC reviewed its Winter 2022 proposed revisions and determined that the proposed revisions to require full-time faculty to hold a master's degree or be enrolled in a master's degree program should not move forward at this time. In review of the recent letters suggesting modification to Standard 3-6, the DH RC noted the recent multi-year review and revision process leading to the current Dental Hygiene Standards that took effect on July 1, 2022. The DH RC believed the revision was appropriately vetted, considered by CODA's broad communities of interest, and is reflective of the educational background that supports faculty and students in dental hygiene education programs. Following discussion, the DH RC believed there should be no change to the Standards related to faculty qualifications.

Finally, related to Dental Hygiene Standard 2-14 (all types of classifications of periodontal disease), the DH RC reviewed its Winter 2022 proposed revisions and engaged in a lengthy discussion related to the new terminology to classify periodontal disease. Following discussion, the DH RC recommended the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 2**) be circulated to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct there be no revision to Standard 3-5 (faculty to student ratios) and Standard 3-6 (faculty qualifications) of the Accreditation Standards for Dental Hygiene Education Programs.

It is further recommended that the Commission on Dental Accreditation direct circulation of the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 2**) to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

**Commission Action:** The Commission on Dental Accreditation directs there be no revision to Standard 3-5 (faculty to student ratios) and Standard 3-6 (faculty qualifications) of the Accreditation Standards for Dental Hygiene Education Programs.

The Commission on Dental Accreditation further directs circulation of the proposed revision to Standard 2-14 of the Accreditation Standards for Dental Hygiene Education Programs (**Appendix 10**) to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the October 2022 American Dental Association meeting, with comments reviewed at the Commission's Winter 2023 meetings.

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### **Excerpt Dental Assisting Review Committee Report to CODA (Summer 2022)**

**Consideration of Proposed Revisions to the Accreditation Standards for Allied Dental Education Programs in Dental Assisting (p. 303):** On May 19, 2022, the Commission on Dental Accreditation received a letter from Mr. Bracken Killpack, executive director, Washington State Dental Association, on behalf of 15 state dental associations, to consider proposed revisions for the removal of the faculty to student ratios for clinical settings (Standard 3-8) and the requirement that the program administrator possess a baccalaureate degree or higher degree (Standard 3-4) from the Accreditation Standards for Dental Assisting Education Programs. The state dental associations believe that a severe shortage of dental assistants could be addressed, in part, through changes to the above noted Standards.

Following publication of the Commission's Summer 2022 policy on this matter, on June 27, 2022, the Commission received a letter from the ADA's Council on Dental Education and Licensure (CDEL) (**Appendix 1**) in regard to the 15 state dental associations and further requesting the Commission to consider proposed revisions to Standard 2-1 that would allow dental assisting programs and their sponsoring postsecondary institutions to determine solely the program's admission criteria, procedures and policies. With this change, a sponsoring postsecondary institution and program would have the prerogative to matriculate high school students wishing to enroll, perhaps on a part-time basis, in an accredited dental assisting program. The Council believed that such a change would allow programs to determine their specific admission requirements which may increase their enrollments and help to alleviate the ongoing workforce shortage of dental assistants.

At this meeting, the DA RC considered the letters received in the Commission office (**Appendix 1, Policy Report p. 303, and Appendix 1**). The DA RC first noted that there was no data to support the recommendations to revise the CODA standards as submitted by the state dental associations.

Related to the requested revisions to faculty to student ratios (Standard 3-8), the DA RC noted that teaching ratios have a long-standing history within the CODA Accreditation Standards for allied dental education programs. The ratios are in place to ensure appropriate instruction and supervision of students as a critical component to the quality of education and skill development, as well as to ensure protection of the student. The DA RC also noted that most states do not require graduation from a Commission-accredited dental assisting program for licensure and/or employment. Therefore, there is likely little to no correlation between workforce shortages and CODA Standards, and no information was provided to suggest otherwise. Following discussion, the DA RC believed there should be no change to the Standards related to faculty to student ratios.

Related to the requested revisions to program administrator qualifications (Standard 3-4), the DA RC discussed the program administrator qualifications and determined these qualifications are reflective of the educational background that supports students in dental assisting education programs. The Committee also discussed that many educational institutions that sponsor dental assisting education programs require a program administrator to have a baccalaureate degree to serve as a program administrator. Institutions may also require that faculty have degrees higher than the degree offered to their students. The Committee also noted that holding a baccalaureate degree enhances the quality of education. Following discussion, the DA RC believed there should be no change to the Standards related to program director qualifications at this time.

Related to the requested revisions to admissions including the requirement for a high-school diploma or its equivalent (Standard 2-1), the DA RC discussed the rationale for this requirement and discussed the need for more data regarding how changing this standard may impact the program. The DA RC noted that in some states students cannot perform dental assisting skills and functions until they reach a certain age, which is often post-secondary. Additionally, the DA RC noted that CODA-accredited dental assisting programs may admit students through advanced standing policies and procedures when those students have completed equivalent didactic, laboratory and preclinical content prior to admission in the CODA-accredited program. Following discussion, the DA RC believed there should be no change to the Standard related to admissions at this time.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct there be no revision to Standard 2-1 (admissions), Standard 3-8 (faculty to student ratios), and Standard 3-4 (program administrator qualifications) of the Accreditation Standards for Dental Assisting Education Programs.

**Commission Action:** The Commission on Dental Accreditation directs that there be no revision to Standard 2-1 (admissions), Standard 3-8 (faculty to student ratios), and

Standard 3-4 (program administrator qualifications) of the Accreditation Standards for  
Dental Assisting Education Programs.

Ad Hoc Faculty to Student Ratios in Accreditation Surveys  
Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios  
July 5, 2023  
CODA Summer 2024

This email is intended only for the individual or entity to whom it is addressed and may be a confidential communication privileged by law. Any unauthorized use, dissemination, distribution, disclosure, or copying is strictly prohibited. If you have received this communication in error, please notify us immediately and kindly delete this message from your system. Thank you in advance for your cooperation.

## CODA Staff Notes:

Imbedded Data to present survey questions as follows:

1. Single discipline Program director - Block 1, 2, 3, & 4
2. Dual discipline Program director - Block 1, 2, 3, & 4



## Survey of Allied Dental Education Programs Related to Faculty to Student Ratios

## Default Question Block

## Introduction

In winter 2023, the Commission on Dental Accreditation (CODA) considered a letter from 17 state dental associations related to workforce shortages, specifically in dental assisting and dental hygiene. The state dental associations asked the Commission to revise the faculty to student ratio in allied Accreditation Standards to be identical (1 faculty to 6 students) in all disciplines, and to draft clear rationale for setting faculty to student ratios.

Following consideration, the Commission directed establishment of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards. The Commission is seeking information on the impact of faculty to student ratios in the Accreditation Standards on the allied dental education programs under the Commission's purview, through a brief survey of program directors.

## Instructions

Thank you for participating in the 2023 Commission on Dental Accreditation (CODA) Survey on Faculty to Student Ratios in Allied Dental Education. CODA wishes to assess the impact of the current faculty to student ratios in the accreditation standards on allied dental education programs within its purview. Your answers will help CODA make informed decisions about the faculty to student ratios within the Accreditation Standards. Your response will remain completely confidential and will be presented to CODA in aggregate form only.

Please answer all questions by selecting the response that best describes your program's situation. Note that the "Next" and "Back" buttons will allow you to move from one page to another. This survey will take approximately 5 minutes to complete. When you have completed the survey successfully, you will reach the completion page which will notify you that your responses have been submitted.

