



Commission on Dental Accreditation

Advanced Dental Education

Proposed Accreditation Standards for Operative Dentistry, Cariology and Biomaterials

At its Summer 2025 meeting, the Commission directed that the proposed Accreditation Standards for Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2026, for review at the Summer 2026 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link: https://surveys.ada.org/jfe/form/SV_1BWawXFy7HRQOI6.

Additions are underlined.

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Accreditation Standards For
Advanced Dental Education Programs in
Operative Dentistry, Cariology and Biomaterials

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**Accreditation Standards For
Advanced Dental Education Programs in
Operative Dentistry, Cariology and Biomaterials**

Document Revision History

<u>Date</u>	<u>Item</u>	<u>Action</u>
<u>xxxxx</u>	<u>Accreditation Standards for Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials</u>	<u>Adopted</u>
<u>xxxxx</u>	<u>Accreditation Standards for Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials</u>	<u>Implemented</u>

Table of Contents

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

PAGE

Mission Statement of the Commission on Dental Accreditation..... 5

Accreditation Status Definitions..... 6

Introduction..... 8

Goals 9

Definition of Terms 10

Standard

1- Institutional and Program Effectiveness 13

2- Educational Program..... 18

3- Faculty and Staff..... 29

4- Educational Support Services 34

5- Patient Care Services 37

6- Research..... 39

1 **Mission Statement of the**
2 **Commission on Dental Accreditation**
3

4 The Commission on Dental Accreditation serves the public and dental professions by developing
5 and implementing accreditation standards that promote and monitor the continuous quality and
6 improvement of dental education programs.
7

8 Commission on Dental Accreditation
9 Adopted: August 5, 2016; Revised August 6, 2021
10

Accreditation Status Definitions

Programs That Are Fully Operational

Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status. The developing education program must not

1 enroll students/residents/fellows with advanced standing beyond its regularly enrolled cohort,
2 while holding the accreditation status of “initial accreditation.”

3
4 **Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or
5 allied dental education program which is not yet fully operational. This accreditation
6 classification provides evidence to educational institutions, licensing bodies, government or other
7 granting agencies that, at the time of initial evaluation(s), the developing education program has
8 the potential for meeting the standards set forth in the requirements for an accredited educational
9 program for the specific occupational area. The classification “initial accreditation” is granted
10 based upon one or more site evaluation visit(s).

11 Revised: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Introduction

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors evaluate Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials for accreditation purposes. It also serves as a program development guide for institutions that wish to establish new programs or improve existing programs.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions that offer advanced dental education programs, the Commission recognizes that methods of achieving standards may vary according to the size, type, and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission has an obligation to the public, the profession, and the prospective resident to assure that programs accredited as Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials provide an identifiable and characteristic core of required training and experience.

Goals

Advanced Dental Education Programs in Operative Dentistry, Cariology and Biomaterials are educational programs designed to provide training beyond the level of predoctoral education in oral health care, using applied basic and behavioral sciences. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide care for individuals.

1. Have advanced knowledge and expertise in Cariology, Biomaterials, and Operative Dentistry, including in digital dentistry technologies.
2. Demonstrate skills as a master clinician in treating patients with complex oral disease presentation and/or compromised health.
3. Demonstrate advanced knowledge and expertise in Biomaterials, including restorative dental material, and occlusion, specifically the clinical implications of use in cases involving prosthetics (including dental implants), periodontal and endodontic care.
4. Function efficiently within interdisciplinary health care teams, including coordinating patient-centered care.
5. Demonstrate knowledge in educational theory and best practices with the ability to teach effectively at the pre-doctoral and post-graduate levels.
6. Conduct original scientific research using knowledge in scientific methodology and research design, including writing peer-reviewed scholarly articles for publication in dental literature.
7. Bring the values of professional ethics, lifelong learning, patient-centered care, adaptability, and acceptance of cultural diversity to her/his professional practice.
8. Collaborate in programs to meet the oral health needs of communities and engage in community service.

Definition of Terms

Key terms used in this document (i.e., Must, should, could and may. were selected carefully and indicate the relative weight that the commission attaches to each statement. The definition of these words as used in the standards follows:

Certificate program: a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Competent: The level of knowledge, skills, and values required by residents to perform independently an aspect of dental practice after completing the program.

Degree-granting program: a planned sequence of advanced courses leading to a master's or doctoral degree granted by a recognized and accredited educational institution.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Goals and Objectives:

Program: Educational goals that describe what the resident will be able to do upon completion of the program. These should describe the resident's abilities rather than the educational experiences they participate in.

Resident Training: Educational goals describing the levels of knowledge, skills and values attained when a particular activity is accomplished.

In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is accredited by an agency recognized by the United States Department of Education, accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), or receiving regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV).

HIPAA: Health Insurance Portability and Accountability Act

1 **Intent:** Intent statements are presented to provide clarification to the advanced education
2 programs in operative dentistry, cariology and biomaterials in the application of and in
3 connection with compliance with the Accreditation Standards for Advanced Dental Education
4 Programs in Operative Dentistry, Cariology, and Biomaterials. The statements of intent set forth
5 some of the reasons and purposes for the particular Standards. As such, these statements are not
6 exclusive or exhaustive. Other purposes may apply.

