

INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS

Background: The Accreditation Standards for Dental Assisting Education Programs were approved by the Commission on Dental Accreditation at its August 2, 2019 meeting and were implemented on July 1, 2020. Since that date, 154 dental assisting site visits have been conducted by visiting committees of the Commission using the July 2020 Standards. At the time of this report, the Standards include 102 “must” statements addressing 234 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2020 through October 31, 2024. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of 674 citings of non-compliance were made. Of these, 68 (10.09%) were related to Standard 1–Institutional Effectiveness; 448 (66.47%) were related to Standard 2–Educational Program; 75 (11.13%) were related to Standard 3–Administration, Faculty and Staff; 55 (8.16%) were related to Standard 4–Educational Support Services; 27 (4%) were related to Standard 5–Health and Safety Provisions; and 1 (0.15%) was related to Standard 6–Patient Care Services.

Analysis of the data indicates the most frequently cited areas of non-compliance are within Standard 2-Educational Program. Standard 2-9 had 75 citings total, with subset Standard 2-9o related to identifying and responding to medical and dental emergencies receiving 15 citations. Standard 2-6, requiring that programs have a formal, written curriculum management plan, received 53 total citings. Standard 2-6a, requiring that programs have a formal, written curriculum management plan, which includes an annual curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources was cited 16 times. Standard 2-6b, requiring that programs have a formal, written curriculum management plan, which includes evaluation of the effectiveness of all courses as they support the program’s goals and competencies was cited 20 times. Standard 2-6c, requiring that programs have a formal, written curriculum management plan, which includes a defined mechanism for coordinating instruction among dental assisting program faculty was cited 17 times. Standard 2-18 related to student competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two (2) patients in the program, or contracted facility prior to external clinical assignments was cited 15 times.

Additional frequently cited areas of non-compliance are within Standard 3-Administration, Faculty and Staff. Standard 3-2 related to the program administrator having a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision was cited 12 times. Standard 1-1, requiring that programs demonstrate

effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated had 43 citings total, with subset Standard 1-1e related to findings and conclusions used for program improvement, and for revisions to the overall planning and outcomes assessment process cited 19 times. Additionally, Standard 1-7 related to an advisory committee having dentists and dental assistants equally represented was cited 18 times.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

ACCREDITATION STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 154
July 1, 2020 through October 31, 2024

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance

| <u>Non- Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance | |
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| 1 | 1-1 | The program must demonstrate its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated. This process must include the following: | |
| 4 | | a. | Dental assisting program goals that include, but are not limited to student outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education |
| 3 | | b. | Time-table for implementation that indicates roles and responsibilities of all participants; |
| 8 | | c. | Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement |
| 8 | | d. | Review and analysis of compiled data obtained from assessment methods, and related conclusions |
| 19 | | e. | Findings and conclusions are used for program improvement, and for revisions to the overall planning and outcomes assessment process. |
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| 2 | 1-2 | The institution must demonstrate stable financial resources to ensure support of the dental assisting program's stated mission, goals and objectives on a continuing basis. | |
| 1 | | Resources must be sufficient to ensure adequate and qualified faculty and staff, clinical and laboratory facilities, equipment, supplies, reference materials and teaching aids that reflect technological advances and current professional standards. | |
| | 1-3 | The sponsoring institution must ensure that support from | |

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| | | entities outside of the institution does not compromise the teaching, clinical and research components of the program. |
| | 1-4 | The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution. |
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| | 1-5 | Programs must be sponsored by institutions of post-secondary education which are accredited by an agency recognized by the United States Department of Education. |
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| | 1-6 | All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved. |
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| 4 | 1-7 | There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community. |
| 18 | | Dentists and dental assistants must be equally represented. |

STANDARD 2- EDUCATIONAL PROGRAM – 131 Required Areas of Compliance

| <u>Non- Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance |
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| 5 | 2-1 | Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post- secondary degree. |
| 3 | | Previous academic performance or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students with the potential to successfully complete the program. |
| 5 | | Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants. |
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| 2 | 2-2 | Admission of students with advanced standing must be based on the same criteria required of all applicants admitted to the program. |
| 3 | | The program must ensure that advanced standing credit awarded is based on equivalent didactic, laboratory and preclinical content and student achievement. |
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| 9 | 2-3 | The program must demonstrate that student enrollment numbers are proportionate to the number of faculty, availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments, and supplies. |
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| 8 | 2-4 | The curriculum must be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours. |
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| 6 | 2-5 | The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. |