## Block 2

Is your CODA-accredited program currently able to hire and retain a sufficient number of qualified faculty?

- ☐ Yes  
☐ No

If no, do you believe adjustments to the faculty to student ratio will assist the program in hiring and retaining a sufficient number of qualified faculty?

- ☐ Yes  
☐ No

Does your program have an interest in increasing enrollment in the next one (1) to two (2) years?

- ☐ Yes  
☐ No

How do each of the factors listed below currently affect your program's enrollment?

	Positive Effect	No Effect	Negative Effect
Capacity of the program's facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program patient pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Positive Effect	No Effect	Negative Effect
Student interest in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student attrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of education to the student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ad Hoc Faculty to Student Ratios in Accreditation Standards  
Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios  
Dental Hygiene RC  
CODA Summer 2024

How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways?

	Extremely likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Extremely unlikely
Align with the current capacity of the program's facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help the program address the local workforce shortage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support faculty recruitment and retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support quality of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance the student learning experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you believe the faculty to student ratios required in the Accreditation standards for your discipline are appropriate as written?

- ☐ Yes, the Standards are appropriate as written  
☐ No, the ratios should be revised to permit more students per faculty  
☐ No, the ratios should be revised to permit less students per faculty  
☐ No opinion

#### Block

If you are the director of both a dental assisting and dental hygiene program, please respond to the survey for each discipline.

Please answer the following questions related to your **Dental Assisting** program.

#### Block 3

Please answer the following questions related to your **Dental Hygiene** program.

#### Block 4

Is your CODA-accredited dental hygiene program currently able to hire and retain a sufficient number of qualified faculty?

- ☐ Yes  
☐ No

If no, do you believe adjustments to the faculty to student ratio will assist the dental hygiene program in hiring and retaining a sufficient number of qualified faculty?

- ☐ Yes  
☐ No

Does your dental hygiene program have an interest in increasing enrollment in the next one (1) to two (2) years?

- ☐ Yes  
☐ No

How do each of the factors listed below currently affect your dental hygiene program's enrollment?

	Positive Effect	No Effect	Negative Effect
Capacity of the program's facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to hire and retain a sufficient number of qualified faculty to maintain ratios required by CODA Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program patient pool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student interest in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student attrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of education to the student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your dental hygiene program in each of the following ways?

	Extremely likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely	Extremely unlikely
Align with the current capacity of the program's facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help the program address the local workforce shortage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support faculty recruitment and retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support quality of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance the student learning experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you believe the faculty to student ratios required in the Dental Hygiene Accreditation Standards appropriate as written?

- ☐ Yes, the Standards are appropriate as written  
☐ No, the ratios should be revised to permit more students per faculty  
☐ No, the ratios should be revised to permit less students per faculty  
☐ No opinion

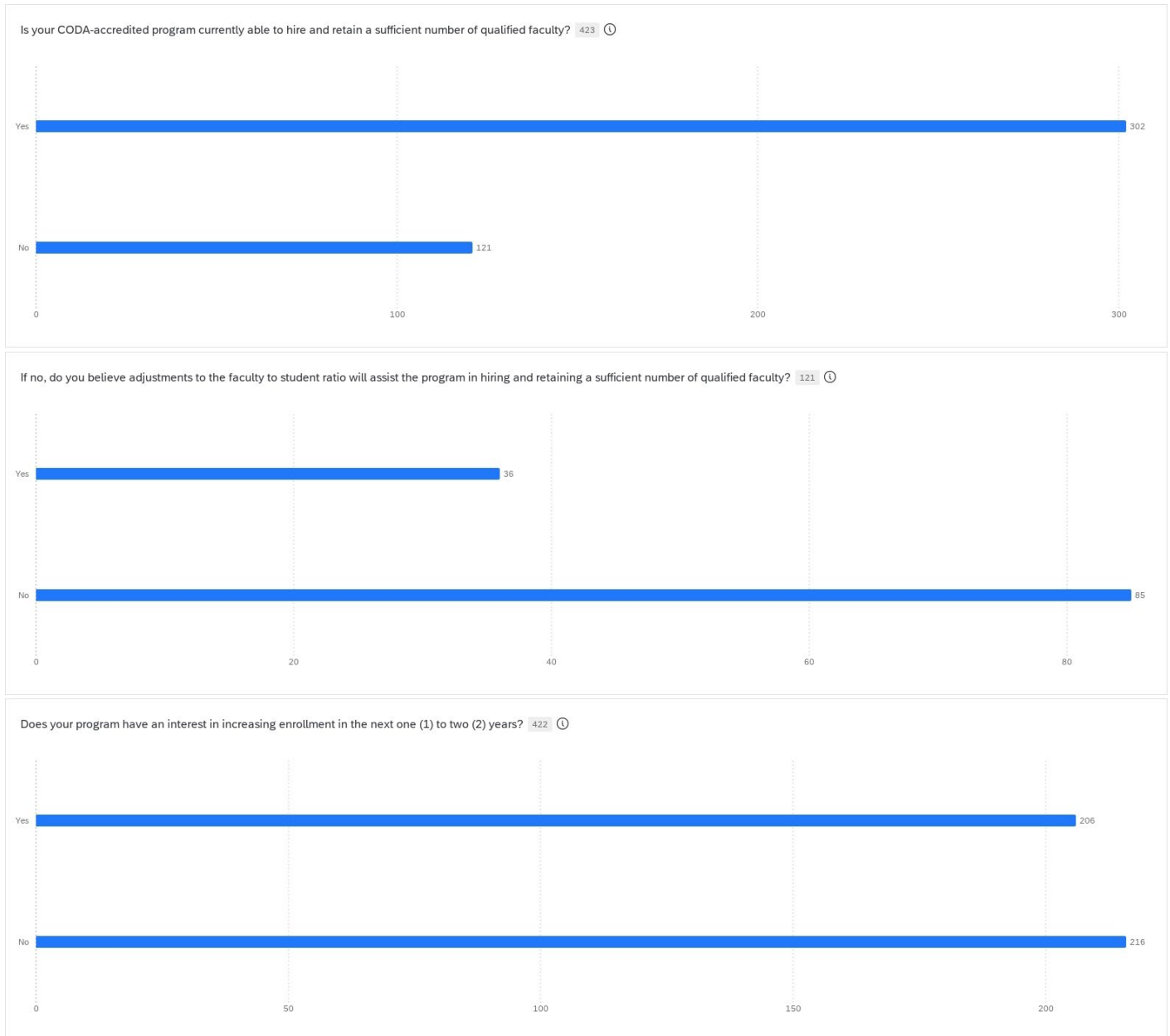


## *SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS*

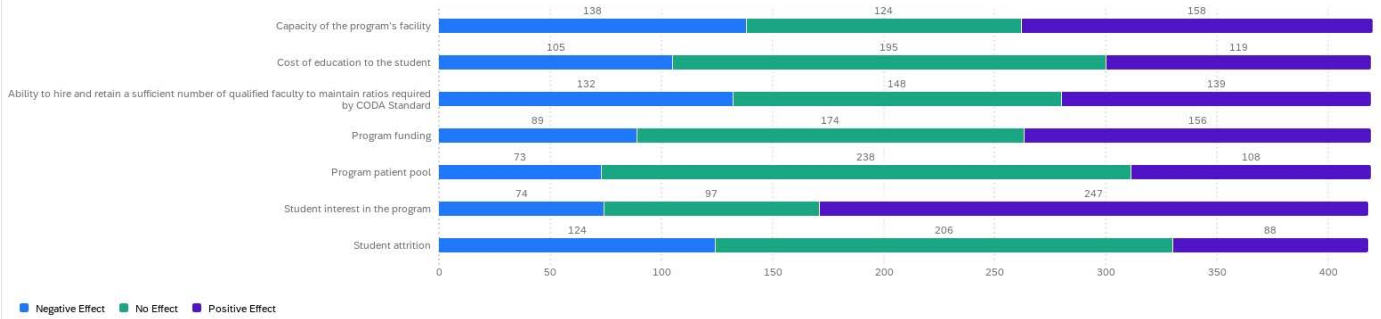
### Combined DA, DH, DLT and DT response\*