7
8 **Interdisciplinary:** Including dentistry and other health care professions.
9

10 **Manage:** Coordinate the delivery of care using a patient-focused approach within the
11 scope of their training. Patient-focused care should include concepts related to the
12 patient’s social, cultural, behavioral, economic, medical and physical status.
13

14 **May or could:** Indicates freedom or liberty to follow a suggested alternative.
15

16 **Multidisciplinary:** Including all disciplines within the profession of dentistry.
17

18 **Must:** Indicates an imperative or duty; an essential or indispensable item; mandatory.
19

20 **Operative Dentistry:** The area of dentistry which manages caries and non-carious diseases,
21 disorders, and conditions of the dentition to restore and maintain optimal patient oral health,
22 comfort, function and esthetics through evidence-based knowledge, risk-based diagnosis,
23 prevention, and conservative approaches.
24

25 **Patients with special needs:** Those patients whose medical, physical, psychological, cognitive
26 or social situations make it necessary to modify normal dental routines in order to provide dental
27 treatment for that individual. These individuals include, but are not limited to, people with
28 developmental disabilities, cognitive impairment, complex medical conditions, significant
29 physical limitations, and/or other vulnerable populations.
30

31 **Should:** Indicates a method to achieve the standard; highly desirable, but not mandatory.
32

33 **Sponsor:** The institution that has the overall administrative control and responsibility for the
34 conduct of the program.
35

36 **Resident:** The individual enrolled in a Commission on Dental Accreditation-accredited
37 advanced dental education program in operative dentistry, cariology and biomaterials.
38

39 **Understanding:** Knowledge and recognition of the principles and procedures involved in a
40 particular concept or activity.
41

1 **Intent:** The educational program demonstrates either: a) documentation of receipt of
2 federal aid as evidence to operate, or b) documentation of a state business license as
3 evidence to operate. Additionally, as required by the state, the program demonstrates
4 authority through an appropriate state agency when issuing a certificate of completion. If
5 conferring a degree, the program demonstrates authorization from its institutional
6 accrediting agency.

7
8 **Examples of evidence to demonstrate compliance may include:**

- 9
 - 10 • State license or federal authority documenting the institution’s approval to operate
11 and confer a credential
 - 12 • Institutional accreditation indicating approval to confer a degree

13 **1-2** The sponsoring institution **must** ensure that support from entities outside of the
14 institution does not compromise the teaching, clinical and research components of the
15 program.

16
17 **Examples of evidence to demonstrate compliance may include:**

- 18
 - 19 • Written agreement(s)
 - 20 • Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to
21 facilities, funding, and faculty financial support

22 **1-3** The authority and final responsibility for curriculum development and approval, resident
23 selection, faculty selection and administrative matters **must** rest within the sponsoring
24 institution.

25
26 **1-4** The financial resources **must** be sufficient to support the program’s stated
27 purpose/mission, goals and objectives.

28
29 **Examples of evidence to demonstrate compliance may include:**

- 30
 - 31 • Program budgetary records
 - 32 • Budget information for previous, current and ensuing fiscal year

33 **1-5** Arrangements with all sites not owned by the sponsoring institution where educational
34 activity occurs **must** be formalized by means of current written agreements that clearly
35 define the roles and responsibilities of the parties involved.

36
37 **Intent:** Sites where educational activity occurs include any dental practice setting (e.g.
38 private offices, mobile dentistry, mobile dental provider, etc.). The items that are covered
39 in agreements do not have to be contained in a single document. They may be included in
40 multiple agreements, both formal and informal (e.g., addenda and letters of mutual
41 understanding).

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Examples of evidence to demonstrate compliance may include:

- Written agreements

1-6 There **must** be opportunities for program faculty to participate in institution-wide committee activities.

Examples of evidence to demonstrate compliance may include:

- Bylaws or documents describing committee structure
- Copy of institutional committee structure and/or roster of membership by dental faculty

1-7 Dental residents **must** have the same privileges and responsibilities provided residents in other professional education programs.

Examples of evidence to demonstrate compliance may include:

- Bylaws or documents describing resident privileges

1-8 The program **must** have written overall program goals and objectives that emphasize:

- a. operative dentistry, cariology, and biomaterials;
- b. resident education;
- c. patient care;
- d. research; and
- e. academic dentistry.

Intent: *The “program” refers to the Operative Dentistry, Cariology and Biomaterials Residency that is responsible for training residents within the context of providing patient care. The overall goals and objectives for resident education are intended to describe general outcomes of the residency training program rather than specific learning objectives for areas of residency training as described in Standard 2. Specific learning objectives for residents are intended to be described as goals and objectives for resident training and included in the response to Standards 2. The program is expected to define community service within the institution’s developed goals and objectives.*

1 **Examples of evidence to demonstrate compliance may include:**

- 2 • Written overall program goals and objectives

3
4 **1-9** The program **must** have a formal and ongoing outcomes assessment process that
5 regularly evaluates the degree to which the program’s overall goals and objectives are
6 being met and make program improvements based on an analysis of that data.

7
8 *Intent: The intent of the outcomes assessment process is to collect data about the degree*
9 *to which the overall goals and objectives described in response to Standard 1-8 are being*
10 *met.*

11
12 The outcomes process developed should include each of the following steps:

- 13
14 1. development of clear, measurable goals and objectives consistent with the program's
15 purpose/mission;
16 2. implementation of procedures for evaluating the extent to which the goals and
17 objectives are met;
18 3. collection of data in an ongoing and systematic manner;
19 4. analysis of the data collected and sharing of the results with appropriate audiences;
20 5. identification and implementation of corrective actions to strengthen the program; and
21 6. review of the assessment plan, revision as appropriate, and continuation of the
22 cyclical process.

