

INFORMATIONAL REPORT ON DENTAL LABORATORY TECHNOLOGY EDUCATION PROGRAMS ANNUAL SURVEY CURRICULUM DATA

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Data during the Winter meeting in the year the Survey will be distributed. The Commission further directed that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for dental laboratory technology education in alternate years. The most recent Curriculum Section was conducted in September/October 2023. Aggregate data of the most recent Curriculum Section for review by the Review Committee on Dental Laboratory Technology Education is provided as an informational report in **Appendix 1**.

Summary: The Review Committee on Dental Laboratory Technology Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

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

2023-24 Survey of Dental Laboratory Technology Education Programs – Curriculum Section Results

This report includes data collected in the 2023-24 *Survey of Dental Laboratory Technology Education Programs* from 13 DLT programs accredited at the time of the survey.

51. Please indicate the number of didactic and laboratory clock hours of instructions for the following content areas required in the accredited dental laboratory technology program.

a. Communication skills	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	3.0	100.0	40.3	12
Laboratory instruction clock hours	0.0	2.0	0.2	12
b. Mathematics				
Didactic instruction clock hours	1.0	75.0	26.8	12
Laboratory instruction clock hours	0.0	5.0	0.6	12
c. Business principles				
Didactic instruction clock hours	3.0	48.0	21.3	12
Laboratory instruction clock hours	0.0	10.0	1.1	12
d. Chemistry				
Didactic instruction clock hours	0.0	45.0	17.2	12
Laboratory instruction clock hours	0.0	38.0	12.1	12
e. Physics				
Didactic instruction clock hours	0.0	20.0	8.3	12
Laboratory instruction clock hours	0.0	21.0	4.1	12
f. Dental materials				
Didactic instruction clock hours	4.0	55.0	27.6	12
Laboratory instruction clock hours	0.0	96.0	24.8	12
g. Tooth morphology				
Didactic instruction clock hours	5.0	76.0	34.4	12

Laboratory instruction clock hours	0.0	96.0	47.0	12
h. Oral anatomy				
Didactic instruction clock hours	3.0	80.0	24.2	12
Laboratory instruction clock hours	0.0	52.0	10.4	12
i. Occlusion				
Didactic instruction clock hours	5.0	54.0	25.8	12
Laboratory instruction clock hours	0.0	156.0	42.1	12

51 (continued). Please indicate the number of didactic and laboratory clock hours of instructions for the following content areas required in the accredited dental laboratory technology program.

j. Legal, ethical, and historical aspects of dentistry and dental laboratory technology	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	1.0	36.0	16.5	12
Laboratory instruction clock hours	0.0	4.0	0.3	12
k. Bloodborne infectious diseases				
Didactic instruction clock hours	3.0	20.0	8.0	12
Laboratory instruction clock hours	0.0	21.0	5.2	12
l. Hazard control				
Didactic instruction clock hours	2.0	11.0	5.2	12
Laboratory instruction clock hours	0.0	6.0	2.1	12
m. General laboratory techniques				
Didactic instruction clock hours	2.0	54.0	18.2	12
Laboratory instruction clock hours	1.5	117.0	45.7	12
n. Complete denture prosthodontics				
Didactic instruction clock hours	3.0	218.0	53.8	12
Laboratory instruction clock hours	24.0	295.0	163.3	12
o. Removable partial denture prosthodontics				
Didactic instruction clock hours	20.0	219.0	50.3	12
Laboratory instruction clock hours	35.0	376.0	150.1	12
p. Fixed prosthodontics (crown and bridge) and dental ceramics				
Didactic instruction clock hours	27.0	394.0	87.0	12
Laboratory instruction clock hours	57.0	432.0	271.9	12

q. Orthodontic				
Didactic instruction clock hours	4.0	121.5	27.7	12
Laboratory instruction clock hours	28.5	128.0	73.5	12
r. Practical experience				
Didactic instruction clock hours	0.0	70.0	8.3	12
Laboratory instruction clock hours	0.0	703.0	180.8	12
s. Digital workflow				
Didactic instruction clock hours	0.0	115.0	27.7	12
Laboratory instruction clock hours	0.0	308.0	86.0	12

51. For each area in which didactic clock hours were listed, please provide the faculty/student ratios.

Didactic faculty: student ratio (1: __)	Minimum	Maximum	Mean	Count
a. Communication skills	3.0	27.0	17.5	12
b. Mathematics	3.0	39.0	21.7	12
c. Business principles	3.0	30.0	18.3	12
d. Chemistry	3.0	28.0	17.3	11
e. Physics	3.0	30.0	16.8	11
f. Dental materials	3.0	30.0	16.3	12
g. Tooth morphology	3.0	30.0	16.6	12
h. Oral anatomy	3.0	36.0	17.6	12
i. Occlusion	3.0	30.0	15.8	12
j. Legal, ethical, and historical aspects of dentistry and dental laboratory technology	3.0	36.0	17.8	12
k. Bloodborne infectious diseases	3.0	30.0	16.1	12
l. Hazard control	3.0	30.0	16.1	12
m. General laboratory techniques	3.0	30.0	15.8	12
n. Complete denture prosthodontics	3.0	30.0	15.8	12
o. Removable partial denture prosthodontics	3.0	30.0	15.8	12
p. Fixed prosthodontics (crown and bridge) and dental ceramics	3.0	30.0	15.8	12
q. Orthodontic	3.0	30.0	14.8	12
r. Practical experience	10.0	20.0	14.3	4
s. Digital workflow	3.0	30.0	15.5	11

51. For each area in which laboratory clock hours were listed, please provide the faculty/student ratios.

Laboratory faculty: student ratio (1: __)	Minimum	Maximum	Mean	Count
a. Communication skills	15.0	15.0	15.0	1
b. Mathematics	10.0	15.0	11.7	3
c. Business principles	10.0	15.0	12.5	2
d. Chemistry	8.0	24.0	14.6	8
e. Physics	8.0	15.0	11.4	5
f. Dental materials	10.0	15.0	12.0	7
g. Tooth morphology	3.0	15.0	11.1	10
h. Oral anatomy	10.0	15.0	11.5	6
i. Occlusion	3.0	15.0	10.7	9
j. Legal, ethical, and historical aspects of dentistry and dental laboratory technology	15.0	15.0	15.0	1
k. Bloodborne infectious diseases	3.0	15.0	9.8	9
l. Hazard control	3.0	15.0	10.5	8
m. General laboratory techniques	3.0	15.0	10.8	12
n. Complete denture prosthodontics	3.0	15.0	10.8	12
o. Removable partial denture prosthodontics	3.0	15.0	10.8	12
p. Fixed prosthodontics (crown and bridge) and dental ceramics	3.0	15.0	10.8	12
q. Orthodontic	3.0	15.0	11.1	12
r. Practical experience	1.0	15.0	10.0	10
s. Digital workflow	3.0	15.0	11.2	11

Comments for Question 51

51r. [REDACTED] students receive practical experience by fabricating prostheses for patients currently under treatment, or from actual casts or impressions and occlusal records from previously fabricated prostheses at their first duty location.

[REDACTED]. The laboratory has a ratio of 16 students per instructor. Lab assistant is present when there are 10 or more students enrolled.

the 1:15 ratio is the cohort course schedule, however, the actual enrollment may be less. The 1:36 faculty-to-student ratio is for the lecture classes open to all students.

The Instructor to student ratio is 1:15 for all theory/lecture courses and 1:12 for all laboratory courses. Currently, the instructor to student ratio is 1:7 for our senior cohort for all classes, due to the smaller cohort size. Our junior cohort follows the pattern reported of 1:15 Theory/Lecture and 1:12 for lab courses.

52. Please indicate the number of didactic and laboratory clock hours of instruction for all other content areas required in the accredited dental laboratory technology program. For each area in which clock hours were listed, please provide the faculty/student ratios.

a. - Text

Complete Dentures (2)
Cultural Diversity
Dental Appliances
Dental implants
English Comp.
Implant Prosthodontics
Professional Development
Semester I

Field	Minimum	Maximum	Mean	Count
a. - Didactic instruction clock hours	2.0	153.0	43.6	9
a. - Laboratory instruction clock hours	0.0	324.0	93.4	9
a. - Didactic faculty: student ratio (1: __)	3.0	27.0	15.8	9
a. - Laboratory faculty: student ratio (1: __)	4.0	15.0	10.2	6

b. - Text

Dental Implantology
Dental Implants
maxiofacial specialized appliances
Removable Partial Dentures
Removable partials
Semester II
Social Science

Field	Minimum	Maximum	Mean	Count
b. - Didactic instruction clock hours	4.0	126.0	35.6	7
b. - Laboratory instruction clock hours	0.0	432.0	140.6	7
b. - Didactic faculty: student ratio (1: __)	3.0	27.0	14.7	7

b. - Laboratory faculty: student ratio (1: __)	3.0	12.0	8.7	6
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52 (continued). Please indicate the number of didactic and laboratory clock hours of instruction for all other content areas required in the accredited dental laboratory technology program. For each area in which clock hours were listed, please provide the faculty/student ratios.

c. - Text

All Ceramics

Basic Life Support (BLS)

Behavioral Sc.