\*Includes dual (DA & DH) appointed program director responses for each discipline

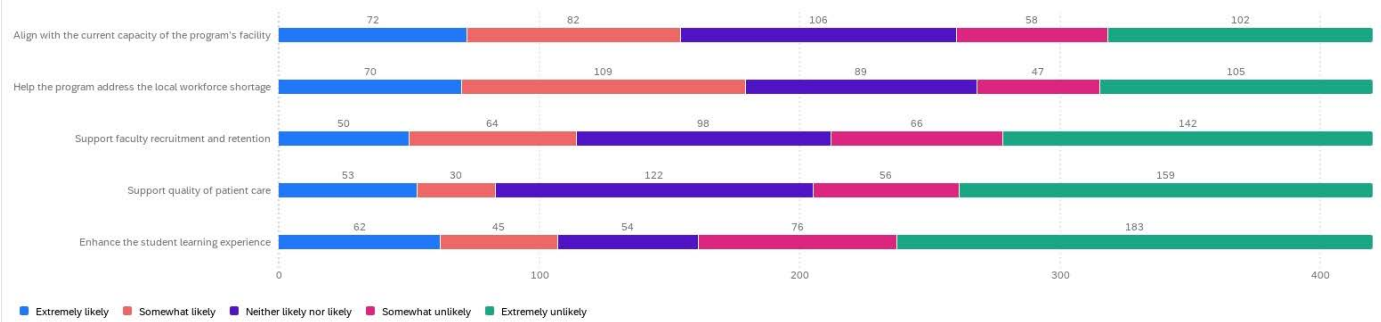
74% engagement: 431 of the 582 Allied programs submitted a response (partial/unfinished response not included)



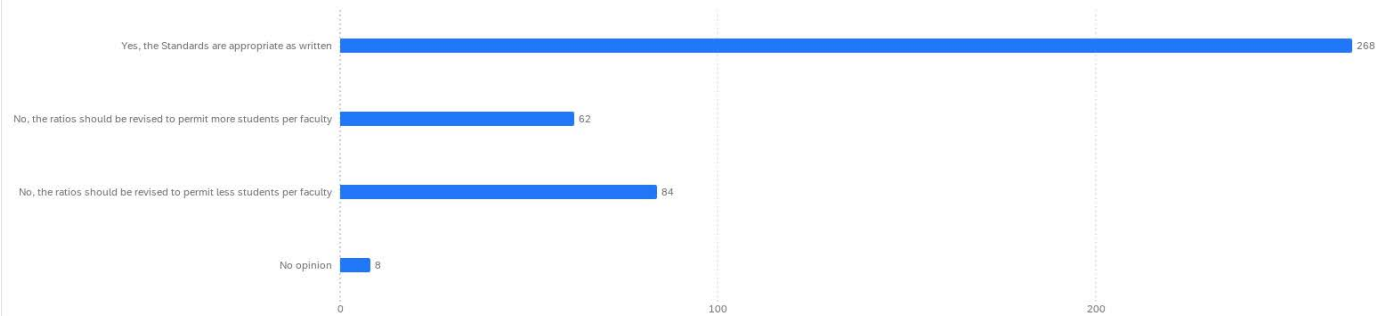
How do each of the factors listed below currently affect your program's enrollment? 420 ⓘ