23
24 **Examples of evidence to demonstrate compliance may include:**

- 25 • Written overall program goals and objectives
26 • Outcomes assessment plan and measures
27 • Outcomes results
28 • Annual review of outcomes results
29 • Meeting minutes where outcomes are discussed
30 • Decisions based on outcomes results.

31
32 **Ethics and Professionalism**

33
34 **1-10** The program **must** ensure that residents are able to demonstrate the application of the
35 principles of ethical reasoning, ethical decision making and professional responsibility as
36 they pertain to the academic environment, research, patient care, and practice
37 management.

38
39 *Intent: Residents should know how to draw on a range of resources such as professional*
40 *codes, regulatory law, and ethical theories to guide judgment and action for issues that*
41 *are complex, novel, ethically arguable, divisive, or of public concern.*

1 **2-4** The program **must** have a written curriculum plan that includes structured clinical
2 experiences and didactic sessions, designed to achieve the written goals and
3 objectives for resident training.

4
5 *Intent: The program is expected to organize the didactic and clinical educational*
6 *experience into a formal curriculum plan.*

7 *For each specific goal or objective or competency described in Standard 2, the*
8 *program is expected to develop educational experiences designed to enable the*
9 *resident to acquire the skills, knowledge, and values necessary in that area. The*
10 *program is expected to organize these didactic and clinical educational*
11 *experiences into a formal written curriculum plan.*

12
13 **Examples of evidence to demonstrate compliance may include:**

- 14 • Written curriculum plan with educational experiences tied to specific written goals
15 and objectives
- 16 • Didactic and clinical schedules

17
18 **2-5** Residents **must** receive training at the in-depth level in communication among
19 interdisciplinary teams and collaborative practice programs and receive training to
20 assume a leadership role as a care team member in oral healthcare initiatives.

21
22 *Intent: Residents should understand the roles of members of the healthcare team and*
23 *have educational experiences, particularly clinical experiences that involve working with*
24 *other healthcare professional students, residents, and practitioners. Residents should*
25 *have educational experiences in which they coordinate patient care within the healthcare*
26 *system relevant to dentistry.*

27
28 **Examples of Evidence to demonstrate compliance may include:**

- 29 • Course outlines
- 30 • Didactic and clinical schedules
- 31 • Documentation of treatment planning sessions
- 32 • Resident evaluations

33
34 **2-6** The advanced dental education program in operative dentistry, cariology, and
35 biomaterials **must** include didactic training in the theory and practice of evidence-based
36 healthcare and education.

1 **Examples of evidence to demonstrate compliance may include:**

- 2 • Didactic schedules
- 3 • Course outlines
- 4 • Resident evaluations
- 5

6 **PROGRAM DURATION**

7

8 **2-7** The duration of an advanced dental education program in operative dentistry, cariology
9 and biomaterials **must** be a minimum of 24 months of full-time formal training within a
10 single program.

11

12 **2-8** If an institution and/or program enrolls part-time residents, the institution/program **must**
13 have guidelines regarding enrollment of part-time residents. Part-time residents **must**
14 start and complete the program within a single institution, except when the program is
15 discontinued. The director of an accredited program who enrolls residents on a part-time
16 basis **must** ensure that: (1) the educational experiences, including the clinical experiences
17 and responsibilities, are the same as required by full-time residents; and (2) there are an
18 equivalent number of months spent in the program.

19

20 *Intent: Part-time residents may be enrolled, provided the educational experiences are the*
21 *same as those acquired by full-time residents and the total time spent is the same.*

22

23 **Examples of evidence to demonstrate compliance may include:**

- 24 • Description of the part-time program
- 25 • Documentation of how the part-time residents will achieve similar experiences and
26 skills as full-time residents
- 27 • Program schedules
- 28

29 **CURRICULUM**

30 **BIOMEDICAL SCIENCES**

31

32

33 **2-9** Biomedical sciences **must** be included to support the clinical, didactic and research
34 portions of the curriculum.

35

36 *Intent: Instruction in biomedical sciences need not occur only in formal courses. Such*
37 *instruction may be acquired through clinical activities, and other educational activities.*
38 *The biomedical sciences may be integrated into existing curriculum designed especially*
39 *for the program.*

40

41 **Examples of evidence to demonstrate compliance may include:**

- 1 • Written curriculum plan
- 2 • Course outlines
- 3 • Didactic and clinical schedules
- 4

5 **2-10 Instruction in biomedical sciences must be provided at the in-depth level in the following**
6 **biomedical sciences:**

- 7
- 8 a. Applied dental anatomy and occlusion;
- 9 b. Microbiology of dental caries: Including oral microbiome and pathophysiology of
10 dental caries; and
- 11 c. Biomaterials: Including the chemical and physical properties of currently available
12 restorative materials and their clinical handling properties.
- 13

14 **Examples of evidence to demonstrate compliance may include:**

- 15 • Didactic schedules
- 16 • Course outlines
- 17 • Resident evaluations
- 18

