201: Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in General Practice Residency
PGD RC
CODA Summer 2026

Background

The Commission on Dental Accreditation (CODA) Accreditation Standards for Advanced Dental Education Programs in General Practice Residency were adopted on August 5, 2022 with immediate implementation. Since that date, 92 site visits have been conducted by visiting committees of CODA utilizing these standards.

Currently, the Standards include 61 “must” statements addressing 122 required areas of compliance.

This report presents the number of non-compliance areas cited by site visits conducted from August 5, 2022 through October 31, 2025. If special (focused or comprehensive), pre-enrollment or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis

The data in **Appendix 1** reflects a total of 57 citings of non-compliance.

- Standard 1- Insitutional Effectiveness: 5 (9%)
- Standard 2- Educational Programs: 37 (65%)
- Standard 3- Faculty and Staff: 6 (10%)
- Standard 4- Educational Support Services: 4 (7%)
- Standard 5- Patient Care Services: 5 (9%)

Analysis of the data indicates that the most frequently cited Standards are:

- Standard 2-19 a: four (4) citings
- Standard 5-4: four (4) citings

Summary

CODA will continue to receive reports annually which summarize the frequency of citings for each individual Standard, and will use the data to proposefuture revisions.

Recommendation:

This report is informational in nature, no action requested.

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General Practice Residency Frequency of Citings

Total Number of Programs Evaluated: 92

August 5, 2022 through October 31, 2025

Standard 1: Institutional and Program Effectiveness (22 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	1-1	Each sponsoring and co-sponsoring institution **must** be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).
	1-8	The program **must** develop overall program goals and objectives that emphasize:
2	1-8 d	community service
1	1-9	The program **must** have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's overall goals and objectives are being met and make program improvements based on an analysis of that data.

Standard 2: Educational Program (68 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-1	The program **must** provide didactic and clinical training to ensure that upon completion of training, the resident is able to:
1	2-1 b	Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.

	2-2	The program **must** have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:
2	2-2 c	periodontal therapy;
	2-5	Residents **must** be assigned to an anesthesia rotation with supervised practical experience in the following:
2	2-5 a	preoperative evaluation;
2	2-5 b	assessment of the effects of behavioral and pharmacologic techniques;
3	2-5 c	venipuncture technique;
2	2-5 d	patient monitoring;
1	2- 5 e	airway management;
2	2-5 f	understanding of the use of pharmacologic agents;
2	2-5 g	recognition and treatment of anesthetic emergencies; and
2	2-5 h	assessment of patient recovery from anesthesia.
	2-6	Residents **must** be assigned to a rotation in medicine that has supervised practical experiences, to include:
1	2-6 a	obtaining and interpreting the patient's chief complaint, medical, and social history, and review of systems;
1	2-6 b	obtaining and interpreting clinical and other diagnostic data from other health care providers;
1	2-6 c	using the services of clinical, medical, and pathology laboratories; and

1	2-6 d	performing a history and physical evaluation and collect other data in order to establish a medical assessment.
	2-8	Each assigned rotation or experience **must** have
1	2-8 a	written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;
1	2-8 b	resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
1	2-8 c	evaluations performed by the designated supervisor.
	2-11	Residents **must** receive training and experience in the management of inpatients or same-day surgery patients, including:
1	2-11 c	providing care in the operating room; and
1	2-11 d	preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.
2	2-12	Formal patient care conferences **must** be held at least twelve (12) times a year.
1	2-17	The goals and objectives or the competencies for resident didactic and clinical training in the optional second year of training **must** be at a higher level than those of the first year of the program.
	2-19	The program's resident evaluation system **must** assure that, through the director and faculty, each program:
4	2-19 a	periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures;

2	2-19 b	provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions **must** be taken; and

Standard 3: Faculty and Staff (13 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	3-1	The program **must** be administered by a director who has authority and responsibility for all aspects of the program.
1	3-6	A formally defined evaluation process **must** exist that ensures measurement of the performance of faculty members annually.
1	3-7	The program **must** show evidence of an ongoing faculty development process.
	3-9	At each site where educational activity occurs, adequate support staff **must** be consistently available to ensure:
2	3-9 a	residents do not regularly perform the tasks of allied dental personnel and clerical staff,
1	3-10	The program **must** provide ongoing faculty calibration at all sites where educational activity occurs.

Standard 4: Educational Support Services (11 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	4-5	The program's description of the educational experience to be provided **must** be available to program applicants and include:
1	4-5 a	A description of the educational experience to be provided,
2	4-5 b	A list of goals and objectives or for resident training, and

1	4-5 c	A description of the nature of assignments to other departments or institutions.

Standard 5: Patient Care Services (8 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	5-3	The program **must** conduct and involve residents in a structured system of continuous quality improvement for patient care.
4	5-4	All residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.