Crown & Bridge

Fixed prosthodontics

Semester III

Field	Minimum	Maximum	Mean	Count
c. - Didactic instruction clock hours	4.0	153.0	42.8	6
c. - Laboratory instruction clock hours	0.0	459.0	153.0	6
c. - Didactic faculty: student ratio (1: __)	3.0	27.0	13.0	6
c. - Laboratory faculty: student ratio (1: __)	3.0	12.0	8.0	5

d. - Text

Basic A & P

Ceramic

Dental ceramics

Semester V

Field	Minimum	Maximum	Mean	Count
d. - Didactic instruction clock hours	16.0	126.0	51.8	4
d. - Laboratory instruction clock hours	0.0	540.0	199.3	4
d. - Didactic faculty: student ratio (1: __)	10.0	27.0	17.0	4
d. - Laboratory faculty: student ratio (1: __)	8.0	12.0	10.0	3

52 (continued). Please indicate the number of didactic and laboratory clock hours of instruction for all other content areas required in the accredited dental laboratory technology program. For each area in which clock hours were listed, please provide the faculty/student ratios.

e. - Text

Business Ethics

Orthodontics (2)

Field	Minimum	Maximum	Mean	Count
e. - Didactic instruction clock hours	9.0	45.0	23.3	3
e. - Laboratory instruction clock hours	0.0	108.0	46.7	3
e. - Didactic faculty: student ratio (1: __)	10.0	27.0	17.7	3
e. - Laboratory faculty: student ratio (1: __)	10.0	12.0	11.0	2

53. In addition to preparing students to perform all basic or general techniques, the dental laboratory technology curriculum must prepare students to become proficient in at least one advanced dentistry area. Please report clock hours of instruction in the advanced areas listed below. For each area in which clock hours were listed, please provide the faculty/student ratios.

a. Complete denture prosthodontics	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	0.0	72.0	28.1	12
Laboratory instruction clock hours	0.0	295.0	103.1	12
Didactic faculty:student ratio (1: __)	3.0	20.0	12.2	10
Laboratory faculty:student ratio (1: __)	3.0	15.0	9.2	11

b. Removable partial denture prosthodontics	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	0.0	54.0	19.8	12
Laboratory instruction clock hours	0.0	376.0	95.3	12
Didactic faculty:student ratio (1: __)	3.0	20.0	12.2	9
Laboratory faculty:student ratio (1: __)	3.0	15.0	8.9	10

c. Fixed prosthodontics (crown and bridge) and dental ceramics	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	0.0	144.0	38.8	12
Laboratory instruction clock hours	10.0	594.0	185.9	12
Didactic faculty:student ratio (1: __)	3.0	20.0	12.2	11
Laboratory faculty:student ratio (1: __)	3.0	15.0	9.4	12

d. Orthodontic	Minimum	Maximum	Mean	Count
Didactic instruction clock hours	0.0	45.0	15.3	12
Laboratory instruction clock hours	0.0	215.0	62.4	12
Didactic faculty:student ratio (1: __)	3.0	24.0	12.1	10
Laboratory faculty:student ratio (1: __)	3.0	15.0	9.2	10

e. Digital workflow	Minimum	Maximum	Mean	Count
Laboratory instruction clock hours	0.0	216.0	70.0	12
Didactic instruction clock hours	0.0	47.0	17.3	12
Didactic faculty:student ratio (1: __)	5.0	20.0	12.0	8

Laboratory faculty:student ratio (1: __)	5.0	15.0	9.9	8
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Comments for Question 53.

53. [REDACTED] students continue on in on-the-job training at one (1) of eleven (11) training laboratories throughout the [REDACTED] to enhance skill set and proficiency.

Depending on the student's specific track, they will select up to 3 specialty areas to focus on for a minimum of 98 hours per specialty.

[REDACTED].

CONSIDERATION OF PROPOSED REVISION TO THE ACCREDITATION STANDARDS FOR DENTAL LABORATORY TECHNOLOGY EDUCATION PROGRAMS

Background: On July 27, 2023, the Commission on Dental Accreditation (CODA) received a letter from Dr. James Nickman, chair, American Dental Association (ADA) Council on Dental Education and Licensure (CDEL), requesting that the Commission on Dental Accreditation (CODA) engage the communities of interest and consider pursuing a comprehensive review and possible revision of the Accreditation Standards for Dental Laboratory Technology Education Programs. The letter from CDEL is found in **Appendix 1**.

During this June 19, 2023 meeting, the CDEL and National Association of Dental Laboratories (NADL) discussed the impact digital workflow has had on the materials and technology used by dental laboratory technicians. The CDEL and NADL noted that the pace of change in the market is so rapid that by the time revisions to accreditation standards are presented and adopted, the standard is likely already outdated. The CDEL believes that a significant number of current accreditation standards may be misaligned with market need as they are directly related to digital workflow. CDEL recognized that recent revisions to the Accreditation Standards for Dental Laboratory Technology Education Programs were adopted in 2008 and 2021, but concluded that a comprehensive review of the entire Accreditation Standards for Dental Laboratory Technology Education Programs may be appropriate at this time.

The Accreditation Standards for Dental Laboratory Technology Education Programs is found in **Appendix 2**.

Summary: The Dental Laboratory Technology Education Review Committee and Commission on Dental Accreditation are requested to consider the letter from the Council on Dental Education and Licensure (**Appendix 1**) and the current Accreditation Standards for Dental Laboratory Technology Education Programs (**Appendix 2**). If revisions to the Accreditation Standards are proposed, the Commission may wish to circulate the proposed revisions to the communities of interest for review and comment.

Recommendation:

July 27, 2023

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

Dear Dr. Mallya,

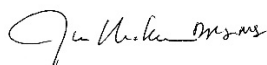
The ADA Council on Dental Education and Licensure has subject matter responsibility on behalf of the Association for matters related to the accreditation of dental, advanced dental and allied dental education programs and for certifying boards and credentialing for allied dental personnel. At our January 2023 meeting, we received an annual report from the National Board for Certification in Dental Laboratories (NBC) and noted the Board's concerns related to the declining number of Certified Dental Technicians and Dental Laboratory Technology Programs accredited by the Commission on Dental Accreditation (CODA). The Council agreed with NBC's concerns and asked that representatives of NBC and the National Association of Dental Laboratories be invited to our next Council meeting to share views and potential actions to address this matter.

On June 19, 2023, Ms. Rachel Luoma, chief staff executive of NBC, and Mr. Bennett Napier, executive director of NADL, appeared before the Council and provided an update on their current and proposed actions to address the very concerning decline of the number of Certified Dental Technicians (CDTs) and CODA-accredited dental laboratory technology programs. The Council was pleased to learn about the dental laboratory technology community's views and efforts to address this matter.

We discussed the impact digital workflow has had on the materials and technology used by dental laboratory technicians. It was noted that the pace of change in the market is so rapid that by the time revisions to accreditation standards are presented and adopted, the standard is likely already outdated. For this reason, a significant number of current accreditation standards may be misaligned with market need as they are directly related to digital workflow. The Council recognized that recent revisions to the Accreditation Standards were adopted in 2008 and 2021 but concluded that a comprehensive review of the entire Accreditation Standards for Dental Laboratory Technology Education Programs may be appropriate at this time.

The Council requests that the Commission engage the communities of interest and consider pursuing a comprehensive review and possible revision of the Accreditation Standards for Dental Laboratory Technology Education Programs. Thank you for your consideration of this important matter.

Sincerely,



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

JN:ms/ap

Cc: Mr. Bennett Napier, Executive Director, National Association of Dental Laboratories
Ms. Rachel Luoma, Chief Staff Executive, National Board for Certification in Dental Laboratories
Ms. Lonnie Thompson, Chair, CODA Dental Laboratory Technology Review Committee

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Dr. Sanjay Mallya
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Dr. Sherin Tooks, Senior Director, Commission on Dental Accreditation
Dr. Najia Usman, Incoming Chair, Council on Dental Education and Licensure
Dr. Anthony J. Ziebert, Senior Vice-president, Education and Professional Affairs
Dr. Meaghan Strotman, Director, Council on Dental Education Licensure

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Appendix 1
Subpage 2
Consideration of Proposed
Revision to Dental Laboratory
Technology Standards
Dental Laboratory
Technology RC
CODA Winter 2024

CONSIDERATION OF PROPOSED REVISIONS TO IMPROVE DIVERSITY IN DENTAL AND DENTAL RELATED EDUCATION PROGRAMS

Background: On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in **Appendix 1**. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

The short-term suggestions from TNCDHE include:

1. Better training of site visit teams on how to assess whether an educational program has implemented a plan to achieve positive results.
2. Ensuring site visit teams are inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Further, when possible, site visit team members should be representative of dental schools with demonstrated success in increasing diversity and assuring a humanistic environment.
3. Redefining the meaning and intent of “diversity” in the Standards, considering the recent Supreme Court decision. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

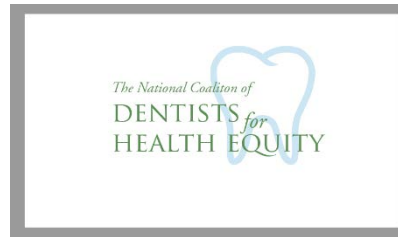
The long-term suggestions from TNCDHE include:

1. Achieving a humanistic environment, addressing discrimination in policies and practice. Suggested revisions to the Accreditation Standards for Predoctoral Dental Education Programs were provided.
2. Review of student admissions related to the underrepresented segments of the population enrolled in dental schools. Suggested revisions and additions to various Accreditation Standards were provided.
3. Considering Standards related to an inclusive environment in dental education. Suggested revisions and additions to various Accreditation Standards were provided.
4. Considering Standards related to access to care among diverse populations. Suggested revisions and additions to various Accreditation Standards were provided.