19 **2-11 Instruction in biomedical sciences must be provided at the level of understanding of the**
20 **following:**

- 21
- 22 a. Medical history: Including applied pharmacology and treating patients with complex
23 medical conditions;
- 24 b. Managing medical and dental emergencies, including dental trauma;
- 25 c. Oral pathology and head and neck anatomy;
- 26 d. Pain management, including pain of dental origin, and anxiety control;
- 27 e. Diagnostic imaging; and
- 28 f. Infection control in the dental office.
- 29

30 **Examples of evidence to demonstrate compliance may include:**

- 31 • Didactic schedules
- 32 • Course outlines
- 33 • Resident evaluations
- 34

35 **2-12 Instruction in behavior guidance must be at the understanding level and include:**

- 36
- 37 a. Principles of communication, listening techniques, and communication with patients
38 and caregivers;
- 39 b. Principles of behavior change in health care; and
- 40 c. Clinical experiences in behavior guidance to enable residents to achieve competency
41 in patient management using behavior guidance.

1
2 *Intent: Management of caries disease is dependent on skills in informing changing*
3 *patient behavior. The program is expected to provide didactic training and clinical*
4 *experiences to develop these skills.*

5
6 **Examples of evidence to demonstrate compliance may include:**

- 7 • Didactic and clinical schedules
- 8 • Course outlines
- 9 • Resident evaluations

10
11 **CARIOUS AND NON-CARIOUS LESIONS**

12
13 **2-13** Didactic instruction in carious and non-carious lesions **must** be at the in-depth level and
14 include:

- 15
- 16 a. Caries lesion detection and diagnosis techniques;
- 17 b. Caries lesion management strategies; and
- 18 c. Non-carious lesions etiology and pathophysiology.

19
20 **Example of Evidence to demonstrate compliance may include:**

- 21 • Course outlines
- 22 • Didactic schedules
- 23 • Resident evaluations

24
25 **2-14** Clinical experiences in carious and non-carious lesions **must** enable residents to achieve
26 competency in:

- 27
- 28 a. Caries lesion detection and diagnosis; and
- 29 b. Carious and non-carious lesions management strategies that include:
 - 30
 - 31 1. Active surveillance to assess disease progression;
 - 32 2. Preventive strategies;
 - 33 3. Non-restorative strategies;
 - 34 4. Minimally invasive restorative strategies and determination of when to restore;
 - 35 5. Caries lesions excavation and tissue management; and
 - 36 6. Restorative therapies/strategies.

37
38 *Intent: Dental caries management strategies may include active surveillance to assess*
39 *disease and lesion progression; minimally invasive restorative treatment and*
40 *determination of when to restore; prevention; non-restorative strategies, caries lesion*
41 *excavation and tissue management; restorative and prosthetic therapy indications.*

1 techniques and dental materials, including conventional restorations, interim therapeutic
2 restorations, alternative restorative techniques and esthetic restorations.

3
4 **Examples of Evidence to demonstrate compliance may include:**

- 5 • Written competency statements
6 • Records of resident clinical activity
7 • Resident evaluations

8
9 **PULP THERAPY**

10
11 **2-15 Didactic instruction in vital pulp therapy must be at the in-depth level on pulp histology**
12 **and pathology of permanent teeth, including indications and rationale for various types of**
13 **vital pulp therapy.**

14
15 **Example of Evidence to demonstrate compliance may include:**

- 16 • Course outlines
17 • Didactic schedules
18 • Resident evaluations

19
20 **2-16 Clinical experiences in pulp therapy must enable residents to achieve competency in:**

- 21
22 a. Diagnosis of pulpal status in permanent teeth;
23 b. Vital pulp therapy in permanent teeth; and
24 c. Treatment/Management of vital pulpal therapy in permanent teeth, including
25 emergency care, stabilization and referral to specialists.

26
27 **Intent: Pulp therapy management strategies may include vital pulp therapy, including**
28 **selective caries removal, stepwise excavation, indirect pulp treatment, direct pulp cap,**
29 **partial or full pulpotomy.**

30
31 **Examples of Evidence to demonstrate compliance may include:**

- 32 • Written competency statements
33 • Records of resident clinical activity
34 • Resident evaluations

35
36 **IMPLANT THERAPY**

37
38 **2-17 Didactic instruction in implant therapy must be at the in-depth level in diagnosis and**
39 **treatment planning implant therapy, including interpreting clinical and radiographic**
40 **findings.**

1 **Example of Evidence to demonstrate compliance may include:**

- 2 • Course outlines
3 • Didactic schedules
4 • Resident evaluations
5

6 **2-18** Clinical experience in implant therapy **must** enable residents to appropriately restore
7 implants.

8
9 *Intent: Replacement of teeth with implants is a widely used treatment option and*
10 *residents should be able to implement this at a high level of skill.*

11 **Examples of Evidence to demonstrate compliance may include:**

- 12 • Records of resident clinical activity
13 • Resident evaluations
14

15 **TOOTH REPLACEMENT**

16
17
18 **2-19** The resident **must** be able to manage interim tooth replacement.

