

October 10, 2024

Dr. Frank Licari, Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Licari,

The 16th district of the American Dental Association, which includes the states of Virginia, North Carolina and South Carolina, met last week to discuss, among other important topics, the dental workforce crisis affecting access to patient care across the United States. Specifically, the shortage of qualified, licensed hygienists.

Each state in our district has tried to address this long-term workforce challenge within the current CODA guidelines. CODA's uniquely onerous restrictions for allied dental education are the chief barrier I have heard cited by academic deans and college presidents in Virginia who because of those restrictions often view dental hygiene as an unwieldy, expensive and challenging program to administer.

These proposed revisions could increase the pool of potential faculty members for dental hygiene programs. In Virginia, the highest professional degree achieved for 56 percent of our licensed hygienists is a two-year associate degree. Allowing those licensed hygienists to teach clinical and dental lab courses addresses a factor that currently prevents accredited two-year dental hygiene programs from hiring their own qualified and experienced graduates as faculty members in that capacity.

These proposed changes also suggest that any foreign-trained dentist or dental hygienist, regardless of the length, rigor, curriculum, or student to faculty ratio of their program, who is licensed to practice or teach in a state is more capable of providing didactic instruction than a graduate of a two-year dental hygiene program accredited by CODA, who has passed a clinical licensure exam and may have many more years of experience. We believe that inconsistency should be addressed by permitting qualified faculty with a two-year degree to teach in any capacity.

CODA already permits foreign-trained dentists to teach dental students at accredited schools and permits dental schools in states in which they have teaching licenses the discretion to determine appropriate student to faculty ratios based on subject matter and experience.

CODA's current requirements for hygiene programs, including mandated student to faculty ratios, restrictions on the clinical settings in which students are allowed to earn academic credits, and lengthy waits for accreditation or minor adjustments to class sizes prevent education programs from developing many of the same innovative, effective education models seen in dental education. The status quo is not responsive to the needs of employers, to the overwhelming student demand for these positions in our states, and ultimately to the healthcare needs of patients who face longer wait times and higher barriers to accessing care because of the decisions made over the course of several decades by this commission.

If CODA is to remain the gold standard for accreditation for dental education throughout the country, CODA-accredited dental hygiene programs must be permitted the flexibility to operate sustainably.

Thank you for your time and consideration.

Sincerely,



Ryan Dunn, CEO