Summary: The Dental Laboratory Technology Review Committee and Commission are requested to consider the letter from The National Coalition of Dentists for Health Equity (**Appendix 1**). If proposed revisions are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Sherin Tookas



Board Members

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FACD, FICD

Karl Self, DDS, MBA

Cheyenne Warren, DDS,
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December 1, 2023

Dr. Sherin Took, EdD, MS
Director, Commission on Dental Accreditation
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
tookss@ada.org

Dear Dr. Took,

Recommendations to increase diversity in dental education and practice via the Commission on Dental Accreditation Standards

The National Coalition of Dentists for Health Equity's mission is to support and promote evidence informed policy and practices that address inequities in oral health. One of our priorities is to advocate for greater diversity among dental students and faculty to better reflect the diversity of the US population in the oral health workforce.

In November of 2022, we wrote to the Commission on Dental Education (CODA), expressing concerns about the lack of diversity in predoctoral dental education and the apparent lack of enforcement of the CODA standards on diversity (hot link to our letter on our website). We observed that despite these standards, no dental schools (as of 2022) had received a recommendation related to diversity over the ten years that the standards had been in place. Our letter recommended new standards, policies, and procedures that would enhance diversity in predoctoral dental education. We were pleased to learn that CODA accepted our letter and referred it to a committee reviewing potential changes in the predoctoral standards and that the committee's report will be considered in the early 2024 CODA meetings.

Since 2022, we have spent additional time reviewing CODA standards for the other academic dental educational programs including dental hygiene, dental therapy and advanced education programs and realized our recommendations should also apply to these other programs. In this letter, we review our original recommendations, and propose additional ones for all educational programs.

We believe that the dental school accreditation standards utilized by CODA serve a vital role in achieving a diverse oral health workforce. However, we also believe that the current CODA predoctoral education standards do not appear to be encouraging academic dental institutions to recruit a more diverse student body or faculty. CODA adopted the new diversity predoctoral education standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that "between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis. Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class increased by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report-Slow to Change: HURE Groups in Dental Education, <https://www.adea.org/HURE/>)" The conclusion we draw is that dental schools are not doing enough to recruit more HURE students to meet the intent of the CODA Standards.

We recognize that the recent Supreme Court decision to abolish the use of race in making admission decisions will prevent academic dental institutions from using race as a determining factor in admissions. The recommendations we make below do not suggest or presume that strategy.

In this letter, we are offering several additional suggestions to CODA to improve the diversity of all academic dental education programs, including predoctoral, dental hygiene, advanced educational programs and dental therapy. Three of these are short term recommendations that are not related to changing accreditation standards, with the understanding that CODA appropriately takes considerable time in changing standards which entails seeking input from many individuals, communities, and entities. In addition, we make another set of suggestions that are long term and include modifications to the "Examples of evidence to demonstrate compliance" for some of the standards. Our recommendations are based on papers found in recent Special Editions of The [Journal of Public Health Dentistry](#) and the [Journal of Dental Education](#).

In particular, the longer-term suggestions build on the recommendations of the paper by Smith, PD, Evans CA, Fleming, E, Mays, KAI Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards, as well as two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' Note that some of these recommendations were included in the previous [letter to CODA](#) sent on November 4, 2022

SHORT-TERM SUGGESTIONS

Suggestion 1: We recommend that site visit teams be better trained on how to assess whether an educational program has implemented a viable plan that achieves positive results. Under the structural diversity section of the Standards, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is appropriate but showing an improvement in the diversity of the dental schools' academic communities based on the school's plans and policies should also be demonstrated.

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

Since site visit teams are different for each school, there can be no consistency in the assessment process unless site visitors are given explicit expectations of what schools should demonstrate to comply with each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards.

Suggestion 2: To be better able to assess whether schools meet diversity and humanistic standards, site visit teams should be inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Wherever possible, site visit team members should also be representative of dental schools that have demonstrated success in increasing diversity and assuring a humanistic environment.

Suggestion 3: Especially in light of the recent Supreme Court decision, CODA should redefine the meaning and intent of the term "diversity" in the Standards documents. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

LONG-TERM SUGGESTIONS

1) Achieving a humanistic environment- Not much is known about how dental schools address discrimination in their humanistic environment policies and practices. Although school policies on anti-discrimination might exist, students, faculty, and staff from underrepresented populations may still experience microaggressions, discrimination, racism, and barriers to socialization and mentorship. It has been suggested that such experiences may be underreported due to numerous factors, including fear of retaliation and/or disbelief that such concerns will be adequately addressed by the dental school. Because there are small numbers of underrepresented students, faculty, and staff in some dental schools, even anonymous humanistic surveys may not reveal these issues.

Suggested new "Examples of evidence to demonstrate compliance with Predoctoral Education Standard 1-3 may include:"

- Policies and procedures (and documentation of their effectiveness) implemented to seek feedback from traditionally underrepresented individuals concerning their experiences with the school's environment.
- Results of feedback that the school has sought from underrepresented students, faculty, and staff about their experiences with the school's environment.
- Documentation of the number and types of problems, complaints, and grievances reported about the school's environment, together with documentation of the school's effectiveness in addressing these issues.

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

2) Student Admissions

Despite the historical lack of students and faculty from underrepresented segments of the population enrolled in US dental schools, it appears that dental schools are rarely cited for not meeting Standard 1-4. One reason for this may be that the standard allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not appropriately emphasize certain specific underrepresented segments of the population and/or entirely represent the diversity of the local and regional population surrounding the schools, and/or reflect the national demographics in which the schools' graduates will practice their profession. Additionally, CODA provides no specificity for the level of engagement, with respect to recruitment, that dental schools should have with underrepresented populations

Suggested new "Examples of evidence to demonstrate compliance may include".

- Documentation that the school has implemented policies, procedures, and strategies to attract and retain students, faculty and staff from diverse backgrounds in order to achieve parity with the diversity profiles of the school's local, regional or national populations
- Documentation of longitudinal improvement in the diversity of the school's students, faculty, and staff. Where improvement is absent or minimal, documentation of the evaluation of strategies to improve diversity and of modifications made to these strategies to improve outcomes.

The intent of Standard 1-4 states that "admissions criteria and procedures should ensure the selection of a diverse student body with the potential of successfully completing the program". A problem is that the interpretation of this intent can vary dramatically from school to school. Admissions decisions are made by committees of people, and although there are trainings and processes to address implicit biases toward traditionally underrepresented applicants, the admissions process is still largely subjective. There are unique social and structural issues that exist for underrepresented applicants that must also be considered when assessing their potential for success. Those issues may influence undergraduate education academic achievements including GPA's and standardized tests. The question to admissions committees shouldn't necessarily be which applicant has the higher score, but rather does an applicant demonstrate appropriate academic achievements, despite a history of significant barriers, to successfully negotiate the curriculum.

Suggested new "Examples of evidence to demonstrate compliance may include:"

- Documentation of policies and procedures used to consider the unique social and structural constructs that affect traditionally underrepresented applicants in the admissions decision-making process.

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

- Documentation of procedures used to educate admissions committee members to implicit biases that may exist with respect to the potential of underrepresented applicants to excel in the academic program.
- Documentation of admissions criteria intended to assess not only academic achievements, but also the interest, desire, and commitment of applicants to learn about issues such as cultural competency, community-based practice, and addressing inequities in oral health within the population.

Standards 4-4 for Predoctoral Dental Education programs and Standard 4-2 for Dental Therapy programs state "Admission policies and procedures must be designed to include recruitment and admission of a diverse student population". There are no accreditation standards for Dental Hygiene or Advanced Educational programs that mandate that these programs have policies and practices to achieve a diverse student population. It is recommended that CODA add these standards with appropriate intent statements and examples of evidence to document compliance.

Generally, with respect to Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

3) Inclusive Environments in Dental Education

Underrepresented students have a more difficult time achieving both success and a feeling of belonging in dental educational programs for a myriad of reasons.

To improve retention of students in dental education programs facing academic, social or emotional challenge, it is recommended that CODA strengthen the intent statement for student services (Standard 4-7 for predoctoral programs and Standard 4-12 for the dental therapy programs).

The intent statement should state "programs should have policies and procedures which promote early identification and subsequent mentoring/counseling of students having academic and/or personal issues which have the potential of affecting academic success or the personal well-being of students".

Dental Hygiene and Advanced Education programs have no accreditation standards that address academic or personal support for students having difficulties. It is recommended standards be added.

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4) Access to Care among Diverse Populations

Access to dental care, and therefore oral and systemic health, is significantly compromised by a number of factors including race, gender, sexual orientation, economic status, education, and neighborhood environment, among other factors.

CODA should strengthen the intent statements with respect to graduates being competent in treating patients in all life stages (predoctoral standard 2-22, dental hygiene standard 2-12 and dental therapy standard 2-20) to assure that foundational knowledge is taught and clinical competence is assessed with respect to changes in oral physiology, the management of the various chronic diseases and associated therapeutics associated with aging, as well as psychological, nutritional and functional challenges manifested in many of these patients.

The intent statement of predoctoral standard 2-17, which addresses student's competence in managing a diverse population, is vague. It is recommended CODA strengthen predoctoral standard 2-17 by stating that "graduates **MUST** (currently reads should) learn about factors and practices associated with disparities in health status among vulnerable populations, including structural barriers, and must display competency in understanding how these barriers, including prejudices and policies regarding, but not limited to race, gender, sexual preferences, economic status, education and neighborhood environment, affect health and disease and access to care".

There are no standards for dental hygiene or advanced education programs that mandate that graduates be competent in treating a diverse population. CODA should add such standards to these programs.