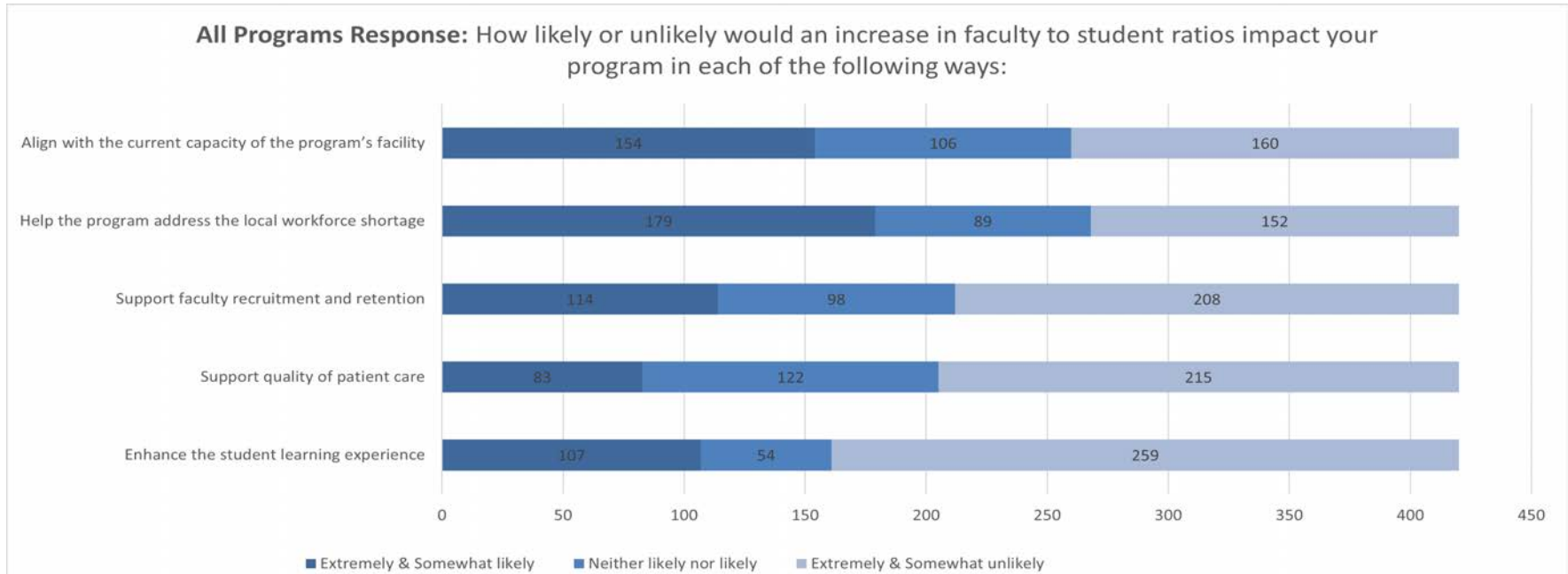


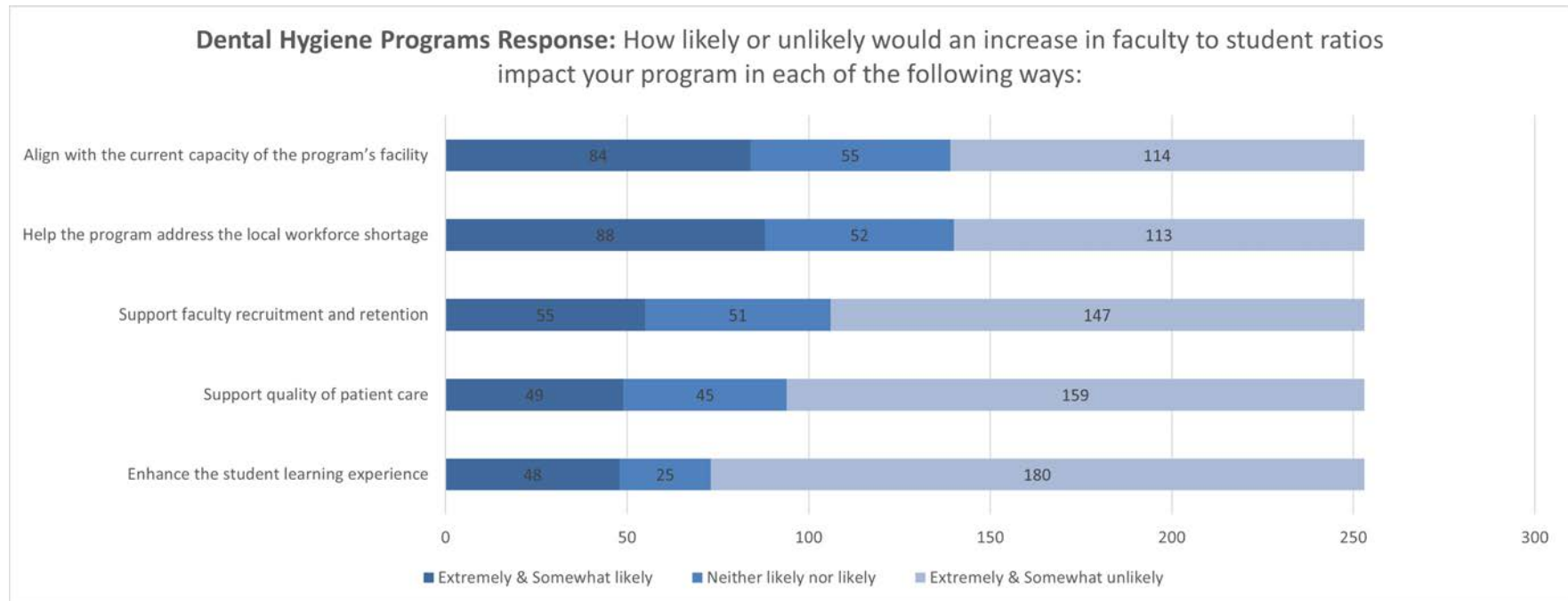
How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 420 ⓘ



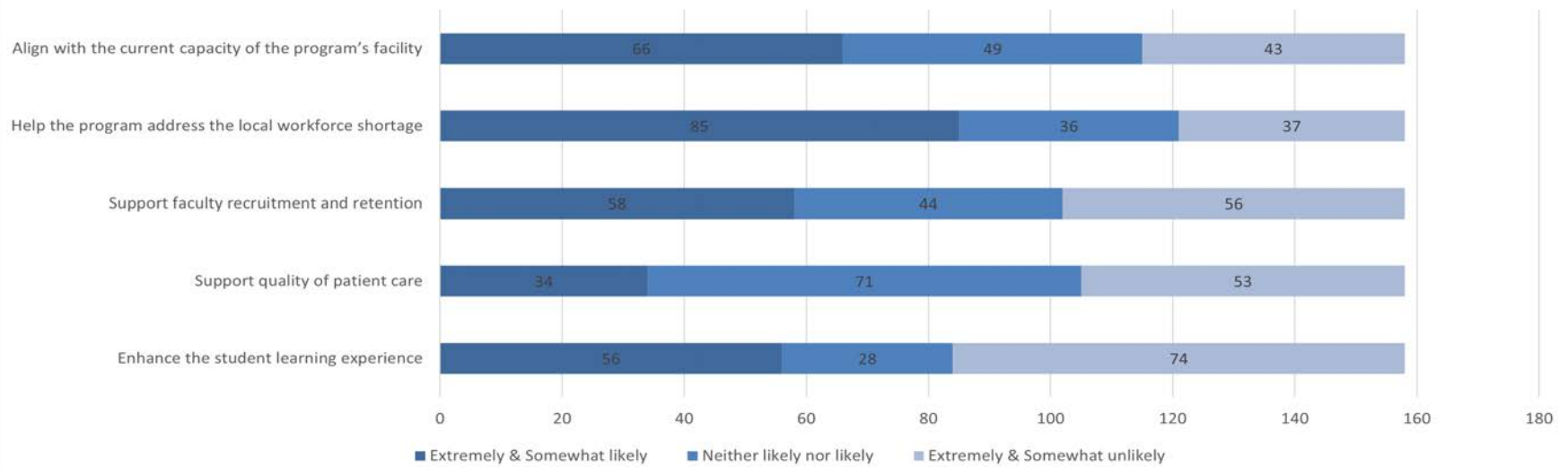
Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 422 ⓘ

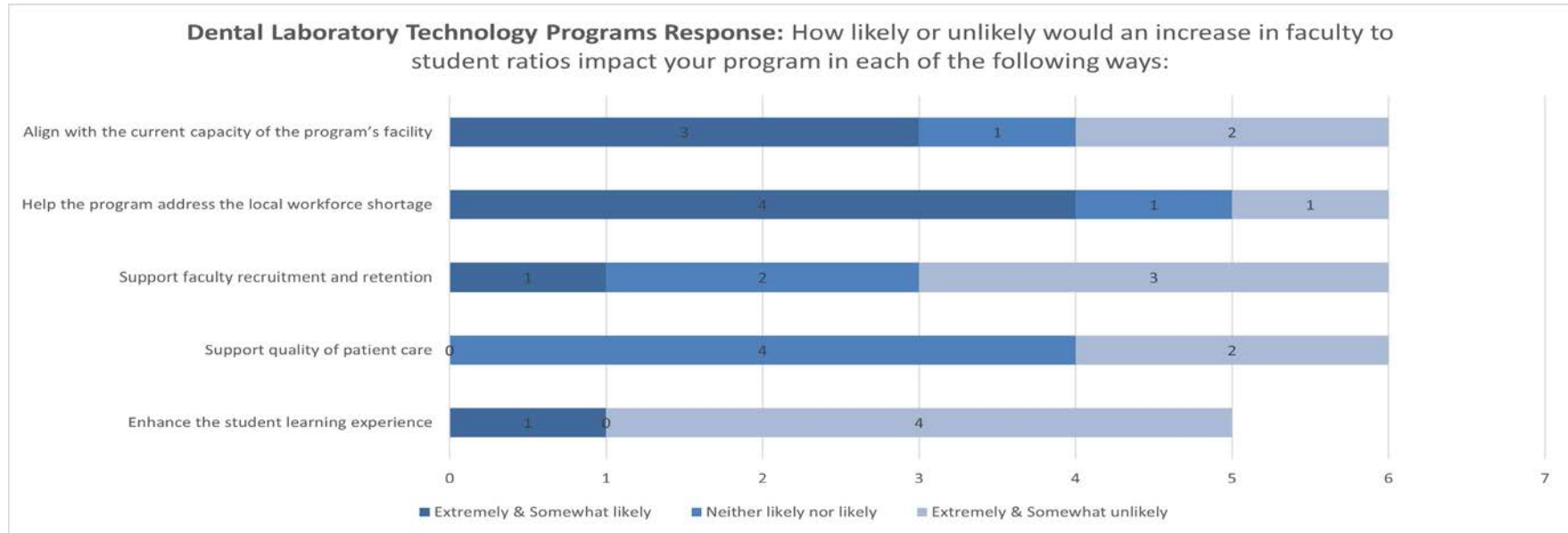






**Dental Assisting Programs Response:** How likely or unlikely would an increase in faculty to student ratios impact your program in each of the following ways:





