

CONSIDERATION OF A LETTER FROM STATE DENTAL ASSOCIATIONS RELATED TO ALLIED DENTAL EDUCATION STANDARDS

Background: On January 16, 2023, the Commission on Dental Accreditation (CODA) received a 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.

Summary: The Commission on Dental Accreditation is requested to consider the letter from 17 state dental associations (**Appendix 1**). In considering the letter, the Commission may direct this matter to one (1) or more of its Review Committees or Standing Committees, establish an Ad Hoc Committee to consider the request, or take no further action.

Recommendation:

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 Toops 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. Toops 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 Tooks, 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/eoid-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/eoid-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=225FCBCCB67174AAFC760FE2287322D