According to the intent statement of predoctoral Standard 2-26, students working in community health care or service-learning settings are essential to the development of a culturally sensitive workforce. However, the standard merely states that the program makes available such learning environments and that students be urged to avail themselves of such opportunities. CODA should mandate the student's participation in service-learning and/or community-based health centers clinics.

We are pleased to submit these suggestions to CODA and we hope they will be considered by CODA in our mutual efforts to increase the diversity of the dental workforce.

Sincerely,
Dr. Lawrence Hill DDS MPH
President, National Coalition of Dentists for Health Equity

cc:
American Dental Education Association - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer,
American Dental Education Officer

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

National Dental Association - Tammy Dillard-Steels, MPH, MBA, CAE, Executive Director; Dr. Marlon D. Henderson, President; Dr. Kim Perry, Chairman of the Board

Diverse Dental Society – Dr. Tamana Begay, President

American Dental Therapy Association – Cristina Bowerman MNM, CAE, Executive Director

Hispanic Dental Association - Dr. Christina Meiners, 2023 President; Juan Carlos Pierotti, Operations Manager

Society of American Indian Dentists - Dr. Cristin Haase, President; Janice Morrow, Executive Director;

American Dental Association – Dr. Ray Cohlmi, Executive Director; Dr. Jane Grover, Council on Advocacy for Access, and Prevention; Dr. Linda J. Edgar, President

American Dental Hygienists' Association – Jennifer Hill, Interim CEO; JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA Director, Education, Research & Advocacy

Community Catalyst – Tera Bianchi, Director of Partner Engagement; Parrish Ravelli, Associate Director, Dental Access Project

National Indian Health Board – Brett Webber, Environmental Health Programs Director; Dawn Landon, Public Health Policy and Programs Project Coordinator

American Institute of Dental Public Health – David Cappelli Co-Founder and Chair; Annaliese Cothron, Executive Director

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

CONSIDERATION OF FACULTY TO STUDENT RATIOS IN ACCREDITATION STANDARDS

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.

Following the Commission's Winter 2023 meeting, the Commission contacted the 17 state dental associations and requested data from each. 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. 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 (**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. The Commission also noted that seven (7) additional letters were received since the Ad Hoc Committee concluded its work, which noted concerns regarding the negative impact that a change in faculty to student ratios would have on dental hygiene education programs. Following review, the Commission concurred with the recommendations of the Ad Hoc Committee and 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;
- 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; and
- 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.

Following the Commission's meeting, the Commission notified the state dental associations of the Commission's conclusions and directives and provided the associations with a copy of the Report of the Ad Hoc Committee. Subsequently, on October 6, 2023, the Commission received correspondence from the Florida Allied Dental Educators (FADE) related to resolutions submitted by the 17th District of the American Dental Association to its House of Delegates related to the Commission's Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards (**Appendix 2**).

Summary: The Review Committees that oversee dental assisting, dental hygiene, dental laboratory technology, and dental therapy education are requested to consider and review the Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards (**Appendix 1**), including determination if revisions of Accreditation Standards are warranted, with a report to the Commission in Winter 2024. The Review Committees are also requested to consider correspondence received in **Appendix 2**. If revisions to the Accreditation Standards are proposed, the Commission may wish to circulate the proposed revisions to the communities of interest for review and comment.

Recommendation:

Prepared by: Dr. Sherin Took

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 Took, 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%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ 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 hygienistsⁱⁱⁱ. 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^{iv}. 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

ⁱ 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/coeid-tableau-dashboard>

ⁱⁱ 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/coeid-tableau-dashboard>

ⁱⁱⁱ 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.

^{iv} 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

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.

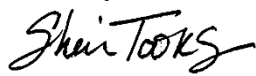
- Ensure that faculty to student ratios in CODA's Accreditation Standards that utilize faculty to student ratios are consistent with whatever rationale is finalized by the Commission.

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.**

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.

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
Executive Director – Dr. David Logan - dlogan@akdental.org
California – California Dental Association
President – Dr. John Blake - jblake@cdhc.org
Executive Director – Mr. Peter A. DuBois - peter.dubois@cda.org

Colorado – Colorado Dental Association

President – Dr. Lindsay Compton - lindsay.compton.dds@gmail.com

Interim Executive Director – Ms. Molly Pereira - molly@cdaonline.org

Connecticut – Connecticut State Dental Association

President – Dr. Bethaney Brenner - president@csda.com

Executive Director – Ms. Kathlene Gerrity - kgerrity@csda.com

Idaho – Idaho State Dental Association

President – Dr. Kim Keller - kbkeller65@gmail.com

Executive Director – Mr. Mike Mitchell - director@theisda.org

Minnesota – Minnesota Dental Association

President – Dr. Tim Holland - timrholland@hollandfamilydental.com

Executive Director – Mr. Carmelo Cinqueonce - info@mndental.org

Missouri – Missouri Dental Association

President – Dr. Jeremy Bowen - jlbcmb03@sbcglobal.net

Executive Director – Ms. Vicki Wilbers - vicki@modentalmail.org

Montana – Montana Dental Association

President – Dr. Ronald Davis - gpddsrn@gmail.com

Executive Director – Mr. Webb Brown - webb@montanadental.org

New Mexico – New Mexico Dental Association

President – Dr. Kelley Ryals – belle2222@aol.com

Executive Director – Dr. Tom Schripsema - tschrip@nmdental.org

North Dakota – North Dakota Dental Association

President – Dr. Carrie Orn - carriorn@yahoo.com

Executive Director – Mr. William R. Sherwin - wsherwin@smilenorthdakota.org

Oregon – Oregon Dental Association

President – Dr. Mark Miller - rhinodmd@gmail.com

Executive Director – Dr. Barry Taylor - btaylor@oregondental.org

Rhode Island – Rhode Island Dental Association

President – Dr. Gregory Stepka - gregstepka@gmail.com

Executive Director – Ms. Christy Durant - cdurant@ridental.org

Tennessee – Tennessee Dental Association

President – Dr. Mitch Baldree - mitch@baldreedds.com

Executive Director – Ms. Andrea Hayes - andrea@tndentalassociation.org

Virginia – Virginia Dental Association

President – Dr. Cynthia Southern - docsouthern50@gmail.com

CEO – Mr. Ryan L. Dunn - dunn@vadental.org

Washington State – Washington State Dental Association

President – Dr. John L. Gibbons - jkagib@comcast.net

Executive Director – Mr. Bracken R. Killpack - bracken@wsda.org

Wisconsin – Wisconsin Dental Association

President – Dr. Chris Johnson - cjohnson@wda.org
Executive Director – Mr. Mark Paget - 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.

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%ⁱ of dentists seeking to hire a hygienist and 87%ⁱⁱ 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 hygienistsⁱⁱⁱ which is approximately equal to the number of dental hygiene graduates in one calendar between 2014-2019^{iv}. 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^v. 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%^{vi} and 8%^{vii} respectively) compared to dentist that will grow as fast as average (6%^{viii}). 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 ^{ix}
General Dentistry*	5,100 ^x	6,350 ^{xi}	125.0%
Dental Hygiene	16,300 ^{xii}	7,311 ^{xiii}	44.9%
Dental Assisting	56,400 ^{xiv}	4,688 ^{xv}	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 laddering 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

ⁱ 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-dashboar>

ⁱⁱ 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-dashboar>

ⁱⁱⁱ 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.

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

^v 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

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

^{vii} 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.

From: [Hooper, Marjorie G.](#) on behalf of [Tooks, Sherin](#)
Subject: CODA Survey on Faculty to Student Ratios to launch Wednesday, July 5, 2023
Date: Friday, June 30, 2023 9:11:51 AM

Dear Program Director,

We are writing to inform you that on Wednesday, July 5, 2023, you will receive a confidential Survey of Allied Dental Education Programs Related to Faculty to Student Ratios, from the Commission on Dental Accreditation. 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. We ask that you complete the survey by end of the day Friday, July 21, 2023. Additional details, and a link to the survey, will be provided on July 5, 2023. Thank you, in advance, for providing the Commission with important feedback from dental education programs.

Sherin Tooks, Ed.D., M.S. tookss@ada.org
Senior Director, Commission on Dental Accreditation
& US Department of Education Compliance
Commission on Dental Accreditation (CODA)
312-440-2940 office

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 <https://coda.ada.org>

Marjorie Hooper hooperm@ada.org
Coordinator, CODA Operations
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CODA Staff Notes:

Imbedded Data to present survey questions as follows:

1. Single discipline Program director - Block 2 on CODA Winter 2023
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"/>

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?