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| 12 | | Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. | |
| 11 | | Content must be integrated with continued elevation throughout the program. | |
| 8 | | Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies and program's goals and objectives. | |
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| | 2-6 | The dental assisting program must have a formal, written curriculum management plan, which includes: | |
| 16 | | a. | at minimum, an annual curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources; |
| 20 | | b. | evaluation of the effectiveness of all courses as they support the program's goals and competencies; |
| 17 | | c. | a defined mechanism for coordinating instruction among dental assisting program faculty. |
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| | 2-7 | Written documentation of each course in the curriculum must be provided to students at the start of each course and include: | |
| 5 | | a. | The course title, number, description, faculty presenting course and contact information |
| 3 | | b. | Course objectives including competency statements |
| 1 | | b. | Course objectives (Effective August 11, 2023) |
| 4 | | c. | Content outline including topics to be presented |
| 2 | | c. | Course competencies (Effective August 11, 2023) |
| 7 | | d. | Course schedule including learning and evaluation mechanisms for didactic, laboratory, and clinical learning experiences |
| 1 | | d. | Content outline including topics to be presented (Effective August 11, 2023) |
| 12 | | e. | Specific criteria for final course grade calculation |

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| 3 | | e. | Course schedule including learning and evaluation mechanisms for didactic, laboratory, and clinical learning experiences (Effective August 11, 2023) |
| 2 | | f. | Specific criteria for final course grade calculation (Effective August 11, 2023) |
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| | 2-8 | Objective student evaluation methods must be utilized to measure all defined course objectives to include: | |
| 10 | | a. | Didactic, laboratory, preclinical and clinical content |
| 10 | | b. | Specific criteria for measuring levels of competence for each component of a given procedure |
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| 4 | 2-9 | Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. | |
| 6 | | Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility. | |
| 5 | | a. | Take/review and record medical and dental histories |
| 3 | | b. | Take and record vital signs |
| 5 | | c. | Assist with and/or perform soft tissue extra/intra oral examinations |
| 1 | | d. | Assist with and/or perform dental charting |
| 2 | | e. | Manage infection and hazard control protocol consistent with published professional guidelines |
| 7 | | f. | Prepare tray set-ups for a variety of procedures and specialty areas |
| 2 | | g. | Seat and dismiss patients |
| 1 | | h. | Operate oral evacuation devices and air/water syringe |
| 2 | | i. | Maintain clear field of vision including isolation techniques |
| 1 | | j. | Perform a variety of instrument transfers |
| 4 | | k. | Utilize appropriate chairside assistant ergonomics |
| 7 | | l. | Provide patient preventive education and oral hygiene instruction |
| 8 | | m. | Provide pre-and post-operative instructions prescribed by a dentist |

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| 2 | | n. | Maintain accurate patient treatment records |
| 15 | | o. | Identify and respond to medical and dental emergencies |
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| 4 | 2-10 | | Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. |
| 4 | | | Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility. |
| 3 | | a. | Assist with and/or apply topical anesthetic and desensitizing agents |
| 2 | | b. | Assist with and/or place and remove rubber dam |
| 4 | | c. | Assist with and/or apply fluoride agents |
| 3 | | d. | Assist with and/or apply bases, liners, and bonding agents |
| 5 | | e. | Assist with and/or place, fabricate, and remove provisional restorations |
| 2 | | f. | Assist with and/or place and remove matrix retainers, matrix bands, and wedges |
| 6 | | g. | Assist with and/or remove excess cement or bonding agents |
| 5 | | h. | Assist with a direct permanent restoration |
| 3 | | i. | Fabricate trays, e.g., bleaching, mouthguard, custom |
| 2 | | j. | Preliminary impressions |
| 7 | | k. | Clean removable dental appliances |
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| 3 | 2-11 | | Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. |
| 2 | | | Further, curriculum content must include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions. |
| 5 | | | Students must demonstrate laboratory/preclinical competence in performing these skills in the program facility prior to clinical practice. |

