

Background

In Winter 2015, CODA directed each Review Committee to review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each Review Committee review aggregate data of its Annual Survey Curriculum Section, as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted every other year for advanced education in general dentistry and general practice residency programs. The most recent Curriculum Section was conducted in August/September 2025. The next Curriculum Section will be conducted in August/September 2026. The draft Curriculum Section for review by the Review Committee on Postdoctoral General Dentistry Education is provided in **Appendix 1**.

Summary

The Review Committee on Postdoctoral General Dentistry Education is requested to review the draft of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time did first-year students/residents spend in each of the following areas during the 2023-24 residency year?

Column must add up to 100%. Do not enter percent signs.

a. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations)	<input type="text"/>	%
b. Dental inpatient care (management of dental inpatients)	<input type="text"/>	%
c. Management of dental inpatients or same-day surgery patients in the hospital operating room suite	<input type="text"/>	%
d. Rotations/Assignments to other services (non-dental)	<input type="text"/>	%
e. Didactics: courses/lectures/conferences/seminars	<input type="text"/>	%
f. Responding to consults	<input type="text"/>	%
g. Other, please specify <input type="text"/>	<input type="text"/>	%
Total	<input type="text"/>	%

22. Please indicate the total number of clock hours residents spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the 2023-24 residency year.

If none, enter 0.

	Clock hours
a. Applied pharmacology (Standard 2-2)	<input type="text"/>
b. Endodontics (Standard 2-2)	<input type="text"/>
c. Hospital organization and function (Standard 2-10)	<input type="text"/>
d. Medical risk assessment (Standard 2-6)	<input type="text"/>
e. Restorative/Operative dentistry (Standard 2-2)	<input type="text"/>
f. Oral diagnosis/treatment planning (Standard 2-1)	<input type="text"/>
g. Oral and maxillofacial pathology (Standard 2-4)	<input type="text"/>
h. Oral and maxillofacial radiology/imaging (Standard 2-1)	<input type="text"/>
i. Oral and maxillofacial surgery (Standard 2-2)	<input type="text"/>
j. Pain and anxiety control (Standard 2-2)	<input type="text"/>
k. Patients with special needs (Standard 2-1)	<input type="text"/>
l. Periodontics (Standard 2-2)	<input type="text"/>
m. Physical evaluation (Standards 2-6, 2-7)	<input type="text"/>
n. Practice management (Standard 2-10)	<input type="text"/>
o. Preventive dentistry (Standard 2-1)	<input type="text"/>
p. Restoration of edentulous space (Standard 2-2)	<input type="text"/>
q. Other, please specify <input type="text"/>	<input type="text"/>

Use this space to enter comments or clarifications for your answers for Questions 21-22.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

23. Indicate all rotations/assignments to non-dental services in either the sponsoring or affiliated institution(s) required of the residents. Give the length in weeks and hours per week for each assignment.

	Length of rotation/ assignment (in weeks or equivalent weeks)	Average hours per week
a. Anesthesia (GPR Standard 2-5)	<div></div>	<div></div>
b. Medicine (GPR Standard 2-6)	<div></div>	<div></div>
c. Emergency Department (Standard 2-6)	<div></div>	<div></div>
d. Other, please specify (GPR Standard 2-8, AEGD Standard 2-5) <div></div>	<div></div>	<div></div>

24. Provide the following dental clinic statistics related to outpatient visits for the 2023-24 residency year. Include statistics for both sponsoring and affiliated institution(s). (Standard 2-1)

Number of visits

a. Total number of outpatient visits to the dental clinic (include screening/consultative visits)

b. Total number of outpatient visits managed by the residents

25. How many patients with special needs did the residents treat during the 2023-24 residency year?

These are defined as patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations. (Standard 2-1)

Use this space to enter comments or clarifications for your answers for Questions 23-25.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

26. How many patients did residents provide comprehensive care to, from treatment plan to completion (as opposed to episodic or emergency care), during the 2023-24 residency year? (Standard 2-1)

27. Provide the following emergency care statistics for the 2023-24 residency year identifying the activity level(s) at both the sponsoring and affiliated institution(s). (Standard 2-1)

	Sponsoring institution	Affiliated institution(s)
a. The number of dental emergencies treated in the dental clinic by residents		
b. The number of dental emergencies treated in the hospital emergency department by all residents		

28. In which of the following conscious sedation techniques did residents receive instruction and clinical experience during the 2023-24 residency year? (Standard 2-2g)

	Instruction provided?		Clinical experience provided?	
	Yes	No	Yes	No
a. Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Inhalation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Intramuscular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Intravenous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Intranasal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other, please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div></div>				

Use this space to enter comments or clarifications for your answers for Questions 26-28.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

NOTE: The procedures listed in Questions 29-31 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students’/residents’ total experience or to imply that all listed procedures are required for accreditation. (Standard 5-1 OR Standard 2-2)

29. Indicate the total number of each of the following procedures in Preventive Dentistry completed by residents during the 2023-24 residency year.