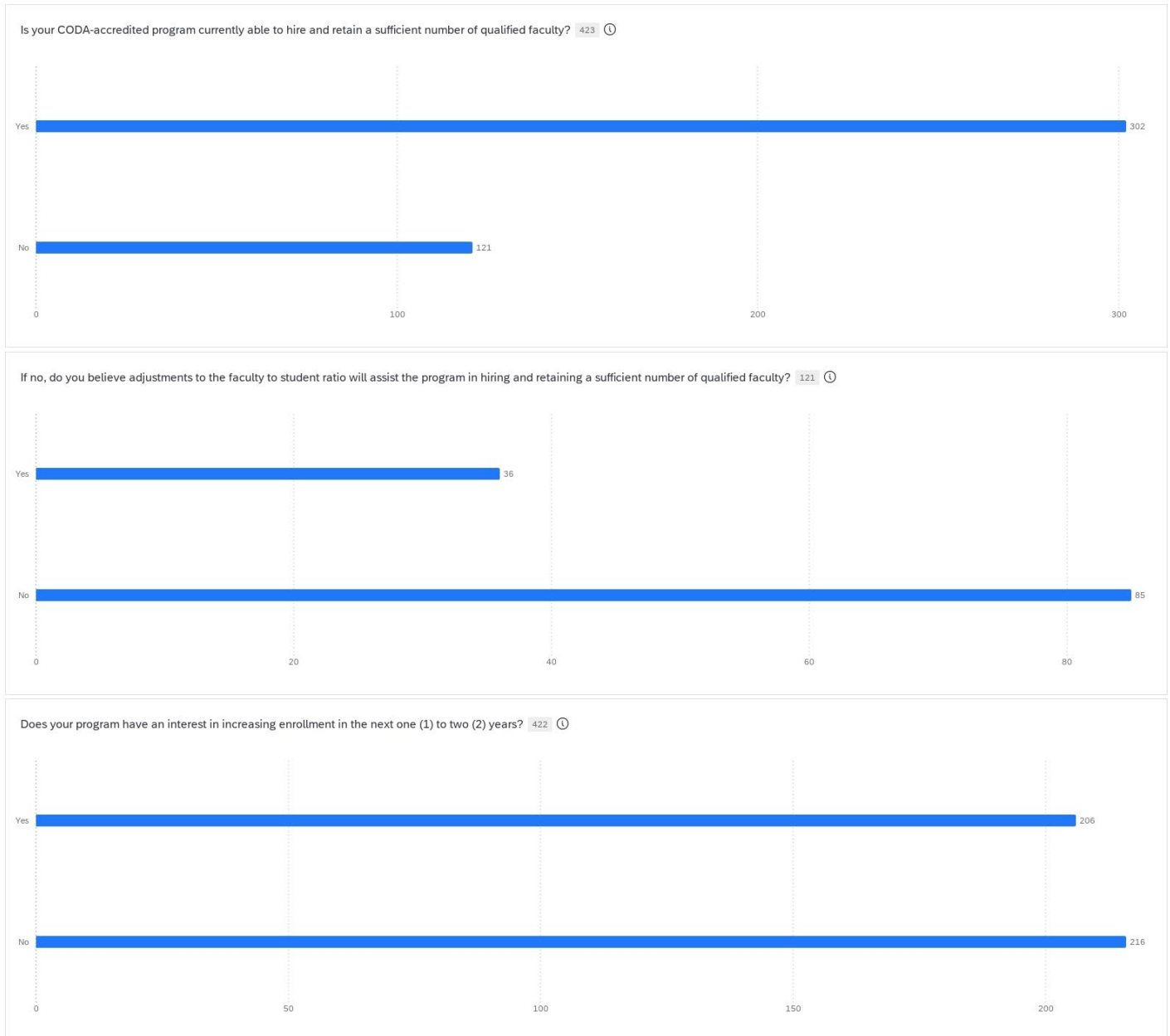
- ☐ Yes
☐ No

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

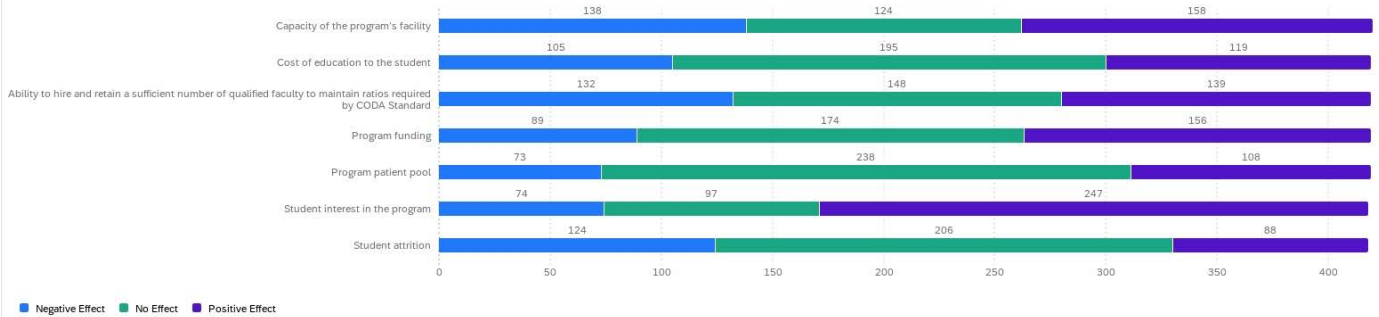
Combined DA, DH, DLT and DT response*

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

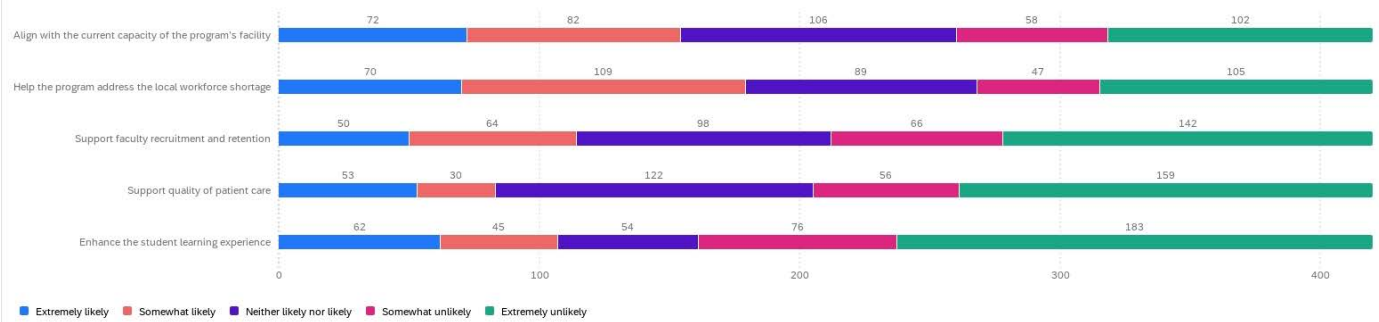
74% engagement: 431 of the 582 Allied programs submitted a response (partial/unfinished response not included)



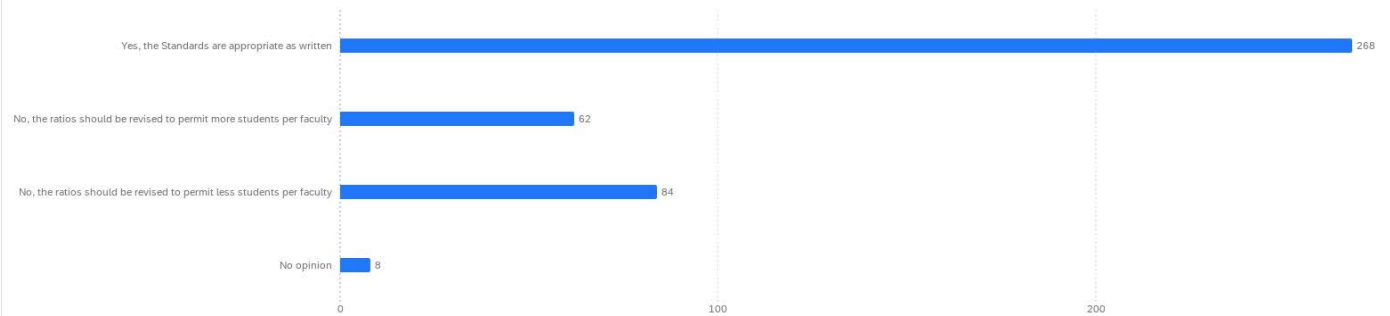
How do each of the factors listed below currently affect your program's enrollment? 420 ⓘ