19
20 *Intent: The program is expected to provide educational instruction, either*
21 *didactically or clinically, during the program which enhances the resident's ability*
22 *to manage interim tooth replacement.*

23
24 **Examples of evidence to demonstrate compliance may include:**

- 25 • Didactic and clinical schedules
26 • Records of resident clinical activity
27 • Resident evaluations
28
29

1
2
3 **DIGITAL TECHNOLOGY**

4 **2-20** Didactic instruction in digital technology **must** be at the in-depth level in advanced
5 knowledge and application of computer-aided design/computer-aided manufacturing
6 (CAD/CAM) and other emerging digital technologies.

7 **Example of Evidence to demonstrate compliance may include:**

- 8 • Course outlines
9 • Didactic schedules
10 • Resident evaluations

11
12 **2-21** Clinical experience in digital technology **must** enable residents to demonstrate
13 knowledge and skills, technology, including digital workflows, intraoral scanning, digital
14 design evaluation, and material selection, along with the ability to assess esthetic and
15 functional outcomes.

16
17 **Examples of Evidence to demonstrate compliance may include:**

- 18 • Records of resident clinical activity
19 • Resident evaluations

20
21 **ESTHETICS**

22
23 **2-22** Didactic instruction in esthetics **must** be at the in-depth level and include:

- 24
25 a. Application of principles of esthetic dentistry;
26 b. Color theory and advanced application to dentistry;
27 c. Smile analysis and design;
28 d. Non-vital and vital bleaching techniques; and
29 e. Direct and indirect techniques to improve esthetic outcomes.

30
31 **Example of Evidence to demonstrate compliance may include:**

- 32 • Course outlines
33 • Didactic schedules
34 • Resident evaluations

35
36 **2-23** Clinical experience in esthetics **must** include analysis of clinical cases identified for
37 significant alteration of dental esthetics including differential diagnosis and treatment.

38
39 *Intent: Residents should use existing and new technologies to apply esthetic dentistry*
40 *principles in restoring teeth, treating vital and non-vital discolored teeth, and replacing*

1 missing structures. These experiences should go beyond predoctoral training and include
2 treatments with natural teeth and implants.

3
4 **Examples of Evidence to demonstrate compliance may include:**

- 5 • Records of resident clinical activity
6 • Resident evaluations

7
8 **INTERDISCIPLINARY TOPICS**

9
10 **2-24 Residents must have in-depth knowledge and skills in restoration of endodontically**
11 **treated teeth.**

12
13 **Intent: Complex cases may require communication and collaboration with other**
14 **specialties promoting a multidisciplinary collaboration.**

15
16 **Examples of Evidence to demonstrate compliance may include:**

- 17 • Course outlines
18 • Didactic and clinical schedules
19 • Resident evaluations

20
21 **2-25 Residents must be instructed to the level of understanding in the interdisciplinary**
22 **management of:**

- 23
24 a. Occlusion;
25 b. Oro-facial pain, including temporo-mandibular dysfunction;
26 c. Periodontal treatment in conjunction with restorative care; and
27 d. Orthodontic treatment in conjunction with restorative care.

28
29 **Intent: Recognition of cases where outcomes and predictability can be improved by**
30 **collaboration with specialists is crucial to managing complex cases.**

31
32 **Examples of Evidence to demonstrate compliance may include:**

- 33 • Course outlines
34 • Didactic and clinical schedules
35 • Resident evaluations
36
37

1
2
3 **EDUCATIONAL SKILLS**

4 **2-26** Didactic instruction in educational skills **must** be at the understanding level and include:

- 5 a. Teaching methodology, including active learning strategies;
6 b. Learner assessment strategies;
7 c. Use of technology in teaching;
8 c. Design of an educational module; and
9 d. Ethical and regulatory considerations in education.

10
11 **Example of Evidence to demonstrate compliance may include:**

- 12 • Course outlines
13 • Didactic schedules
14 • Resident evaluations

15
16 **2-27** Residents **must** participate in directing meaningful teaching experiences in didactic,
17 laboratory, and/or clinical settings.

18
19 *Intent: Residents should be prepared for a career in education by formal instruction in*
20 *the scholarship of teaching and learning as well as practical experience. Residents*
21 *should understand how FERPA affects their practices in teaching.*
22

23
24 **EVALUATION**

25
26 **2-28** The program's resident evaluation system **must** assure that, through the director and
27 faculty, each program:

- 28
29 a. periodically, but at least two times annually, evaluates and documents the
30 resident's progress towards achieving the program's written goals and
31 objectives for resident training using appropriate written criteria and
32 procedures;
33 b. provides residents with an assessment of their performance after each
34 evaluation. Where deficiencies are noted, corrective actions **must** be taken; and
35 c. maintains a personal record of evaluation for each resident that is accessible to
36 the resident and available for review during site visits.

37
38 *Intent: While the program may employ evaluation methods that measure a*
39 *resident's skills or behavior at a given time, it is expected that the program will, in*
40 *addition, evaluate the degree to which the resident is making progress toward*
41 *achieving the specific goals and objectives for resident training. The final resident*

1 evaluation or final measurement of educational outcomes may count as one of the
2 three evaluations.

3

4

Examples of evidence to demonstrate compliance may include:

5

• Written evaluation criteria and process

6

• Resident evaluations

7

• Personal record of evaluation for each resident

8

• Evidence that corrective actions have been taken

1 **STANDARD 3 – FACULTY AND STAFF**

2
3 **3-1** The program **must** be administered by a director who is board certified in operative
4 dentistry or has completed a Commission on Dental Accreditation-accredited* advanced
5 dental education program in operative dentistry, cariology, and biomaterials and has a
6 full-time appointment in the sponsoring institution with a primary commitment to the
7 operative dentistry, cariology and biomaterials program.