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| 1 | | Students must be informed of the duties for which they are trained in the educational program. | |
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| | 2-12 | Students must demonstrate competence in the knowledge at the familiarity level in dental practice management: | |
| | | a. | Computer and dental software |
| | | b. | Business ethics and jurisprudence |
| | | c. | Business oral and written communications |
| | | d. | Inventory systems and supply ordering |
| | | e. | Maintenance and retention of business records |
| | | f. | Management of patient information |
| | | g. | Recall systems |
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| 1 | 2-13 | The biomedical science aspect of the curriculum must include content at the in- depth level in bloodborne pathogens and hazard communications standards | |
| 1 | | and content must be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum. | |
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| | 2-14 | The dental science aspect of the curriculum must include content at the familiarity level in: | |
| | | a. | Oral pathology |
| 1 | | b. | General anatomy and physiology |
| 1 | | c. | Microbiology |
| | | d. | Nutrition |
| | | e. | Pharmacology to include: |
| 4 | | i. | Drug requirements, agencies, and regulations |
| 3 | | ii. | Drug prescriptions |
| 1 | | iii. | Drug actions, side effects, indications and contraindications |
| 1 | | iv. | Common drugs used in dentistry |
| 1 | | v. | Properties of anesthetics |
| 1 | | vi. | Drugs and agents used to treat dental-related infection |
| 5 | | vii. | Drug addiction including opioids and other substances. |

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| 1 | | f. | Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines. |
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| 1 | 2-15 | | The dental science aspect of the curriculum must include content at the in-depth level in oral anatomy. |
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| 2 | 2-16 | | The curriculum must include content at the in-depth level in dental materials. |
| 2 | | | Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include: |
| 1 | | a. | Gypsum |
| 3 | | b. | Restorative materials |
| 1 | | c. | Dental cements |
| | | d. | Impression materials |
| | | e. | Acrylics and or thermoplastics |
| 2 | | f. | Waxes |
| 3 | | g. | Fabrication of casts, temporary crown and/or bridge |
| 5 | | h. | Abrasive agents used to polish coronal surfaces and appliance |
| 2 | | i. | Study casts/occlusal registrations |
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| | 2-17 | | The curriculum must include content at the in-depth level in dental radiology. |
| | | | Students must demonstrate knowledge and skills to produce diagnostic dental image surveys on manikins. |
| | | | Prior to exposing dental images on patients, students must demonstrate competence in: |
| 2 | | a. | Radiation health protection techniques |
| 3 | | b. | Processing procedures |
| 8 | | c. | Anatomical landmarks and pathologies |
| 2 | | d. | Mounting survey of dental images |
| 2 | | e. | Placing and exposing dental images on manikins |
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| 15 | 2-18 | Prior to exposing dental images during extramural clinical assignments, students must demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility. | |
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| | 2-19 | The curriculum must include didactic content at the in-depth level to include: | |
| | | a. | General dentistry |
| 2 | | b. | Dental specialties |
| | | c. | Chairside assisting |
| | | d. | Dental-related environmental hazards |
| | | e. | Preventive dentistry |
| 4 | | f. | Management of dental and medical emergencies |
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| | 2-20 | The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include: | |
| 1 | | a. | Psychology of patient management and interpersonal communication |
| | | b. | Legal and ethical aspects of dentistry |
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| | 2-21 | The dental assisting program must provide opportunities and encourage students to engage in service and/or community-based learning experiences. | |
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| 3 | 2-22 | Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. | |
| 4 | | Students must have a minimum of 300 hours of clinical experience. | |
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| 6 | 2-23 | Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized. | |
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| 3 | 2-24 | The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care. | |
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| 1 | 2-25 | The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met: | |
| 1 | | a. | A formal agreement exists between the educational institution and the facility providing the experience |
| 1 | | b. | The program administrator retains authority and responsibility for the student |
| | | c. | Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program |
| | | d. | The facility accommodates the scheduling needs of the program |
| 2 | | e. | Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students |
| 4 | | f. | Expectations and orientation are provided to all parties prior to student assignment |
| 1 | 2-26 | Students must maintain a record of their activities in each clinical assignment. | |
| 3 | 2-27 | During the clinical phase of the program, program faculty must conduct seminars periodically with students for discussion of clinical experiences. | |
| 2 | 2-28 | When clinical experience is provided in extramural facilities, dental assisting faculty must visit each facility to assess student progress. | |
| 1 | | Budgetary provisions must be made to support faculty travel. | |
| 13 | 2-29 | Objective evaluation criteria must be utilized by faculty and office or clinical personnel to evaluate students' competence in performing specified procedures during clinical experience. | |