## *SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS*

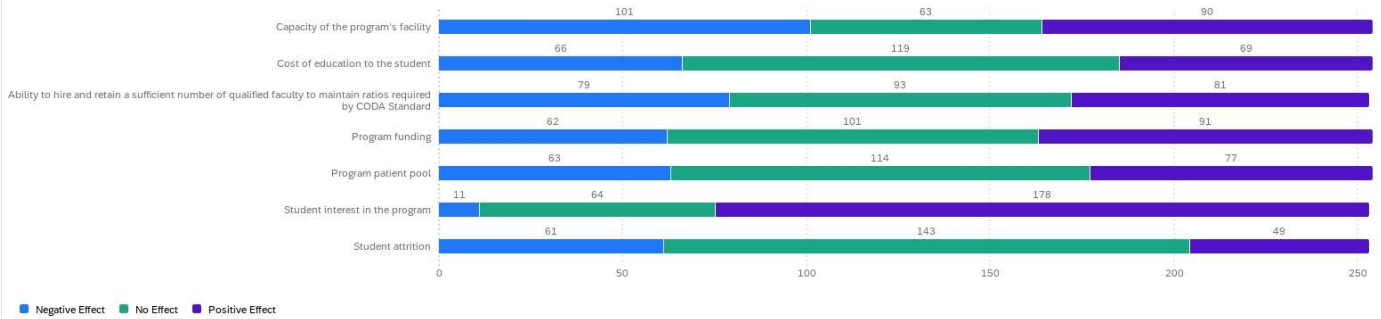
### Dental Hygiene Response\*

\*includes dual (DA & DH) appointed program director response for DH only

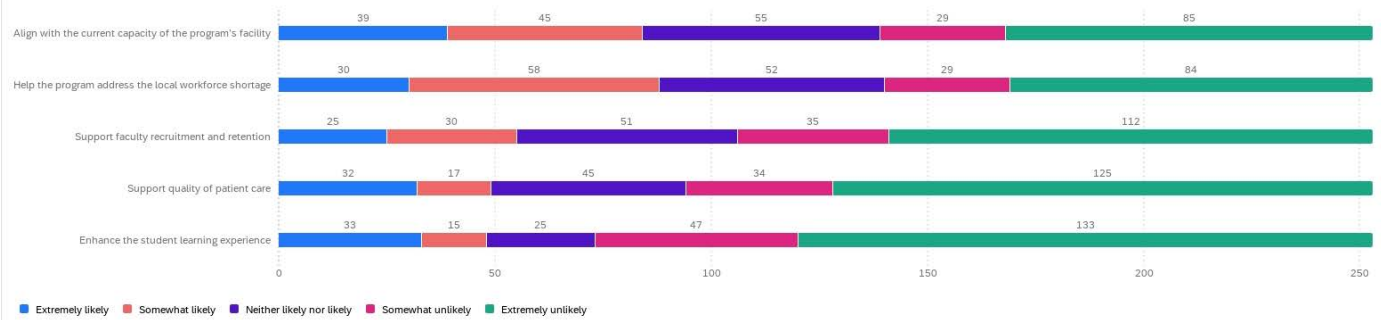
76% engagement: 257 of the 338 DH programs submitted a response (partial/unfinished response not included)



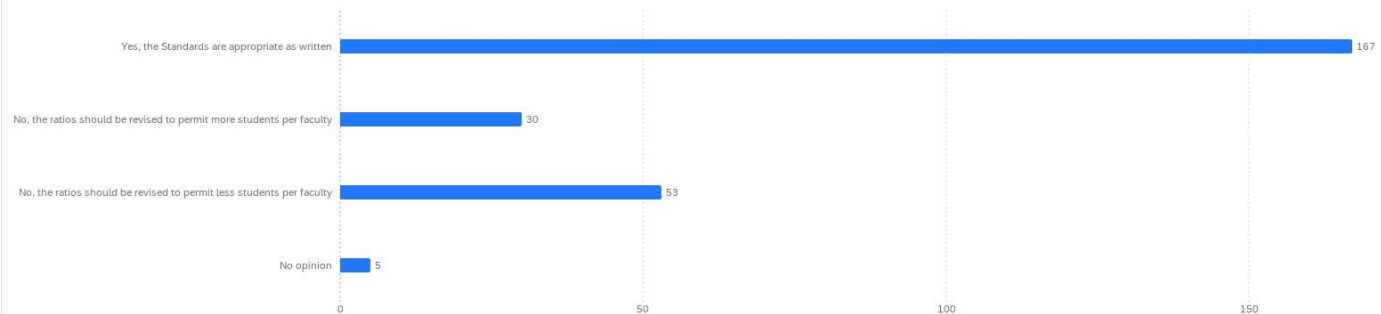
How do each of the factors listed below currently affect your program's enrollment? 254 ①