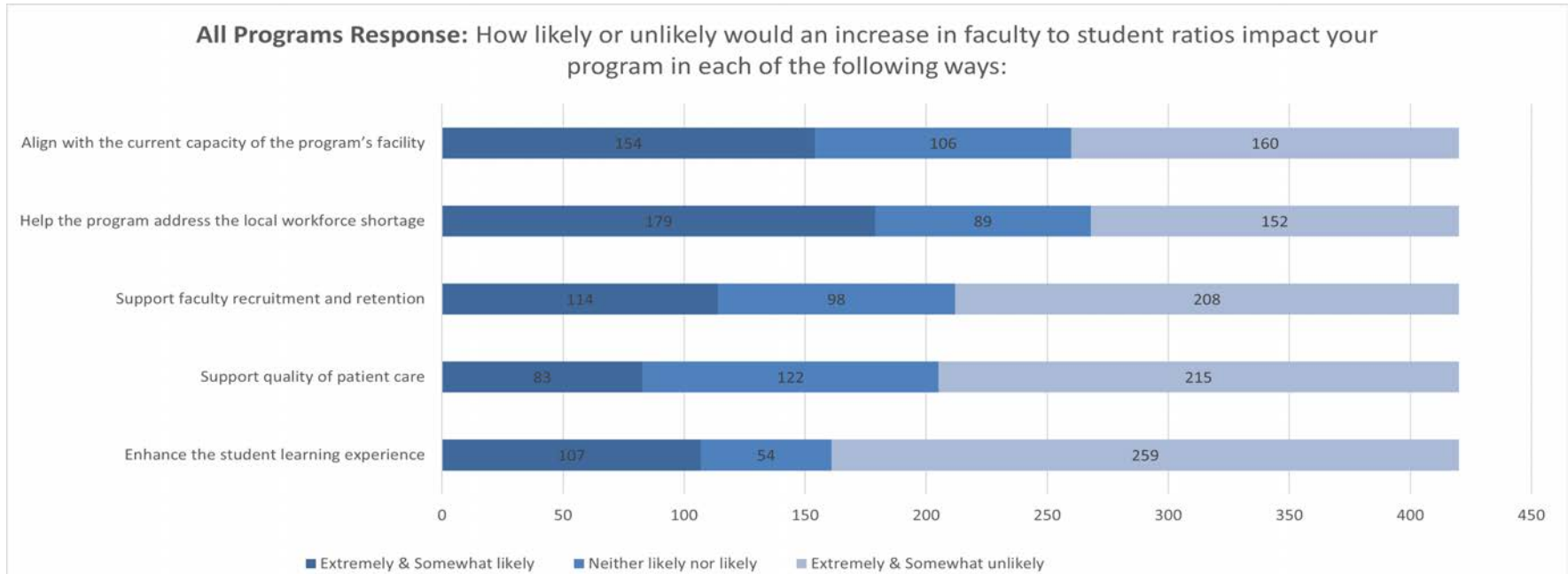


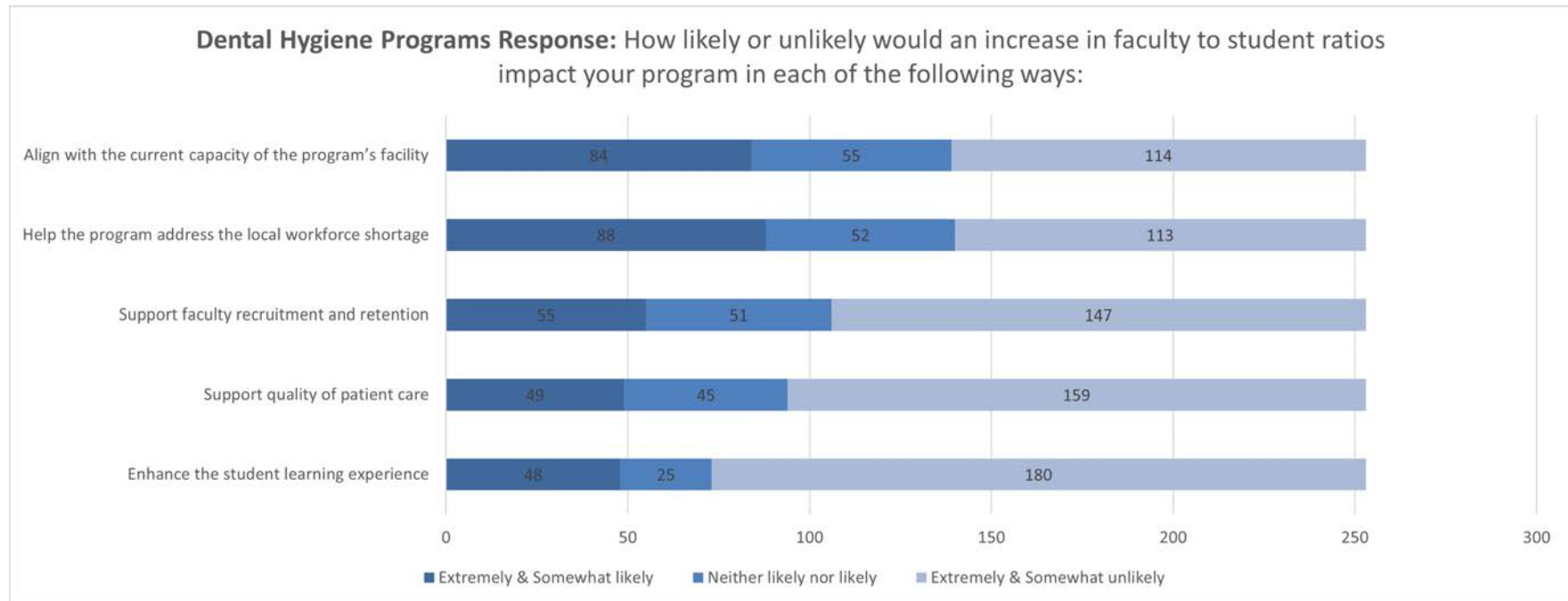
How likely or unlikely would an increase in faculty to student ratios (i.e., adding more students while keeping current faculty levels) impact your program in each of the following ways? 420 ⓘ

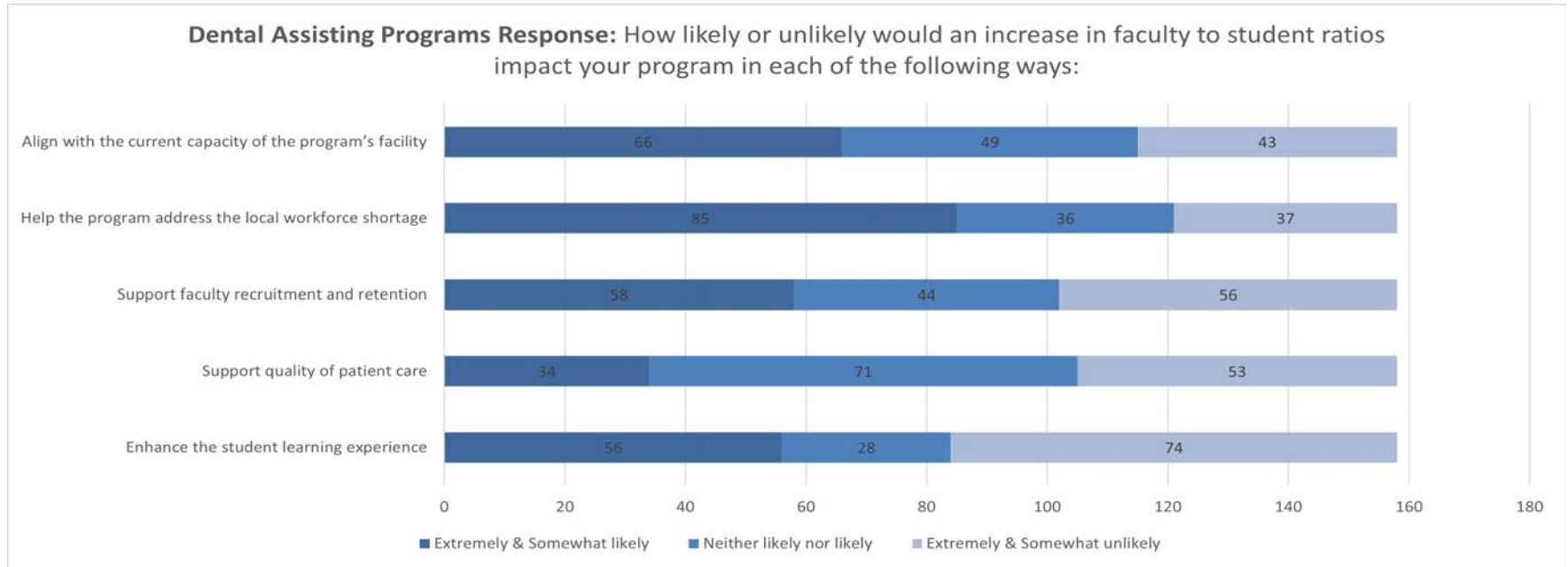


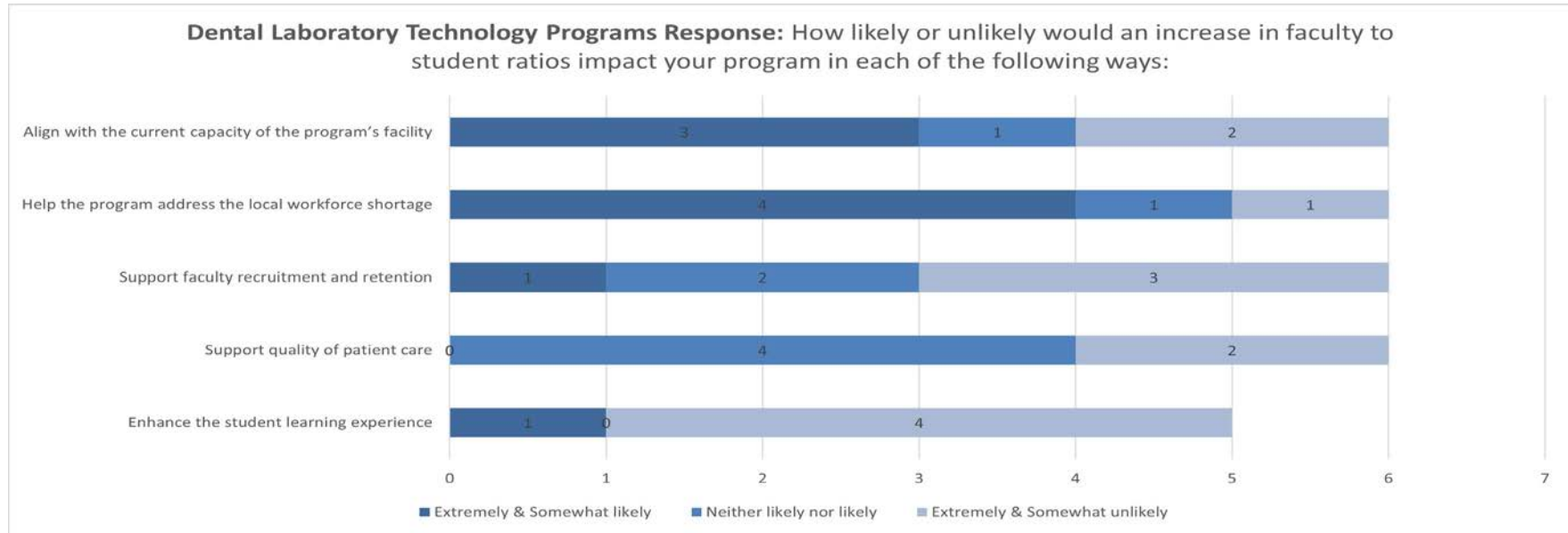
Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 422 ⓘ