Number of procedures

a. Prophylaxis (D1110, D1120, D4346, D4355)

b. Topical fluoride treatments (D1026 - D1028)

c. Sealants (D1351, D1353)

30. Indicate the total number of each of the following procedures in Restorative/Operative Dentistry completed by residents during the 2023-24 residency year.

Number of procedures

a. Amalgam Restorations (D2140, D2150, D2160, D2161)

b. Anterior composites (D2330, D2331, D2332, D2335)

c. Posterior composites (D2391, D2392, D2393, D2394)

d. Single unit crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2753, D2780-D2783, D2790-D2792, D2794)

e. Crown cores (cast or prefabricated) (D2952-D2954, D2957)

f. Crown core build-up, including pins (preparatory work before crown) (D2950)

g. Inlay/Onlay (D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664)

31. Indicate the total number of each of the following procedures in Endodontics completed by residents during the 2023-24 residency year.

	Number of procedures
a. Single canals (anterior) (D3310, D3346)	<input type="text"/>
b. Double canals (bicuspid) (D3320, D3347)	<input type="text"/>
c. Molars (D3330, D3348)	<input type="text"/>
d. Apicoectomies (D3410, D3421, D3425, D3426)	<input type="text"/>

Use this space to enter comments or clarifications for your answers for Questions 29-31.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

NOTE: The procedures listed in Questions 32-34 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents' total experience or to imply that all listed procedures are required for accreditation.

32. Indicate the total number of each of the following procedures in Periodontics completed by residents during the 2023-24 residency year.

	Number of procedures
a. Scaling, root planing and curettage (D4341, D4342, D4346, D4910)	<input type="text"/>
b. Gingivectomies (D4210-D4212)	<input type="text"/>
c. Soft tissue grafts/gingival flap procedures (D4240, D4241, D4270, D4273, D4275, D4276)	<input type="text"/>
d. Crown lengthening/Bone grafts/osseous surgery/guided tissue regeneration (D4249, D4260, D4261, D4266, D4267)	<input type="text"/>
e. Apically repositioned flap (D4245)	<input type="text"/>
f. Bone replacement graft – first site in quadrant (D4263)	<input type="text"/>
g. Bone replacement graft – each additional site in quadrant (D4264)	<input type="text"/>
h. Biologic materials to aid in soft tissue and osseous tissue regeneration (D4265, D4266)	<input type="text"/>

33. Indicate the total number of each of the following procedures in Removable Prosthodontics completed by residents during the 2023-24 residency year.

	Number of procedures
a. Units/complete dentures (D5110-D5120)	<input type="text"/>
b. Units/immediate dentures (D5130-D5140)	<input type="text"/>
c. Units/overdentures (D5863-D5866)	<input type="text"/>
d. Interim complete dentures (D5810, D5811)	<input type="text"/>
e. Adjustment to dentures and partials (D5410-D5422)	<input type="text"/>
f. Complete denture repairs (D5511, D5512, D5520)	<input type="text"/>
g. Repairs to partials (D5611-D5671)	<input type="text"/>
h. Acrylic partial dentures (D5211-D5212, D5221, D5222, D5225, D5226, D5820-D5821)	<input type="text"/>
i. Conventional cast frame partial frame dentures (D5213-D5214, D5223-D5224)	<input type="text"/>
j. Precision or semi-precision partial dentures attachments (D5862)	<input type="text"/>

34. Indicate the total number of each of the following procedures in Implant Services completed by residents during the 2023-24 residency year.

	Number of procedures
a. Surgical placement of implant body (D6010, D6013)	<input type="text"/>
b. Prefabricated abutment (including placement) (D6056)	<input type="text"/>
c. Custom abutment (including placement) (D6057)	<input type="text"/>
d. Implant retained Removable Prosthodontics (D6110-D6113)	<input type="text"/>
e. Implant retained Fixed Prosthodontics (D6058-D6077, D6114-D6117)	<input type="text"/>

Use this space to enter comments or clarifications for your answers for

Questions 32-34.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

NOTE: The procedures listed in Questions 35-36 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents' total experience or to imply that all listed procedures are required for accreditation.