8
9 ***Intent:** *Individuals serving as a program director prior to (date of implementation of*
10 *Standards) or who completed an advanced dental education program in operative*
11 *dentistry, cariology and biomaterials in the United States or Canada prior to the*
12 *availability of accreditation by the Commission on Dental Accreditation will be*
13 *considered to have met this requirement.*

14 **Examples of evidence to demonstrate compliance may include:**

- 15
16 • Program directors completed BioSketch
17 • Copy of board certification certificate; letter from board attesting to current/active
18 board certification
19 • Evidence of completion of an advanced dental education program in operative
20 dentistry, cariology and biomaterials

21
22 **3-2** The program **must** be administered by a director who has authority and responsibility for
23 all aspects of the program.

24
25 ***Intent:** The program director's responsibilities include:*

- 26 *a. program administration;*
27 *b. resident selection, unless the applicant is sponsored by federal services utilizing a*
28 *centralized resident selection process;*
29 *c. development and implementation of the curriculum plan;*
30 *d. maintain a current copy of the curriculum's goals, objectives, and content outlines;*
31 *e. maintenance of records related to the educational program including schedules of*
32 *classes and seminars*
33 *f. maintain a record of the number and variety of clinical experiences accomplished by*
34 *each resident;*
35 *g. ongoing evaluation of program content, faculty teaching, and resident performance;*
36 *h. evaluation of resident training and supervision in affiliated institutions and off- service*
37 *rotations if applicable;*
38 *g. encouraging Board certification.*

39
40 **Examples of evidence to demonstrate compliance may include:**

- 41 • Program director's job description

1
2 **3-3** The program director **must** be appointed to the sponsoring institution and have sufficient
3 authority and time to achieve the educational goals of the program and assess the
4 program’s effectiveness in meeting its goals.

5
6 *Intent: It is expected that program directors will devote sufficient time to accomplish the*
7 *assigned duties and responsibilities. In programs where the program director assigns*
8 *some duties to other individuals, it is expected that the program will develop a formal*
9 *plan for such assignments that includes:*

- 10 *1. what duties are assigned;*
11 *2. to whom they are assigned; and*
12 *3. what systems of communication are in place between the program director and*
13 *individuals who have been assigned responsibilities.*

14
15 **Examples of evidence to demonstrate compliance may include:**

- 16 • Program director’s job description
17 • Job description of individuals who have been assigned some of the program
18 director’s job responsibilities
19 • Formal plan for assignment of program director’s job responsibilities as
20 described above
21 • Program records
22

23 **3-4** Documentation of all program activities **must** be ensured by the program director and
24 available for review.

25
26 **Examples of evidence to demonstrate compliance may include:**

- 27 • Program records
28

29 **3-5** All sites where educational activity occurs **must** be staffed by faculty who are qualified
30 by education and/or clinical experience in the curriculum areas for which they are
31 responsible and have collective competence in all areas of dentistry included in the
32 program.

33
34 *Intent: Faculty should have current knowledge at an appropriate level for the curriculum*
35 *areas for which they are responsible. The faculty, collectively, should have competence in*
36 *all areas of dentistry covered in the program.*

37
38 **Examples of evidence to demonstrate compliance may include:**

- 39 • Full and part-time faculty rosters
40 • Program and faculty schedules
41 • Completed BioSketch of faculty members

1
2 3-6 A faculty member **must** be present in the dental clinic for consultation, supervision and
3 active teaching when residents are treating patients in scheduled clinic sessions.

4
5 *Intent: This statement does not preclude the rare situation where a faculty member*
6 *cannot be available. This Standard applies not only to clinic sessions, but to any*
7 *location or situation where residents are treating patients in scheduled sessions.*

8
9 **Examples of evidence to demonstrate compliance may include:**

- 10 • Faculty clinic schedules

11
12 3-7 The number and time commitment of the teaching staff **must** be sufficient to:

- 13
14 a. Provide didactic and clinical instruction to meet curriculum goals and objectives; and
15 b. Provide supervision of all treatment provided by residents through specific and
16 regularly scheduled clinic assignments.

17
18 **Examples of evidence to demonstrate compliance may include:**

- 19 • Faculty clinic schedules

20
21 3-8 A formally defined evaluation process **must** exist that ensures measurements of the
22 performance of faculty members annually.

23
24 *Intent: The written annual performance evaluations should be shared with the faculty*
25 *members.*

26
27 **Examples of evidence to demonstrate compliance may include:**

- 28 • Faculty files
29 • Performance appraisals

30
31 3-9 The program **must** show evidence of an ongoing faculty development process at all sites
32 where educational activity occurs.