STANDARD 3- Administration, Faculty and Staff – 25 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance | |
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| | 3-1 | The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals. | |
| 12 | 3-2 | The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. | |
| | | The program administrator must have the authority and responsibilities for: | |
| 3 | | a. | Budget preparation |
| 2 | | b. | Fiscal administration |
| 1 | | c. | Curriculum development and coordination |
| 4 | | d. | Selection and recommendation of individuals for faculty appointment and promotion |
| 8 | | e. | Supervision and evaluation of faculty |
| 2 | | f. | Determining faculty teaching assignments and schedules |
| 1 | | g. | Determining admissions criteria and procedures |
| | | h. | Scheduling use of program facilities |
| 2 | | i. | Development and responsibilities to maintain CODA accreditation compliance and documentation |
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| | 3-3 | The program administrator must be a Dental Assisting National Board "Certified Dental Assistant" or dentist licensed to practice in the state of the program location, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant. | |
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| | 3-4 | The program administrator must have a minimum of a baccalaureate degree or higher. | |
| | | The program administrator must have had instruction in educational theory and methodology, e.g., curriculum | |

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| | | development, educational psychology, test construction, measurement and evaluation. |
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| 11 | 3-5 | Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation. |
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| 1 | 3-6 | Faculty providing didactic instruction must have earned at least a baccalaureate degree. |
| 1 | 3-6 | Faculty providing didactic instruction must have earned at least a baccalaureate degree within three years of the date of initial hire as a didactic faculty. (Effective August 11, 2023) |
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| 6 | 3-7 | Laboratory, preclinical and clinical faculty must hold any current dental assisting credential required by the state in addition to a Dental Assisting National Board “Certified Dental Assistant” credential. |
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| 11 | 3-8 | The number of faculty positions must be sufficient to implement the program’s goals and objectives. |
| 5 | | The faculty/student ratio during clinical and radiography (clinical and laboratory) sessions must not exceed one instructor to six students. |
| 1 | | During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio must not exceed one instructor for each twelve students. |
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| | 3-9 | Opportunities must be provided for program faculty to continue their professional development. |
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| | 3-10 | Faculty must be ensured a form of governance that allows participation in the program and institution’s decision-making process. |
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| | 3-11 | A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member. |
| 4 | 3-12 | Institutional support personnel must be assigned to facilitate program operation. |

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 46 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance | |
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| 3 | 4-1 | The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations. | |
| | 4-2 | A clinical facility must be available for students to obtain required experience with faculty supervision. | |
| | 4-3 | Each treatment area must contain functional equipment including: | |
| | | a. | Power-operated chair(s) for treating patients in a supine position |
| 1 | | b. | Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization |
| | | c. | Air and water syringe |
| | | d. | Adjustable dental light |
| 1 | | e. | High and low speed handpieces |
| | | f. | Oral evacuating equipment |
| | | g. | Work surface for the chairside assistant |
| | 4-4 | Each treatment area must accommodate an operator and a patient as well as the student and faculty. | |
| 2 | 4-5 | The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments. | |