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 253 ①



Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 255 ①



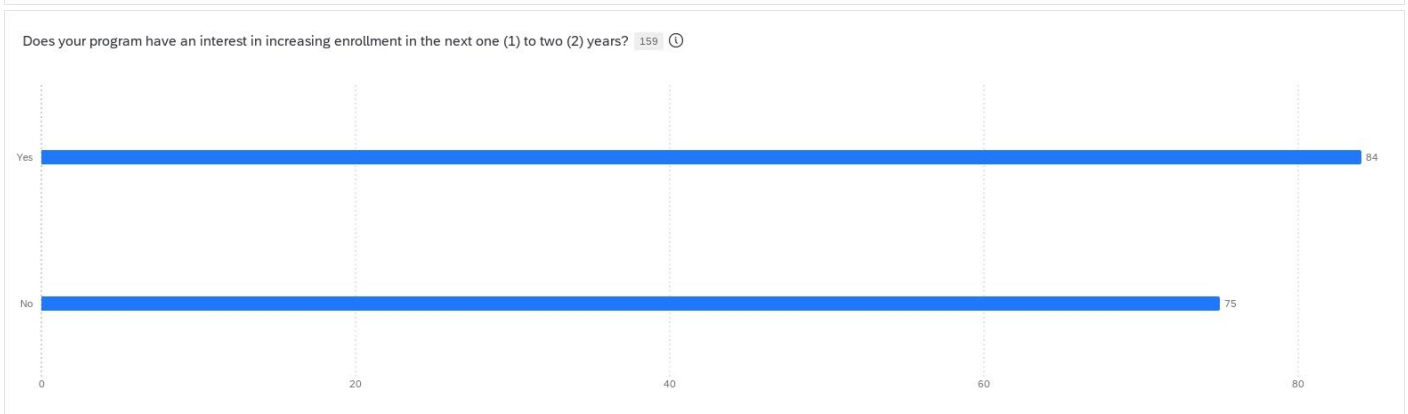
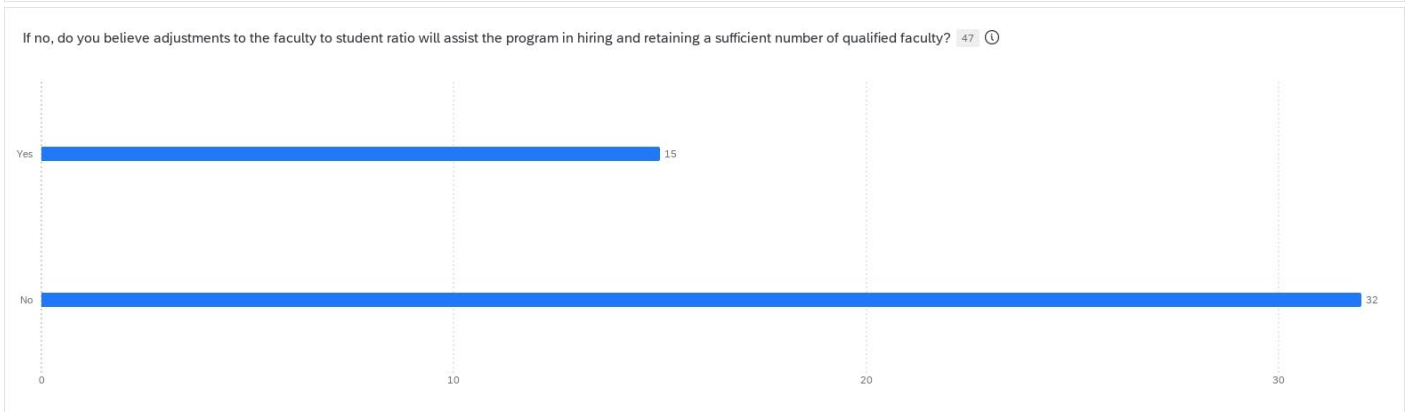
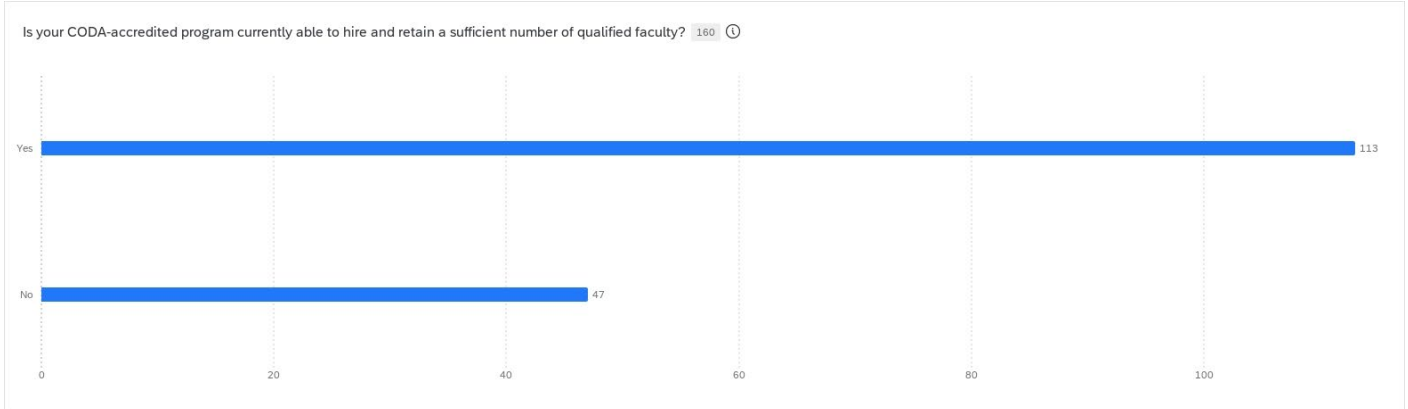


## *SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS*

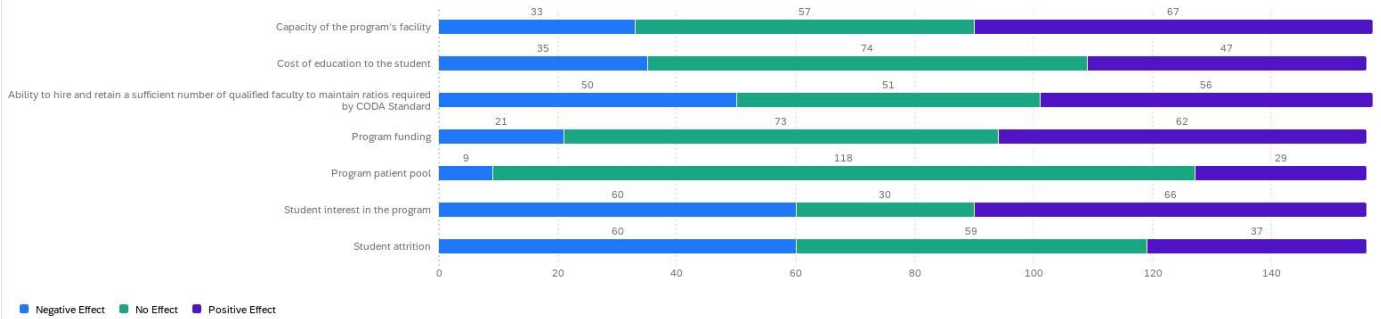
### Dental Assisting Response\*

\*includes dual (DA & DH) appointed program director response for DA only

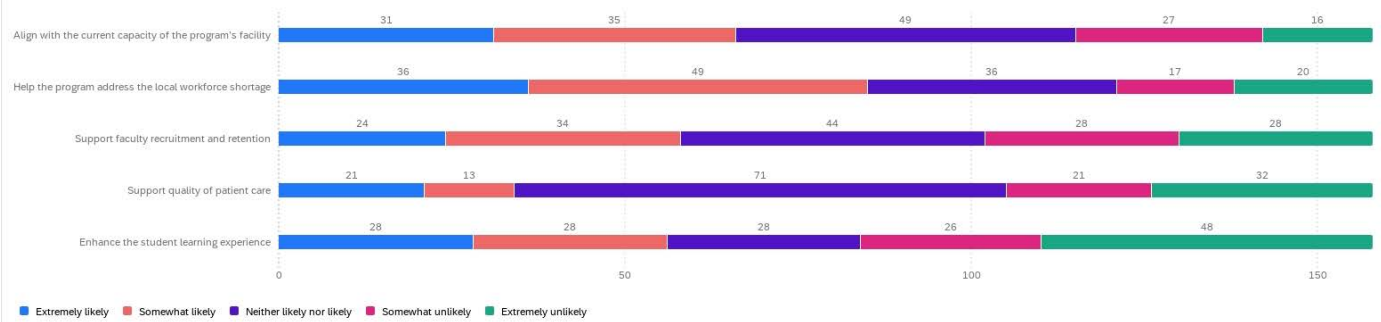
70% engagement: 161 of the 229 DA programs submitted a response (partial/unfinished response not included)