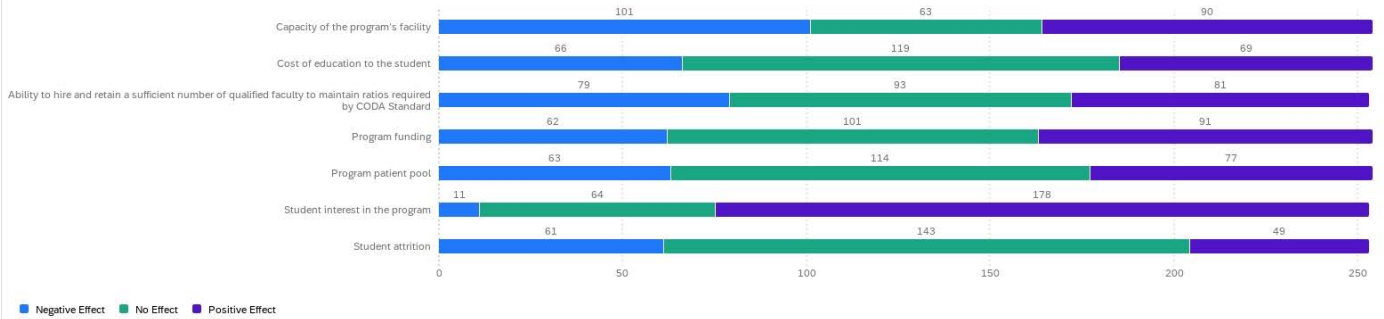
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

Dental Hygiene Response*

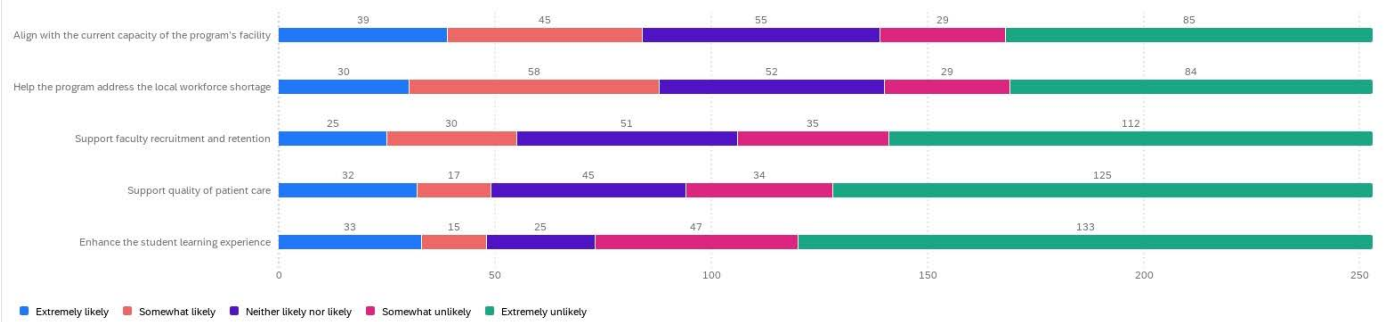
*includes dual (DA & DH) appointed program director response for DH only
76% engagement: 257 of the 338 DH programs submitted a response (partial/unfinished response not included)



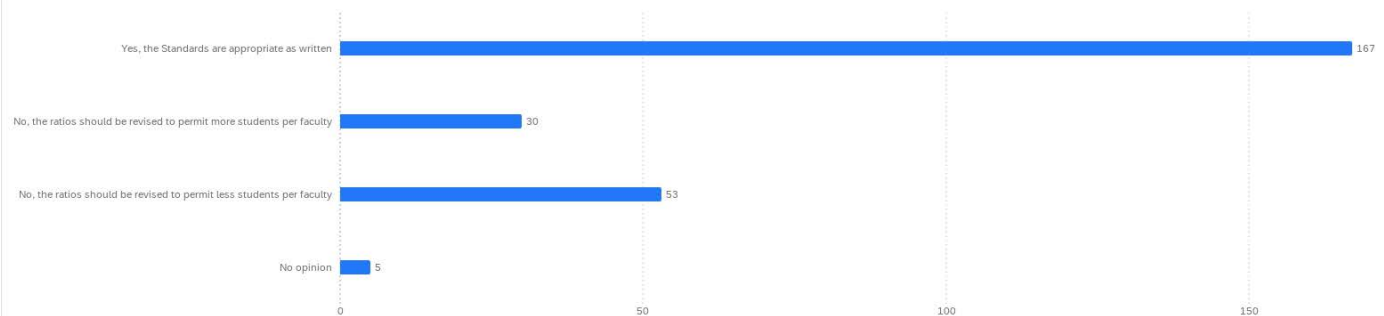
How do each of the factors listed below currently affect your program's enrollment? 254 ⓘ



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 ⓘ



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



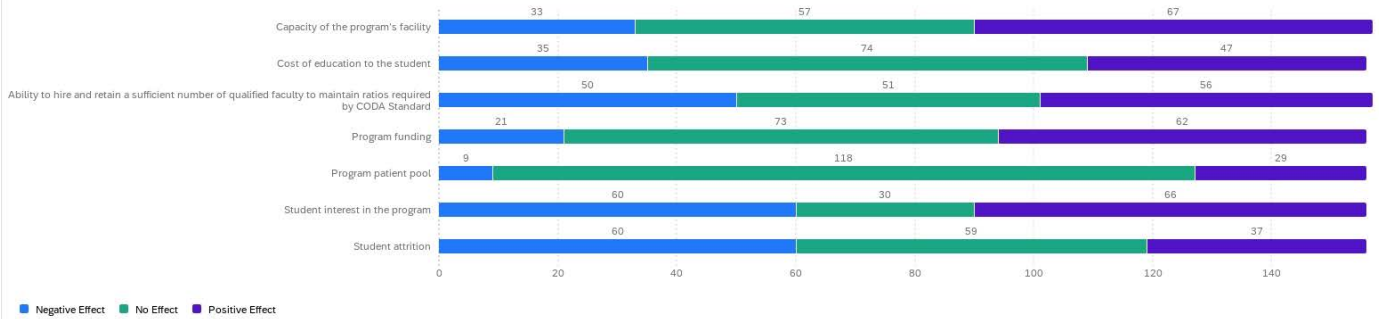
SURVEY OF ALLIED DENTAL EDUCATION PROGRAMS RELATED TO FACULTY TO STUDENT RATIOS

Dental Assisting Response*

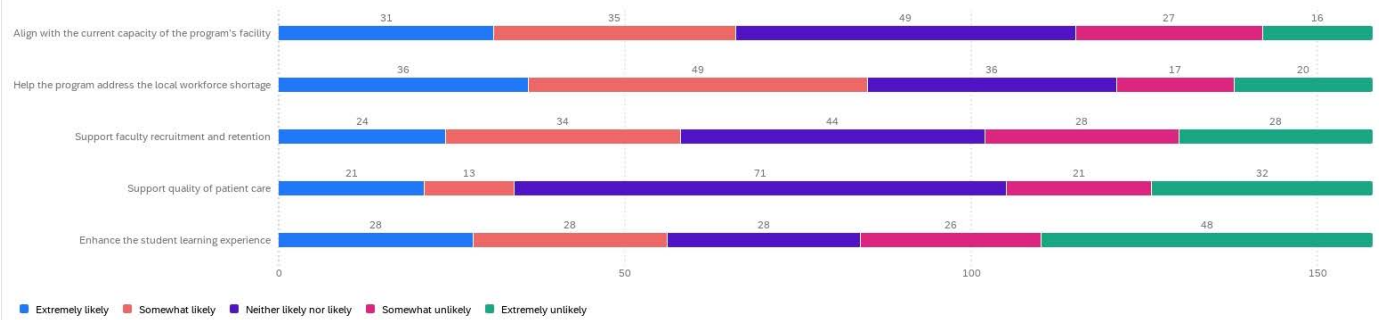
*includes dual (DA & DH) appointed program director response for DA only
70% engagement: 161 of the 229 DA programs submitted a response (partial/unfinished response not included)



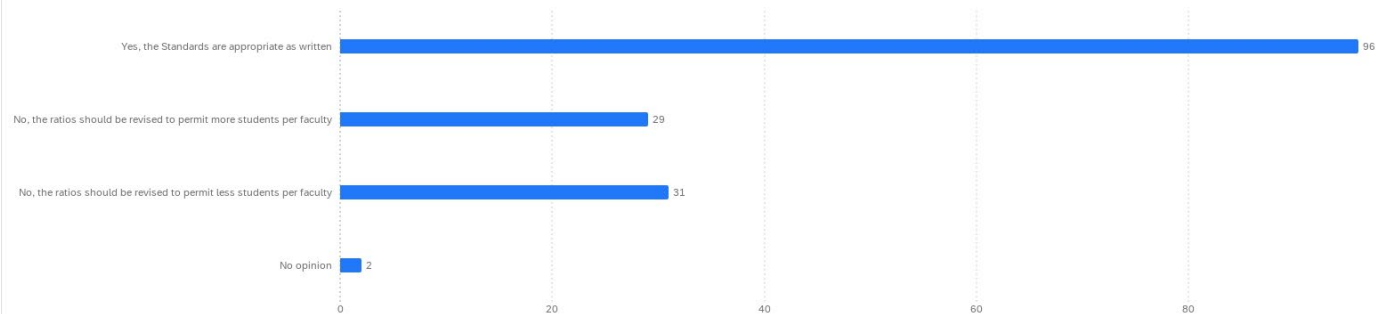
How do each of the factors listed below currently affect your program's enrollment? 157 ⓘ