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| | 4-6 | Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including: | |
| 1 | | a. | Diagnostic |
| 3 | | b. | Operative |
| 5 | | c. | Surgical |
| 5 | | d. | Periodontal |
| 6 | | e. | Orthodontic |
| 3 | | f. | Removable and fixed prosthodontics |
| 6 | | g. | Endodontic |
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| 1 | 4-7 | A radiography facility must accommodate initial instruction and practice required for students to develop competence in exposing and processing dental images with faculty supervision. | |
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| 1 | 4-8 | Each radiography area must provide equipment for faculty supervision and effective instruction to accommodate several students simultaneously that include: | |
| 1 | | a. | Dental radiography units which meet applicable regulations |
| 1 | | b. | Radiographic teaching manikins |
| 1 | | c. | Radiographic view boxes and/or monitors |
| 2 | | d. | Processing units with darkroom capacity or digital equipment |
| | | e. | Multiple sets of image receptor holding devices |
| | | f. | Radiation-monitoring devices are provided for students and faculty (according to state regulations) |
| 1 | | g. | Lead aprons and cervical collars for each unit (according to state regulations) (Effective August 9, 2024) |
| | | h. | Counter with sink |
| | | i. | Dental chair or unit |
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| 4 | 4-9 | A sufficient multipurpose laboratory facility must be provided for effective instruction which allows for required laboratory activities and can accommodate all scheduled students simultaneously. | |

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| 2 | | There must be an appropriate number of student stations, equipment, supplies, instruments and space for individual student performance of laboratory procedures with faculty supervision. | |
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| | 4-10 | It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards. | |
| | | a. | There is a formal agreement between the educational institution and agency or institution providing the facility |
| | | b. | The program administrator retains authority and responsibility for instruction |
| | | c. | All students receive instruction and practice experience in the facility |
| | | d. | Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program |
| | | e. | Availability of the facility accommodates the scheduling needs of the program |
| | | f. | Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students |
| 1 | | g. | Instruction is provided and evaluated by calibrated dental assisting program faculty. |
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| | 4-11 | Classroom space must be provided for, and be readily accessible to, the program. | |
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| 1 | 4-12 | Office space must be provided for the program administrator and faculty. | |
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| 1 | 4-13 | The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program. | |
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| 1 | 4-14 | There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. |
| 1 | 4-15 | The program must provide a mechanism to facilitate student remediation when indicated. |

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

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance |
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| 2 | 5-1 | The program must document its compliance with institutional policy and applicable local, state and federal regulations and/or guidelines related to health and safety. |
| | | a. Policies must include: |
| 2 | | i) radiation hygiene and protection, |
| 3 | | ii) ionizing radiation, |
| | | iii) hazardous materials, and |
| 2 | | iv) bloodborne and infectious diseases |
| 3 | | b. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance. |
| 7 | | c. Policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients. |
| 1 | 5-2 | Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel. |
| 2 | 5-3 | The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; |
| 1 | | these protocols must be provided to all students, faculty and appropriate staff. |

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| 4 | 5-4 | All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care. |
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STANDARD 6- PATIENT CARE SERVICES – 6 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | Required Areas of Compliance | |
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| | 6-1 | The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of: | |
| | | a. | Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria |
| 1 | | b. | An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided |
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| | 6-2 | The program must develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients' rights. | |
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| | 6-3 | Patients accepted for dental care must be advised of the scope of dental care available at the dental assisting program facilities. | |
| | | Patients must also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program. | |

**CONSIDERATION OF PROPOSED REVISION TO THE ACCREDITATION
STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS RELATED TO
FACULTY TO STUDENT RATIOS**

Background: On January 28, 2025, the Commission on Dental Accreditation (CODA) received a letter from Dr. Jason A. Tanguay, chair, American Dental Association Council on Dental Education and Licensure (ADA-CDEL) requesting that the Commission consider Resolution 401H-2024 Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates (Appendix 1).

As noted in the ADA-CDEL letter:

Resolution 401H-2024 Increasing Allied Personnel in the Workforce urges the Commission on Dental Accreditation to review its Accreditation Standard for all allied dental education programs regarding faculty-to-student ratios to align with the Accreditation Standard for Predoctoral Dental Education Program. Further, this resolution urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution, and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals, and objectives, at all sites where required educational activity occurs.

In consideration of this matter, the ADA-CDEL noted testimony emphasizing the importance of consistency across Accreditation Standards for all allied and predoctoral dental education programs. The ADA-CDEL expressed a position that, while workforce-related concerns fall outside CODA's direct purview, ensuring consistency in faculty-to-student ratio Standards across all allied dental education programs aligns with CODA's mission of supporting and improving program quality and enhances program flexibility while maintaining educational quality and standards. Therefore, the ADA-CDEL believes these revisions will promote consistency and program autonomy, thereby supporting the educational quality of allied dental education programs.