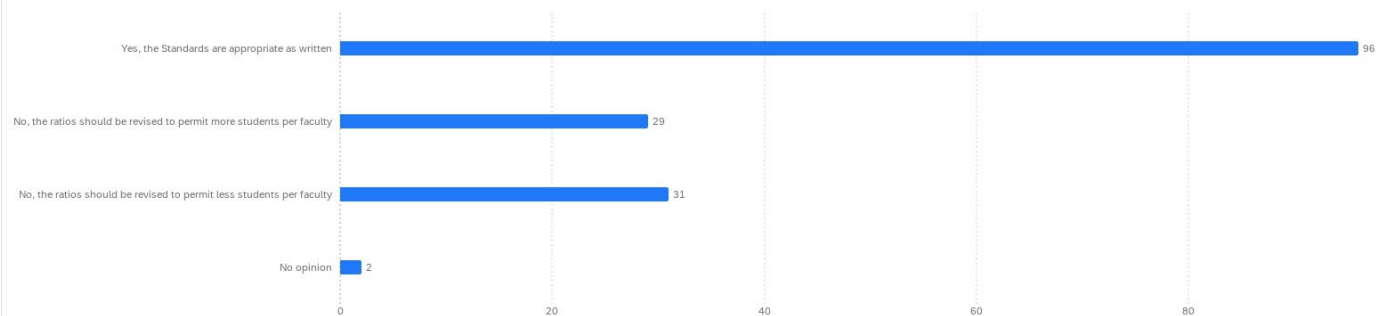
How do each of the factors listed below currently affect your program's enrollment? 157 ⓘ



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 158 ⓘ



Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 158 ⓘ



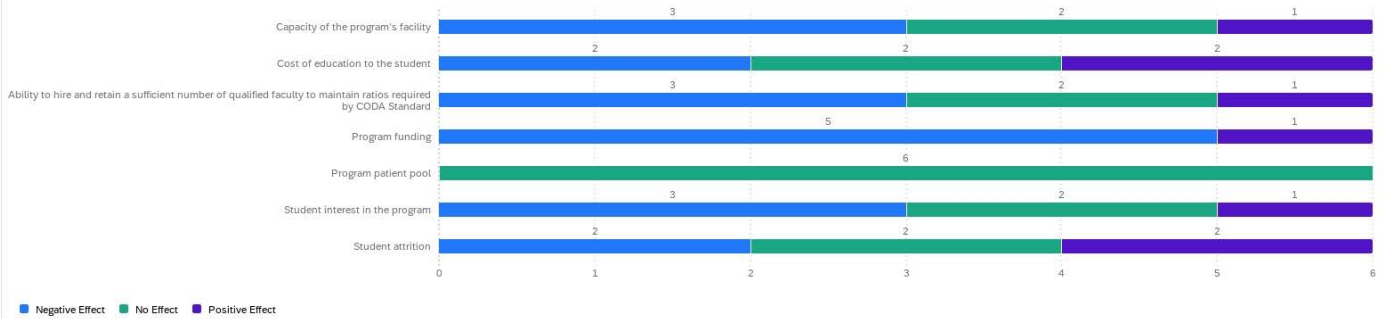
## *SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS*

### **Dental Laboratory Technology Response**

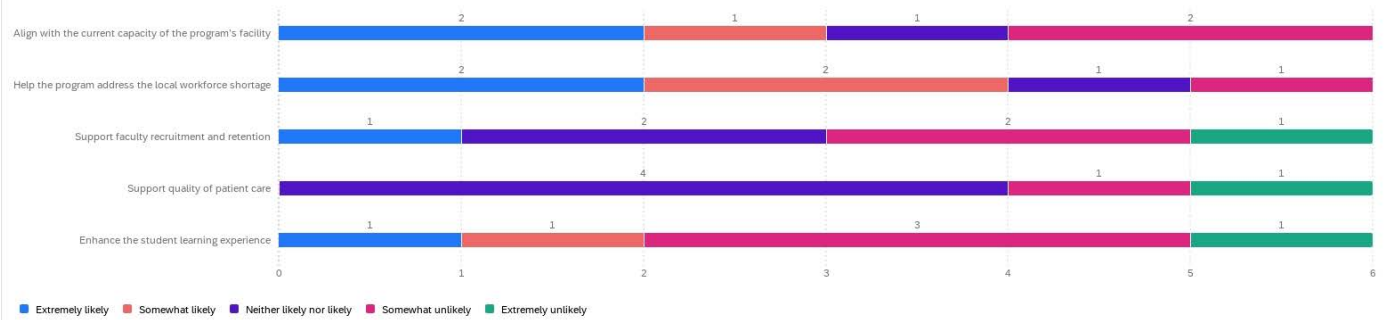
66% engagement: 6 of the 3 13 DLT programs submitted a response (partial/unfinished response not included)



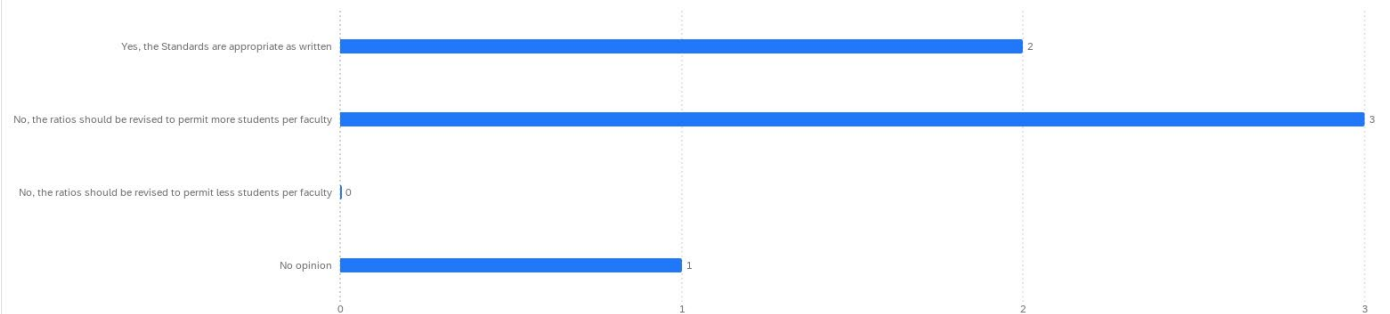
How do each of the factors listed below currently affect your program's enrollment? 6 ①



How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 6 ①



Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 6 ①



March 7, 2024

Dr. Maxine Feinberg, Chair  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, IL 60611

Dear Dr. Feinberg,

The ADA Council on Dental Education and Licensure has subject matter responsibility for matters related to the accreditation of dental, advanced dental and allied dental education programs. At its January 18-19, 2024 meeting, the Council considered Resolution 409H-2023 Methodology of CODA Accreditation Standards, adopted by the 2023 ADA House of Delegates.

Resolution 409H-2023 Methodology of CODA Accreditation Standards directs that CODA be urged to demonstrate transparent methodology for the establishment of faculty to student ratios and educational requirements for part-time and adjunct instructors in allied dental education programs. Further, this resolution directs that CODA be urged to allow allied personnel with ten or more years of experience to be part time or adjunct faculty in allied dental education programs where other faculty meet current educational degree requirements. Finally, this resolution directs that CODA be urged to revise its faculty to student ratio for Dental Hygiene education programs to be consistent with other allied dental education programs. Resolution 409H-2023 states:

**409H. Resolved**, that the ADA urge CODA to demonstrate transparent methodology for teacher to student ratios and educational requirements for part time teachers and adjunct instructors in all allied educational programs, and be it further

**Resolved**, that the ADA urge CODA to allow Registered Allied personnel with ten or more years of experience to act as part time and/or adjunct faculty for Allied Dental educational programs who have other faculty who meet current requirements actively teaching in the same program, and be it further

**Resolved**, that the ADA urge CODA to revise its faculty to student ratio for Dental Hygiene education programs from (1 to 5) to (1 to 6) to be consistent with other allied dental education programs.