33
34 *Intent: Ongoing faculty development is a requirement to improve teaching and learning,*
35 *to foster curricular change, to enhance retention and job satisfaction of faculty, and to*
36 *maintain the vitality of academic dentistry as the wellspring of a learned profession.*

37
38 **Examples of evidence to demonstrate compliance may include:**

- 39 • Participation in development activities related to teaching, learning, and assessment
40 Attendance at regional and national meetings that address contemporary issues in
41 education and patient care

- 1 • Mentored experiences for new faculty
- 2 • Scholarly productivity
- 3 • Presentations at regional and national meetings
- 4 • Examples of curriculum innovation
- 5 • Maintenance of existing and development of new and/or emerging clinical skills
- 6 • Documented understanding of relevant aspects of teaching methodology
- 7 • Curriculum design and development
- 8 • Curriculum evaluation
- 9 • Resident assessment
- 10 • Cultural Competency
- 11 • Ability to work with residents of varying ages and backgrounds
- 12 • Use of technology in didactic and clinical components of the curriculum
- 13 • Evidence of participation in continuing education activities

14
15 **3-10** The program **must** provide ongoing faculty calibration at all sites where educational
16 activity occurs.

17
18 *Intent: Faculty calibration should be defined by the program.*

19
20 **Examples of evidence to demonstrate compliance may include:**

- 21 • Methods used to calibrate faculty as defined by the program
- 22 • Attendance of faculty meetings where calibration is discussed
- 23 • Mentored experiences for new faculty
- 24 • Participation in program assessment
- 25 • Standardization of assessment of resident
- 26 • Maintenance of existing and development of new and/or emerging clinical skills
- 27 Documented understanding of relevant aspects of teaching methodology
- 28 • Curriculum design, development and evaluation
- 29 • Evidence of the ability to work with residents of varying ages and backgrounds
- 30 • Evidence that rotation goals and objectives have been shared

31
32 **3-11** At each site where educational activity occurs, adequate support staff **must** be
33 consistently available to ensure:

- 34 a. residents do not regularly perform the tasks of allied dental personnel and clerical
35 staff,
- 36 b. resident training and experience in the use of current concepts of oral health care
37 delivery and
- 38 c. efficient administration of the program.

1 *Intent: This statement is meant to emphasize the importance of a well-balanced dental*
2 *staff that can help address aspects of the delivery of dentistry and the business of*
3 *dentistry. The areas that are considered current concepts would be scheduling,*
4 *insurance, dental assisting, dental hygiene and lab procedures. The program should*
5 *determine the number and participation of allied support and clerical staff to meet the*
6 *educational and experiential goals and objectives. Allied support may include dental*
7 *assistants, dental hygienists, and front desk personnel as needed. Laboratory procedures*
8 *may be conducted offsite.*
9

10 **Examples of evidence to demonstrate compliance may include:**

- 11
 - Staff schedules

1 **Examples of evidence to demonstrate compliance may include:**

- 2 • Written admission criteria, policies and procedures

3
4 **4-4 Admission of residents with advanced standing **must** be based on the same standards of**
5 **achievement required by residents regularly enrolled in the program. Residents with**
6 **advanced standing **must** receive an appropriate curriculum that results in the same**
7 **standards of competence required by residents regularly enrolled in the program.**

8
9 ***Intent: Advanced standing refers to applicants that may be considered for admission to a***
10 ***training program whose curriculum has been modified after taking into account the***
11 ***applicant's past experience. Examples include transfer from a similar program at***
12 ***another institution, completion of training at a non-CODA accredited program, or***
13 ***documented practice experience in the given discipline. Acceptance of advanced standing***
14 ***residents will not result in an increase of the program's approved number of enrollees.***
15 ***Applicants for advanced standing are expected to fulfill all of the admission requirements***
16 ***mandated for residents in the conventional program and be held to the same academic***
17 ***standards. Advanced standing residents, to be certified for completion, are expected to***
18 ***demonstrate the same standards of competence as those in the conventional program.***

19
20 **Examples of evidence to demonstrate compliance may include:**

- 21 • Written policies and procedures on advanced standing
- 22 • Results of appropriate qualifying examinations
- 23 • Course equivalency or other measures to demonstrate equal scope and level of
- 24 knowledge

25
26 **4-5 The program's description of the educational experience to be provided **must** be**
27 **available to program applicants and include:**

- 28
29 **a. A description of the educational experience to be provided,**
- 30 **b. A list of goals and objectives for resident training, and**
- 31 **c. If applicable, a description of the nature of assignments to other institutions.**

32
33 ***Intent: Programs are expected to make their lists of specific goals and objectives for***
34 ***resident training developed in response to Standard 2 available to all applicants to the***
35 ***program. This includes applicants who may not personally visit the program and***
36 ***applicants who are deciding which programs to apply to. Materials available to***
37 ***applicants who visit the program in person will not satisfy this requirement. A means of***
38 ***making this information available to individuals who do not visit the program is to be***
39 ***developed.***

40
41 **Examples of evidence to demonstrate compliance may include:**

- 1
- 2
- 3
- 4
- Program website, brochure or application documents
 - Description of system for making information available to applicants who do not visit the program

5

6

Due Process

7 **4-6** There **must** be specific written due process policies and procedures for adjudication of
8 academic and disciplinary complaints that parallel those established by the sponsoring
9 institution.

