

Background

The Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Education Programs were adopted by CODA at its August 6, 2010 meeting with implementation on July 1, 2013. From the July 1, 2013 adoption date of these Standards through October 31, 2025, 148 site visits have been conducted by visiting committees of CODA utilizing these standards.

Currently, the Standards include 65 “must” statements addressing 95 required areas of compliance.

This report presents the number of non-compliance areas cited by site visits conducted from August 6, 2010 through October 31, 2025. It should be noted that during the period of August 6, 2010 through July 1, 2013, eight (8) dental education program (DDS/DMD) site visits were conducted, five (5) of which were evaluated based upon the new Standards, before the date of implementation, at the programs’ request. If international predoctoral dental, 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 375 citings of non-compliance.

- Standard 1- Institutional Effectiveness: 29 citings (7.7%)
- Standard 2- Educational Program: 237 citings (63.2%)
- Standard 3- Faculty and Staff: 14 citings (3.7%)
- Standard 4- Educational Support Services: 15 citings (4.0%)
- Standard 5- Patient Care Services: 74 citings (19.7%)
- Standard 6- Research Program: 6 citings (1.6%)

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

- Dental Standard 2-5 (methods of student evaluation): 20 citings
- Dental Standard 2-9 (adequate patient experiences): 28 citings
- Dental Standard 2-19 (applying the basic principles and philosophies of practice management): 15 citings
- Dental Standard 2-24 a – o (clinical competency): 105 citings
- Dental Standard 2-24 h (clinical competency in the replacement of teeth including fixed, removable, and dental implant prosthodontic therapies): 29 citings
- Dental Standard 5-3 a – e (formal system of continuous quality improvement): 51 citings

Of the 148 site visits conducted since the adoption of the current Accreditation Standards, as listed above, 69 programs were in compliance with all requirements at the time of the site visit.

Summary

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

Recommendation:

This report is informational in nature, no action requested.

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Dental Education Programs Frequency of Citings

Total Number of Programs Evaluated: 148

August 6, 2010 through October 31, 2025

Standard 1: Institutional Effectiveness (11 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	1-1	The dental school must develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.
9	1-2	Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school must be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.
6	1-3	The dental education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.
	1-4	The dental school must have policies and practices to: *Note: Dental Standard 1-4 a – c was suspended by CODA at its August 7, 2025 meeting. Any programs site visited after this date were not reviewed for this Standard.
2	a.	Achieve appropriate levels of diversity among its students, faculty and staff.
	b.	Engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds;
6	c.	Systematically evaluate comprehensive strategies to improve the institutional climate for diversity

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)
CODA Summer 2026

3	1-5	The financial resources must be sufficient to support the dental school's stated purpose/mission, goals and objectives.
1	1-6	The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Standard 2: Educational Program (44 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
4	2-1	In advance of each course or other unit of instruction, students must be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.
1	2-2	If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations must be performed that lead to an appropriate decision in accordance with institutional due process policies.
1	2-4	The stated goals of the dental education program must be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.
20	2-5	The dental education program must employ student evaluation methods that measure its defined competencies.
5	2-6	Students must receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.
	2-8	The dental school must have a curriculum management plan that ensures:
6	a.	an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
2	b.	evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	c.	elimination of unwarranted repetition, outdated material, and unnecessary material;
1	d.	incorporation of emerging information and achievement of appropriate sequencing.
1	e.	incorporation of emerging didactic and clinical technologies to support the dental education program curriculum.
28	2-9	The dental school must ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.
1	2-10	Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.
2	2-15	Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.
4	2-16	Graduates must be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.
5	2-17	Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.
5	2-18	Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)
CODA Summer 2026

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
15	2-19	Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.
12	2-20	Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.
2	2-21	Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.
4	2-22	Graduates must be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.
5	2-23	Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.
	2-24	At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
4	a.	patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
6	b.	screening and risk assessment for head and neck cancer;
3	c.	recognizing the complexity of patient treatment and identifying when referral is indicated;
2	d.	health promotion and disease prevention;
11	e.	local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
4	f.	restoration of teeth;
4	g.	communicating and managing dental laboratory procedures in support of patient care;
29	h.	replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
1	i.	periodontal therapy;
4	j.	pulpal therapy;
12	k.	oral mucosal, temporomandibular, and osseous disorders;
4	l.	hard and soft tissue surgery;
6	m.	dental emergencies;
6	n.	malocclusion and space management; and
9	o.	evaluation of the outcomes of treatment, recall strategies, and prognosis.
6	2-25	Graduates must be competent in assessing the treatment needs of patients with special needs.
1	2-26	Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Standard 3: Faculty and Staff (6 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
8	3-1	The number and distribution of faculty and staff must be sufficient to meet the dental school's stated purpose/mission, goals and objectives.
2		The faculty member responsible for the specific discipline must be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing of the individual faculty as defined by the program/institution.
1	3-2	The dental school must show evidence of an ongoing faculty development process.
2	3-3	Faculty must be ensured a form of governance that allows participation in the school's decision-making processes.
1	3-4	A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship and service.

100: Informational Report of Frequency of Citings

Appendix 1

Predocrotal Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Standard 4: Educational Support Services (18 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
9	4-5	The dental school must provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.
3	4-6	Any site not owned by the sponsoring institution where required educational activity occurs must have a written agreement that clearly defines the roles and responsibilities of the parties involved.
	4-7	Student services must include the following:
	a.	personal, academic and career counseling of students;
	b.	assuring student participation on appropriate committees;
	c.	providing appropriate information about the availability of financial aid and health services;
1	d.	developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
	e.	student advocacy;
	f.	maintenance of the integrity of student performance and evaluation records; and
	g.	instruction on personal debt management and financial planning.
1	4-8	At the time of acceptance, students must be advised of the total expected cost of their dental education.
1	4-11	There must be a mechanism for ready access to health care for students while they are enrolled in dental school.

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Standard 5: Patient Care Services (13 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
3	5-2	Patient care must be evidenced-based, integrating the best research evidence and patient values.
	5-3	The dental school must conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
7	a.	standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
9	b.	an ongoing review and analysis of compliance with the defined standards of care;
9	c.	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
13	d.	mechanisms to determine the cause(s) of treatment deficiencies; and
13	e.	implementation of corrective measures as appropriate.
4	5-5	The dental school must ensure that active patients have access to professional services at all times for the management of dental emergencies.
4	5-6	All students, faculty and support staff involved in the direct provision of patient care must be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.
10	5-8	The dental school must establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.
2	5-9	The school's policies and procedures must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

100: Informational Report of Frequency of Citings

Appendix 1

Predoctoral Dental Education Review Committee (PREDOC RC)

CODA Summer 2026

Standard 6: Research Program (3 Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	6-1	Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, must be an integral component of the purpose/mission, goals and objectives of the dental school.
3	6-2	The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, must engage in research or other forms of scholarly activity.
2	6-3	Dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.