

CODA Dental Therapy Training Guidelines



The Commission on Dental Accreditation (CODA) is the only nationally recognized body that sets standards for programs that train dentists, dental hygienists, and dental assistants.

CODA is authorized by the U.S. Department of Education and housed within the American Dental Association. It exists to ensure quality and consistency among dental training programs and, ultimately, to protect the public safety.

In 2015 CODA recognized dental therapy as an emerging profession and released standards for dental therapy training programs. The standards apply to the rigor of the curriculum, faculty, clinical training experience and the ability of schools to effectively administer a program.

CODA accreditation means a dental therapy educational program has achieved a nationally accepted level of safety and quality.

CODA Dental Therapy (DT) Standard Highlights

- *Program Length:* at least 3 academic years (about 9 months per year) to master about ¼ of the procedures of a dentist.
- *Degree Awarded:* CODA does not address. Each educational program can determine.
- *Hygiene Provision:* DTs **ARE NOT** required to be dually trained as dental hygienists.
- *Supervision Level:* determined by states and can allow for DTs to work without their supervising dentist being present.
- *Scope of Practice:* lists a minimum number of evaluation, prevention and restorative procedures; states can add procedures.

Examples of CODA frequently used dental therapy procedures:

- Drill and fill cavities in primary and permanent teeth
- Extract (nonsurgical) erupted primary teeth
- Charting of oral cavity
- Expose x-rays
- Disease prevention instruction
- Clean and polish teeth/scaling below the gums
- Apply topical fluoride agents, sealants
- Administer local anesthetic
- Temporary crowns/preformed crowns on primary teeth
- Adjust/repair removable prostheses

Why Wisconsin's Dental Therapy Law Should Follow CODA

1. **Lawmaking should be evidence-based.** CODA, which sets the standards for all accredited training programs in the dental profession, should be the standard for legislative language.
2. **CODA allows states to adopt uniform educational requirements for dental therapy**, allowing DTs to move to and from Wisconsin without facing undue barriers to practice.
3. **CODA guidelines do not specify a degree requirement, nor should Wisconsin.** *The ultimate litmus test of whether a school can graduate competent providers is whether CODA determines that a program – of any degree credential—meets its accreditation standards.* State laws should:
 - Allow schools to determine the degree programs they want to offer,
 - Allow students to choose the degree that best meets their goals, and
 - Allow employers to decide the degree level that best meets their practice needs.
4. **Wisconsin laws licensing dentists, dental hygienists, registered nurses and physician assistants do not specify a degree requirement in statute.** They require licensed providers to have graduated from an accredited program and/or one that is approved by the state dental or medical board.



5. **Requiring longer, and costlier, training than what's called for in CODA has consequences:**

- Lower-income students will be deterred from becoming DTs -- many from rural and minority communities who would more likely want to live and practice in their home towns, where providers are most needed.
- Many dental therapists will be saddled with sizeable student debt, which delays home-buying and in other ways lowers graduates' consumer spending levels – the engine of the U.S. economy.

6. **CODA guidelines do not require a dual DT/hygiene credential, nor should Wisconsin.** Dental practices have varying needs; some do not need or prefer a hygiene/therapist. Mandating hygiene education for DTs increases the length and cost of education for students, and salary costs for employers. Dual credentialing should be an option – not a requirement.

Advocates for a shorter DT training program fully support further education for DTs if they choose. Our nation's delivery system will need dental therapists to manage teams of dental auxiliaries, oversee training programs and teach in academia – and they will require more training. But the typical clinician working in a private practice, public clinic or community setting does not need longer training.