Summary: The Review Committee on Predoctoral Dental Education and the Commission on Dental Accreditation are requested to consider the letter from the ADA-CDEL (**Appendix 1**). 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:

From: CDEL CODA Summer 2025 [flicari](#) [REDACTED]
To: [Tooks, Sherin](#); [Jason Tanguay](#); [Asher Hernandez, Jamie](#); [Kessler, Brett](#); [Donald, W. Mark](#); [Cohlmlia, Raymond A.](#);
Cc: [Ziebert, Anthony J.](#); [Puzan, Annette](#)
Subject: CDEL Review of Resolution 401H-2024
Date: Tuesday, January 28, 2025 1:09:32 PM
Attachments: [CDEL to CODA Res401H-2024.pdf](#)

Sent on behalf of Dr. Jason Tanguay, chair, CDEL

Dear Dr. Licari,

Attached, please find a letter from the Council on Dental Education and Licensure regarding its review and discussion of Resolution 401H-2024: Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates. The letter outlines the Council's considerations and observations regarding this resolution.

Should you have any questions or require further information, please do not hesitate to contact me.

Dr. Sarah O. Ostrander [REDACTED]
Director, Council on Dental Education and Licensure and
Coalition for Modernizing Dental Licensure
COE Dental Education and Training
312.440.2690

American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 www.ada.org

January 28, 2025



America's leading
advocate for oral health
Dr. Frank Licari, Chair
Commission on Dental Accreditation
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IL 60611

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Dear Doctor Licari,

The ADA Council on Dental Education and Licensure has subject matter responsibility for matters related to the accreditation of dental, advanced dental, and allied dental education programs. At its January 23rd, 2025, meeting, the Council considered Resolution 401H-2024 Increasing Allied Personnel in the Workforce, adopted by the 2024 ADA House of Delegates.

Resolution 401H-2024 Increasing Allied Personnel in the Workforce urges the Commission on Dental Accreditation to review its Accreditation Standard for all allied dental education programs regarding faculty-to-student ratios to align with the Accreditation Standard for Predoctoral Dental Education Program. Further, this resolution urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution, and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals, and objectives, at all sites where required educational activity occurs.

401H. Resolved, that the ADA urges CODA to revise the Accreditation Standards for each of the allied dental education programs in regard to faculty-student ratios to align with the Accreditation Standards for Predoctoral Dental Education Programs, and be it further

Resolved, that the ADA urges CODA to adopt the following language currently in the Accreditation Standards for Predoctoral Dental Education for the Accreditation Standards for each of the allied dental education programs: The number, distribution and qualifications of faculty and staff must be sufficient to meet the dental program's stated purpose/mission, goals and objectives, at all sites where required educational activity occurs.

In reviewing the resolution, the Council noted the testimony provided by the Sixteenth Trustee District, the makers of the resolution, which emphasized the importance of consistency across accreditation standards for all allied and predoctoral dental education programs. While workforce-related concerns fall outside CODA's direct purview, the Council noted that ensuring consistency in faculty-to-student ratio standards across all

allied dental education programs aligns with CODA's mission of supporting and improving program quality and enhances program flexibility while maintaining educational quality and standards.

The Council believes these revisions will promote consistency and program autonomy, thereby supporting the educational quality of allied dental education programs.

Thank you for your consideration of the Council's comments and suggested revision to the Accreditation Standards for allied dental education programs.

Sincerely,



Jason A. Tanguay, D.D.S.
Chair, Council on Dental
Education and Licensure

JT:so/ap

cc: Dr. Sherin Tooks, Senior Director, Commission on Dental Accreditation and CODA Operations
Ms. Jamie Asher-Hernandez, Manager, Allied Dental Education
Dr. Brett Kessler, President, American Dental Association
Dr. Mark Donald, Speaker, ADA Board of Trustees
Dr. Raymond A. Cohlma, Executive Director, American Dental Association
Dr. Anthony J. Ziebert, Senior Vice-President, Education and Professional Affairs
Dr. Sarah O. Ostrander, Director, Council on Dental Education and Licensure and Coalition for
Modernizing Dental Licensure
Ms. Annette Puzan, Manager, Council on Dental Education and Licensure