

REPORT OF THE REVIEW COMMITTEE ON DENTAL ASSISTING EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Ms. Jill Day. Committee Members: Dr. Wil Abshier, Ms. Julie Bera, Dr. Martin Bloom, Dr. Jennifer Boyce, Ms. Heather Ferris, Dr. Christy Ross, Ms. Staci Schory, Ms. Heather Seghi, and Ms. Diana Williams. Guests (Open Session Only, Virtual): Ms. Laura Skarnulis, chief executive officer, Dental Assisting National Board (DANB) and the DALE Foundation, and Ms. Rebecca Stolberg, vice president, Allied Dental Education and Faculty Development, American Dental Education Association (ADEA), attended the policy portion of the meeting. Staff Members: Ms. Jamie Asher Hernandez, manager, Allied Dental Education, Ms. Katie Navickas, manager, Allied Dental Education, Mr. Daniel Sloyan, coordinator, Allied Program Reviews, and Ms. Zaira Limon Perez, senior project assistant, Allied Dental Education, Commission on Dental Accreditation (CODA). Dr. Sherin Tookes, senior director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Assisting Education (DA RC) was held on July 10-11, 2025 at the ADA Headquarters, Chicago, Illinois.

CONSIDERATION OF MATTERS RELATED TO DENTAL ASSISTING EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs (p. 300): The Review Committee on Dental Assisting Education (DA RC) considered the annual report of the frequency of citings of Accreditation Standards for Dental Assisting Education Programs (**Policy Report p. 300**) and noted the most frequently cited areas of non-compliance for site visits conducted between July 1, 2020 through October 31, 2024.

The data 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 2-9a 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.

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 citations 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. Standard 1-7 related to an advisory committee having dentists and dental assistants equally represented was cited 18 times. Additional frequently cited areas of non-compliance were noted within 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, which was cited 12 times.

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

Consideration of Proposed Revision to the Accreditation Standards for Dental Assisting Education Programs Related to Faculty to Student Ratios (p. 301): 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, Policy Report p. 301**).

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.

At this meeting, the Dental Assisting Review Committee (DA RC) considered the letter from the ADA-CDEL (**Appendix 1, Policy Report p. 301**). The DA RC noted proposed revisions related to the faculty-to-student ratios are under review by the Ad Hoc Committee on Dental Assisting Standards as part of the Validity and Reliability Study for the Accreditation Standards for Dental Assisting Education Programs. The DA RC determined that the letter from the ADA-CDEL should be forwarded to and considered by the Ad Hoc Committee on Dental Assisting Standards for further consideration.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Ad Hoc Committee on Dental Assisting Standards to consider the letter submitted by the American Dental Association Council on Dental Education and Licensure (**Appendix 1, Policy Report p. 301**) regarding proposed revisions to faculty-to-student ratios for dental assisting, with a future report to the Dental Assisting Education Review Committee and Commission.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Ms. Jill Day
Chair, Review Committee on Dental Assisting Education