10

11 *Intent: Adjudication procedures should include institutional policy that provides due*
12 *process for all individuals who may be potentially involved when actions are*
13 *contemplated or initiated that could result in dismissal of a resident. Residents should be*
14 *provided with written information that affirms their obligations and responsibilities to the*
15 *institution, the program and the faculty. The program information provided to the*
16 *residents should include, but not necessarily be limited to, information about tuition,*
17 *stipend or other compensation, vacation and sick leave, practice privileges and other*
18 *activity outside the educational program, professional liability coverage, due process*
19 *policy, and current accreditation status of the program.*

20

21 **Examples of evidence to demonstrate compliance may include:**

- 22
- Written policy statements and/or resident contract

23

24 **Health Services**

25

26 **4-7** Residents, faculty, and appropriate support staff **must** be encouraged to be immunized
27 against and/or tested for infectious diseases, such as mumps, measles, rubella, and
28 hepatitis B prior to contact with patients and/or infectious objects or materials, in an
29 effort to minimize the risk to patients and dental personnel.

30

31 **Examples of evidence to demonstrate compliance may include:**

- 32
- Immunization policy and procedure documents

33

34 **4-8** Residents **must** be advised of mental health resources at the institution and encouraged to
35 seek care if needed.

- 1 **Examples of evidence to demonstrate compliance may include:**
- 2 • Description of available resources
- 3 • Institutional statements encouraging monitoring of mental health

1 **STANDARD 5 –PATIENT CARE SERVICES**

2
3
4 **5-1** The program **must** ensure the availability of adequate clinical patient experiences that
5 afford all residents the opportunity to achieve the program’s written goals and objectives
6 for resident training.

7
8 **Examples of evidence to demonstrate compliance may include:**

- 9
- 10 • Written goals and objectives for resident training
 - 11 • Records of resident clinical activity, including specific details on the variety and type
12 and quantity of cases treated and procedures performed
 - 13 • Description of the method used to monitor the adequacy of patient experiences
14 available to the residents and corrective actions taken if one or more residents is not
15 receiving adequate patient experiences.

16 **5-2** Patient records **must** be maintained in a manner that facilitates ready access to essential
17 data so that all users can readily interpret the contents.

18
19 *Intent: Essential data is defined by the program and based on the information included*
20 *in the record review process as well as that which meets the multidisciplinary*
21 *educational needs of the program. The program is expected to develop a description of a*
22 *system for reviewing records periodically.*

23
24 **Examples of evidence to demonstrate compliance may include:**

- 25
- 26 • Record review plan
 - 27 • Documentation of record review
 - 28 • Patient records

29 **5-3** The program **must** conduct and involve residents in a structured system of continuous
30 quality improvement for patient care.

31
32 *Intent: Programs are expected to involve residents in enough quality improvement*
33 *activities to understand the process and contribute to patient care improvement.*

34
35 **Examples of evidence to demonstrate compliance may include:**

- 36
- 37 • Description of quality improvement process including the role of residents in that
38 process
 - 39 • Quality improvement plan and reports

1 **5-4** All residents, faculty, and support staff involved in the direct provision of patient care
2 **must** be continuously recognized/certified in basic life support procedures, including
3 cardiopulmonary resuscitation.

4
5 *Intent: ACLS and PALS are not a substitute for BLS certification.*

6
7 **Examples of evidence to demonstrate compliance may include:**

- 8 • Certification/recognition records demonstrating basic life support training or
9 summary log of certification/recognition maintained by the program
10 • Exemption documentation for anyone who is medically or physically unable to
11 perform such services.

12
13 **5-5** The program **must** document its compliance with the institution’s policy and applicable
14 regulations of local, state and federal agencies, including, but not limited to, radiation
15 hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and
16 infectious diseases. Polices **must** be provided to all residents, faculty and appropriate
17 support staff; all **must** be continuously monitored for compliance. Additionally, policies
18 on blood-borne and infectious diseases **must** be made available to applicants for
19 admission and patients.

20
21 *Intent: The policies on blood-borne and infectious diseases should be made available to*
22 *applicants for admission and patients should a request to review the policy be made.*

23
24 **Examples of evidence to demonstrate compliance may include:**

- 25 • Infection and biohazard control policies
26 • Radiation policy

27
28 **5-6** The program’s policies **must** ensure that the confidentiality of information pertaining to
29 the health status of each individual patient is strictly maintained.

30
31 *Intent: Legal and ethical responsibilities relating to patient confidentiality in dental*
32 *practice should be understood and practiced.*

33
34 **Examples of evidence to demonstrate compliance may include:**

- 35 • Confidentiality policies
36 • Documentation of confidentiality training

1
2
3 **STANDARD 6 –RESEARCH**

4 **6-1 Residents must engage in scholarly activity to include:**

- 5 a. Participation in and completion of a research project;
6 b. Using data collection and analysis;
7 c. Using elements of scientific method; and
8 d. Reporting results in a scientific forum.
9

10 ***Intent: Residents gain an understanding of the scientific method such that they will be***
11 ***able to critically analyze the scientific literature and, independently, conduct a***
12 ***fundamental research project. An understanding of the scientific method requires***
13 ***knowledge and experiences in literature review, experimental design, statistical analysis,***
14 ***and accurate reporting of findings. Due to the complexity of some projects and need for***
15 ***prolonged follow-up periods, a team approach may be utilized with each resident defining***
16 ***his or her own research hypothesis, methods, data analysis, reporting of results and***
17 ***discussion in accordance with Standard 6-1 a through d.***
18

19 **Examples of evidence to demonstrate compliance may include:**

- 20 • Systematic review
21 • Quality improvement research
22 • Survey research
23 • Basic and translational research
24 • Educational methodology and assessment research
25 • Clinical research