In reviewing the resolution, the Council noted the testimony provided by the makers of the resolution, Seventeenth Trustee District (Florida), that while it is not in CODA's purview to be concerned with workforce issues, CODA's decisions related to faculty to student ratios and accreditation standards related to faculty education requirements do have a financial impact on education programs and their ability to hire qualified faculty members. Accordingly, the Council urges the Commission to demonstrate transparent methodology for the establishment of faculty-to-student ratios and educational requirements for part-time and adjunct faculty in allied dental education programs, and revise the clinical and laboratory faculty-to-student ratios in Dental Hygiene Education Programs to 1:6. Additionally, the Council urges CODA to further amend the Accreditation Standards for Dental Hygiene Education Programs to permit registered allied personnel with ten or more years of experience to work as part-time or adjunct clinical and laboratory faculty in Allied Dental Education Programs that have other faculty who meet educational degree requirements.

The Council believed that such changes could enable programs to more easily hire qualified faculty which may increase their enrollments and help to alleviate the ongoing workforce shortage of allied dental professionals and ultimately expand access to patient care.

Thank you for your consideration of the Council's comments and suggested revisions to the Accreditation

Dr. Maxine Feinberg  
March 7, 2024  
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Ad Hoc Committee to Study Dental Hygiene  
Standards Related to Ratios  
Dental Hygiene RC  
CODA Summer 2024

Standards for Dental Hygiene Education Programs.

Sincerely,



Najia Usman, D.D.S.  
Chair, Council on Dental Education and Licensure

NU:ms/ap

cc: Dr. Sherin Tookes, Director, Commission on Dental Accreditation  
Ms. Kathleen Navickas, Manager, Allied Dental Education  
Dr. Linda J. Edgar, President, American Dental Association  
Dr. Mark Donald, Speaker, ADA Board of Trustees  
Dr. Raymond A. Cohlma, Executive Director, American Dental Association  
Dr. Anthony J. Ziebert, Senior Vice-President, Education and Professional Affairs  
Dr. Meaghan D. Strotman, Director, Council on Dental Education and Licensure  
Ms. Annette Puzan, Manager, Council on Dental Education and Licensure

**Navickas, Kathleen**

**From:** [REDACTED]  
**Sent:** Thursday, April 18, 2024 1:11 PM  
**To:** Tooks, Sherin  
**Subject:** Re: Hiring requirements - Dental Hygiene

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Dr. Tooks,

I would like to confirm my permission to share my email at your discretion.

Thank You, [REDACTED]

On Thu, Apr 18, 2024 at 12:29 PM Tooks, Sherin <[tookss@ada.org](mailto:tookss@ada.org)> wrote:

[REDACTED]

Thank you for contacting CODA. I am writing to confirm that you want your email shared with the Dental Hygiene Review Committee and Commission as it relates to a review of dental hygiene standards for faculty requirements. In sharing your email, please note that it will become a public document including your name as the sender.

Please confirm that you want CODA to consider this communication (below) through its official channels, including publishing your comment as part of the Commission's report.

Thank you,

**Sherin Tooks, Ed.D., M.S.** [tookss@ada.org](mailto:tookss@ada.org)

Senior Director, Commission on Dental Accreditation

& US Department of Education Compliance

Commission on Dental Accreditation (CODA)

312-440-2940 office

This email is intended only for the individual or entity to whom it is addressed and may be a confidential communication privileged by law. Any unauthorized use, dissemination, distribution, disclosure, or copying is strictly prohibited. If you have received this communication in error, please notify us immediately and kindly delete this message from your system. Thank you in advance for your cooperation.

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**From:** [REDACTED]  
**Sent:** Thursday, February 1, 2024 8:09 PM  
**To:** Tookss, Sherin <[tookss@ada.org](mailto:tookss@ada.org)>  
**Subject:** Hiring requirements

Dr. Tookss

My name is [REDACTED] I've been an instructional adjunct at [REDACTED] for 15 years. I graduated from the [REDACTED] with a BS in Dental Hygiene. I've worked in private practice 5 days a week for over 30 years. I love dental hygiene and I love to take care of patients. One of the patients was an instructor at [REDACTED] and finally persuaded me to come to [REDACTED] and be a clinical adjunct part time while continuing my private practice work.

I really like our new dental clinic and all the women who work there. Our staff is awesome. The biggest problem we have is finding new staff. I discovered that CODA has compiled new rules for staffing.

I would like to inquire as to who was in charge of making the ruling. Currently we are in desperate need of clinical instructors, someone with skills. That means a hygienist who's been working, preferably 10 Years. We don't need someone with a BS or BA or a Doctorate degree. We need someone who understands the mechanics of dental hygiene. I have fifty years of experience in private practice and clinical instruction and fail to see how a BS degree would enhance the performance of a clinical adjunct. Adjuncts teach and perfect skills and mechanics in practice, rather than teaching theory in a classroom

I want this rule changed now!! If not, you will destroy our dental hygiene program. Ours has to be one of the best in the country and I don't want to see that happen. We lack skilled adjuncts period!! While the idea of requiring a BS degree, on the surface seems viable, in actual practice it does not work. Had the State of [REDACTED] not dropped its requirement for a BS for hygienists, we would not be in this situation. Make your requirement 10 years of clinical experience. If they want to teach in the classroom then they can work on getting a degree. An individual would not see a return on their investment by pursuing a bachelor's degree to get an adjunct position. Potential candidates would be better off staying in clinical practice.

Please consider my letter or send it to someone who can make this change. I have a friend with 15 years' experience in private practice who inquired about the job and was told she didn't qualify because she didn't have a degree. Totally preposterous.





# Commission on Dental Accreditation

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## **Proposed Revisions to Standard 3-6, Submitted by the Ad Hoc Committee to Study Dental Hygiene Standards Related to Ratios.**

**The Ad Hoc Committee recommended there be no changes to Standards 3-3 and 3-5.**

Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

# **Accreditation Standards for Dental Hygiene Education Programs**

### **STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

#### **Program Administrator**

- 3-3 The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.**

**Intent:**

*The program administrator's background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist. The term of interim/acting program administrator should not exceed a two year period.*

**Examples of evidence to demonstrate compliance may include:**

- current allied biosketch of program administrator

#### **Faculty**

- 3-5 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.**
- 1. In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.**
  - 2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.**
  - 3. In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.**

**Intent:**

*The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for*

*dental hygiene care and for the instruction and evaluation of students during their performance of those services.*

**Examples of evidence to demonstrate compliance may include:**

- faculty teaching schedules including student contact loads and supplemental responsibilities
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

**3-6** ~~Full-time and part-time~~ All faculty of a dental hygiene program who teach in a didactic course must possess a baccalaureate or higher degree. ~~All part-time faculty whose teaching is limited to a clinical and dental science laboratory faculty course must possess an associate or higher degree. appointed prior to July 1, 2022 are exempt from the degree requirement.~~

**All dental hygiene program faculty members must have:**

- a) current knowledge of the specific subjects they are teaching.
- b) documented background in current educational methodology concepts consistent with teaching assignments.
- c) faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement. An internationally trained dentist or dental hygienist is exempt from the graduation requirement.
- d) faculty who are internationally trained dental hygienists or dentists must hold credentials required by the state.
- ~~d~~e) evidence of faculty calibration for clinical evaluation.

**Intent:**

*Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. These criteria apply to dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.*

**Examples of evidence to demonstrate compliance may include:**

- faculty curriculum vitae with recent professional development activities listed
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty

- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills