November 24, 2014

Sherin Tooks, EdD, MS
Director, Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Tooks,

On behalf of the American Dental Hygienists’ Association (ADHA), I am writing in response to the call for comments regarding the Commission on Dental Accreditation’s Revised Draft Accreditation Standards for Dental Therapy Education Programs. As president, I assigned the ADHA Council on Education to review and comment on the proposed Accreditation Standards.

As a result of the Council’s review, ADHA is pleased to provide CODA with the following feedback regarding the revised Standards. ADHA also offers some additional recommendations for consideration based upon the evolving practice of dental hygiene and the complex care needs of today’s patient. With the many national calls for changing the oral health care delivery system and the education of oral health professionals, developing a dental therapy curriculum that enables dental hygienists to advance their practice and better prepare future dental hygienists to continue delivering quality oral health care to all segments of the U.S. is critical.

**ADHA Comments by Standard:**

**Education**

- Introduction and Standard 2-1: Students of dental therapy programs are using critical thinking, problem-solving as well as performing skills to a competent level upon graduation. Education denotes the importance of didactic, laboratory and clinical education. ADHA supports the revision that now includes the word “education,” as noted in the following areas:
  Page 8, Line 7
  Page 14, Line 37
  Page 22, Line 3
  (CODA Winter 2014, Page 8, Line 7; Page 14, Line 37; Page 22, Line 3)
• Definitions: ADHA applauds CODA’s decision to permit faculty to supervise students in providing patient care.
(CODA Winter 2014, P. 15, Line 2-7)

• Standard 2-1: ADHA supports CODA’s changes to the criteria for the curriculum which removes the restrictive baccalaureate degree requirement. The baccalaureate omission gives colleges and universities the maximum flexibility in developing their programs. The language on page 22, line 7-8 is consistent with other allied dental programs.
(CODA Winter 2014, P. 22, Line 7-8)

• Standard 3-5: ADHA applauds the inclusion of faculty to student ratios. To keep in alignment with other allied fields, we recommend the following changes:
Page 34, Line 19
Remove the word “six” and insert “five”.
(CODA Winter 2014, P. 34, Line 18-30)

Competencies

• Standard 2-20: ADHA recommends the following changes:

Page 30, Line 1
Remove the words, “with supervision.”

Page 30, Line 6
Remove the words, “with supervision.”

Page 30, Line 15 and 16
Remove the words, “performed on transitional or permanent dentition that includes scaling and/or polishing procedures to remove coronal plaque, calculus, and stains.”

Page 30, Line 15
Add the words “may be provided by a dental therapist with advanced standing.”

Page 30, Line 26
Recommend removal of the word, “simple.” This is subjective terminology.

• Standard 3-2: If the program director is not a licensed dentist (DDS/DMD) the program must also have a dental director who is a currently licensed dentist and who supports the program director by continuous program involvement. Recommend removal of lines 12-14 beginning with the word: “If.” This allows for current dental hygiene directors who may be developing dental therapy programs to become Dental Therapy Program Directors.
(CODA Winter 2014, P. 33, Line 12-14)
Supervision

• ADHA is supportive of the CODA’s decision to remove the onerous and restrictive supervision requirements which would have in effect prohibited direct access for this new provider. This is consistent with other allied dental accreditation standards. (CODA Winter 2014, P. 25, Line 5-8)

• The Federal Trade Commission (FTC) echoed ADHA’s concern regarding supervision. The FTC suggested that CODA should consider omitting categorical statements regarding a supervising dentist's responsibility for diagnosis and treatment planning, topics that are typically addressed by the individual states in their licensure and scope of practice laws.

• The American Dental Hygienists’ Association policy recognizes that dental hygienists who are graduates of an accredited program are competent to provide dental hygiene services without supervision. Competence 13A-00/46-80 Patient Care Services.

Miscellaneous

• The words “leading to the baccalaureate degree in dental therapy” should be eliminated. The baccalaureate degree was eliminated in Standard 2-1 and that should be reflected here as well. (CODA Winter 2014, P. 7, Line 28)

• ADHA applauds CODA’s inclusion of dental therapist as members of the oral healthcare team. (CODA Winter 2014, P. 22, Lines 2-4)

General Comments:

A report to the Minnesota Legislature in early 2014 indicates that the Minnesota models have shown, among other benefits, “The dental therapy workforce is growing and appears to be fulfilling statutory intent by serving predominantly low-income, uninsured and underserved patients; and dental therapists appear to be practicing safely, and clinics report improved quality and high patient satisfaction with dental therapist services.” That report, "Early Impacts of Dental Therapists in Minnesota" was produced by the Minnesota Department of Health in conjunction with the Minnesota Board of Dentistry.

Today there are 42 licensed dental therapists in Minnesota and 6 advanced dental therapists. The criteria for licensure are being met. These providers have proven themselves. The Early Impact Study further shows that these new members of the dental team have been well received by both the public and professional community.
In Minnesota, many of these new providers are dually licensed as both ADTs and licensed dental hygienists. In Maine, the newly created Dental Hygiene Therapist will all be dually licensed as both a Dental Hygiene Therapist and a licensed dental hygienist.

The Federal Trade Commission’s December 2013 letter of comment to CODA concluded that the standard’s effectiveness may be limited by unnecessary statements on supervision, evaluation, and treatment planning. ADHA encourages CODA to be mindful of the comments received to date, particularly those that compromise the ability of this new practitioner to practice up to the fullest extent of his or her education and experience. ADHA implores the Commission to fully develop and implement accreditation standards that reflect the progress states are making and current practice. Your leadership and prompt attention to this matter is needed now.

Developing accreditation standards for these type of programs is important in many other states where legislation to authorize dental hygiene therapy practice has been or will soon be introduced—for example, KS, MA, NH, NM, VT and WA. This continues to be an area of interest in the professional communities. CODA is responsible for accrediting all dental and dental-related programs. CODA’s mission is to serve the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Should you have any questions about this information, please feel free to contact Ms. Pamela Steinbach, ADHA, Director of Education by phone at 312-440-8936 or via email at PamS@adha.net.

Sincerely,

Kelli Swanson Jaecks, MA, RDH
President, American Dental Hygienists’ Association

cc: ADHA Board of Trustees
ADHA Council on Education
Jill Rethman, RDH, BA, President-Elect, ADHA
Ann Battrell, MSDH, Executive Director, ADHA
ADHA Senior Staff