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 ⓘ



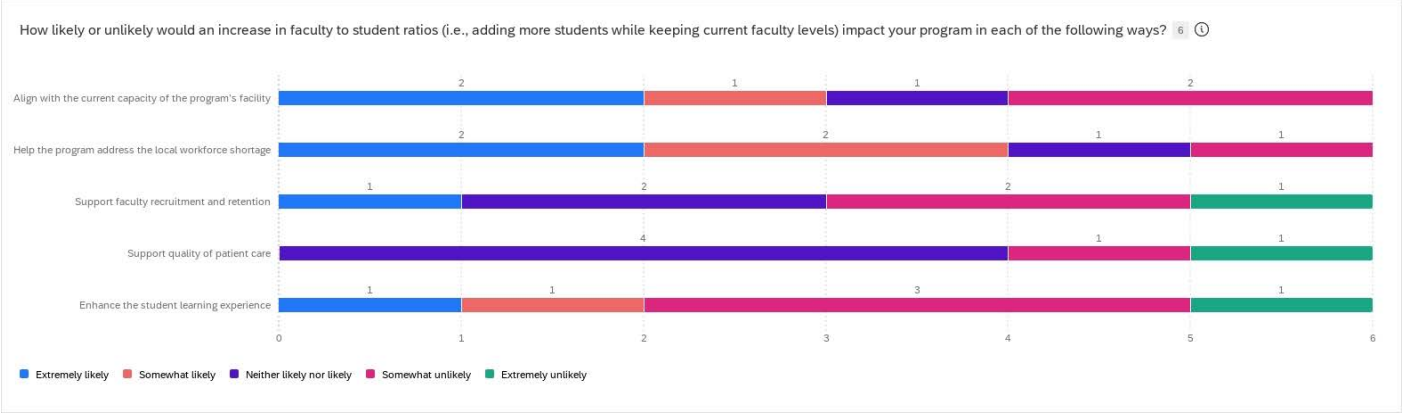
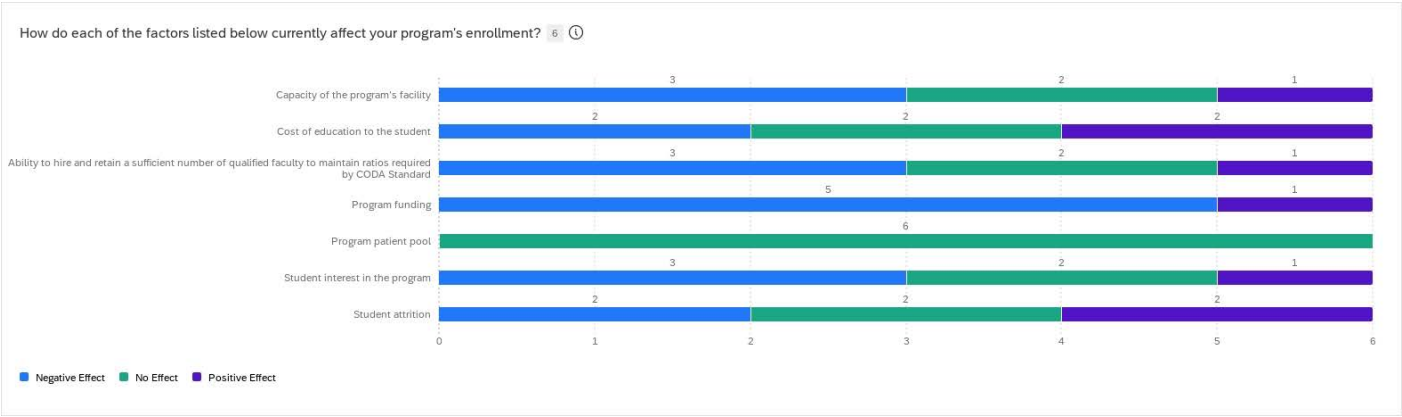
Do you believe the faculty to student ratios required in the Accreditation Standards for your discipline are appropriate as written? 158 ⓘ



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)





From: [Sandra Lucarz](#)
To: [bhammake](#); [Miller, Melissa](#); [Tooks, Sherin](#)
Cc: [Navickas, Kathleen](#)
Subject: Re: Attn: Dr Tooks & Ms. Navickas - FADE Letter to CODA
Date: Thursday, October 12, 2023 10:11:30 AM

Thank you Dr. Tooks for your email. Yes, let me clarify.

The ADA's 17th District via Reference Committee C (Dental Education, Science, and Related Matters) and Reference Committee B (Dental Benefits, Practice, and Related Matters) is urging CODA in their documents titled "Methodology of CODA Accreditation Standards" and "Increasing Allied Personnel in the Workforce" to increase the student to instructor ratio from 5 students to 1 instructor to 6 students to 1 instructor. A number of other changes are being sought by the ADA's 17th District, such as changing how dental hygiene faculty are hired by colleges. They recommend that Registered Dental Hygienists with 10 or more years of experience can work as part-time or adjunct instructors without first obtaining a bachelor's or master's degree.

Barbara Hammaker, our Executive Director, stated in her letter that we strongly oppose the proposed changes by the American Dental Association. A number of faculty members reported that students are demanding more one-on-one time with their instructors. The quality of the instruction would greatly suffer from increasing the ratio. The ADA's solution is technology, which will not replace or substitute a clinical faculty no matter how advance the technology is.

Moreover, some of the Registered Dental Hygienists who have been in practice in Florida for over 10 years have graduated from foreign dental schools rather than CODA-accredited schools. As a result, those individuals aren't familiar with our teaching standards and practices. We might compromise the quality of education we provide our students by allowing those Hygienists to teach in a classroom and/or clinical setting without furthering their education.

I hope the presented information is useful.

Should you have any other questions, feel free to email me back.

Best regards,

Sandra Lucarz, MBA H/M, BASDH

FADE Secretary

On Wednesday, October 11, 2023 at 03:55:12 PM EDT, Tooks, Sherin <tookss@ada.org> wrote:

Dear Ms. Lucarz,

Thank you for contacting the Commission on Dental Accreditation. I am in receipt of your letter from the FADE. Can you please clarify what ADA request is referred to in your letter?

I will discuss this letter with CODA's leadership and reply with additional information in the next week or two.

Thanks,

Sherin Tooks, Ed.D., M.S. tookss@ada.org

Senior Director, Commission on Dental Accreditation

& US Department of Education Compliance

Commission on Dental Accreditation (CODA)

312-440-2940 office

Commission on Dental Accreditation 211 E. Chicago Ave. Chicago, IL 60611 <https://coda.ada.org>

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From: Sandra Lucarz <sandralucarz@ada.org>
Sent: Tuesday, October 10, 2023 10:01 AM
To: CODA <CODA@ada.org>
Cc: Barbara Hammaker <bhammake@ada.org>; Melissa Miller <mmiller@ada.org>
Subject: Attn: Dr Tooks & Ms. Navickas

Dear Dr Tooks and Ms. Navickas,

My name is Sandra Lucarz. I'm the Secretary of the Florida Allied Dental Educators (FADE). Our Executive Director, Barbara Hammaker, asked me to forward to you this important letter in response to the recent proposed changes by the American Dental

Association (ADA) which may adversely affect the profession of allied dental educators, the quality of education we provide to our students, and public safety.

Please review the letter and feel free to contact us with questions or concerns.

Best regards,

Sandra Lucarz, MBA H/M, BASDH

FADE Secretary



Florida Allied Dental Educators
Barbara G. Hammaker, Executive Director

October 6, 2023

Dear Council on Dental Accreditation,

I write to you today on behalf of the organization known as the Florida Allied Dental Educators (FADE). The purpose of this letter is to respond to the recent proposed changes submitted to the Council on Dental Accreditation (CODA) by the American Dental Association (ADA). As the group representing Florida dental educators who would be directly affected by ADA's recently proposed accreditation recommendations, it is essential for us to weigh in to address their proposals.

The gist of ADA's proposed changes to dental hygiene education has been shared with our organization (via a copy of the CODA Ad Hoc Committee findings). The membership has had the opportunity to review and discuss the proposals as presented by the ADA. It has been unanimously decided by FADE membership present at our most recent dental hygiene section meeting that the proposed changes would not improve any aspect of dental hygiene education, but rather put an incredibly unsustainable extra burden on dental hygiene educators nationwide, and further, risking a decline in the quality of students' education and/or patient safety.

In summary, FADE flatly rejects any of the proposed changes to dental hygiene education accreditation as proposed recently by the ADA. It is FADE's sincere hope that instead, the ADA shows CODA much-deserved support in continuing to uphold high accreditation standards that ensure exceptional dental hygiene education while protecting the public that we serve.

Regards,

Barbara G. Hammaker, CRDH, BASDH, MHSc.
Executive Director of the Florida Allied Dental Educators
Lead Instructor of Dental Hygiene, Broward College
Davie, FL