35. Indicate the total number of each of the following procedures in Fixed Prosthodontics completed by residents during the 2023-24 residency year.

	Number of procedures
Units/fixed bridgework (D6205-D6794)	<div></div>

36. Indicate the total number of each of the following procedures in Oral and Maxillofacial Surgery completed by residents during the 2023-24 residency year.

	Number of procedures
a. Uncomplicated extractions (D7111, D7140, D7210, D7250)	<input type="text"/>
b. Extractions of impacted teeth (D7220, D7230, D7240, D7241)	<input type="text"/>
c. Oral Tissue biopsy (D7285, D7286)	<input type="text"/>
d. Brush biopsy (D7288)	<input type="text"/>
e. Surgical removal of lateral exostosis (maxilla or mandible) (D7471)	<input type="text"/>
f. Surgical reduction of osseous tuberosity (D7485)	<input type="text"/>
g. Surgical reduction of fibrous tuberosity (D7972)	<input type="text"/>
h. Incision and drainage (D7510, D7511, D7520, D7521)	<input type="text"/>
i. Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth (D7270)	<input type="text"/>
j. Alveoplasties (D7310, D7311, D7320, D7321)	<input type="text"/>
k. Removal of torus palatinus (D7472)	<input type="text"/>
l. Removal of torus mandibularis (D7473)	<input type="text"/>
m. Suture of recent small wounds up to 5 cm (D7910)	<input type="text"/>
n. Complicated suture, up to 5 cm (D7911)	<input type="text"/>
o. Complicated suture, greater than 5 cm (D7912)	<input type="text"/>
p. Frenectomy (D7960)	<input type="text"/>
q. Excision of hyperplastic tissue – per arch (D7970)	<input type="text"/>
r. Excision of pericoronal gingiva (D7971)	<input type="text"/>

Use this space to enter comments or clarifications for your answers for Questions 35-36.

Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

37. How many times during the 2023-24 residency year were formal documented evaluations of resident performance conducted? (Standard 2-15)

38. Please select the response below that best describes the intended outcomes of residents’ education. (Standards 1-8, 1-9, 2-2, 2-3)

- ☐ Goals and objectives
- ☐ Competencies and proficiencies

Use this space to enter comments or clarifications for your answers for Questions 37-38.

Background

The Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) were adopted by CODA at its August 5, 2022 meeting for immediate implementation.

As stated in the Commission's "Policy on Assessing the Validity and Reliability of the Accreditation Standards" (**Appendix 1**), CODA believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. CODA believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

CODA's policy for assessment is based on the following formula:

The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

According to the CODA's timetable for validity and reliability studies the study for AEGD and GPR will be initiated in the spring of 2026. Survey results will be considered at the Summer 2026 meetings of the PGD RC and the CODA meeting. The communities will be surveyed to assist CODA in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Methodology and Survey Design: In cooperation with the ADA's HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2026. CODA staff will prepare a report with results of the study for consideration by CODA at its Summer 2026 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the AEGD and GPR curricula:

- Relevant/ Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/ Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant

- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in **Appendix 2**.

The following alternatives might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

If it is determined that revisions to the accreditation standards is warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:

- The annual Frequency of Citings Reports of Accreditation Standards for AEGD and Accreditation Standards for GPR.
- Data identifying trends in accredited advanced education programs in dentistry and general practice residency.
- Issues related to advanced general dentistry education programs in general dentistry and general practice residency.
- Requests for standards revisions received but postponed until the regular validity and reliability study.
- Relevant reports from the higher education and practice communities, e.g., Institute of Medicine Report, “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with CODA policies. The document is drafted using resources such as those noted above. When the document is finalized, it is shared with the communities of interest and hearings are held, as appropriate. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

Summary

At this meeting, PGD RC and CODA are requested to review the informational report.

Recommendation: This report is informational in nature and no action is required.

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

B. POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Report 201: Report on the Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency

Appendix 1

Postdoctoral General Dentistry Committee (PGD RC)

Commission on Dental Accreditation (CODA) Winter 2026

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs).

Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/23; 8/12, 8/10, 7/06; Adopted: 12/88

SAMPLE ADVANCED DENTAL EDUCATION PROGRAMS IN ADVANCED EDUCATION IN GENERAL DENTISTRY AND ADVANCED DENTAL EDUCATION PROGRAMS IN GENERAL PRACTICE RESIDENCY VALIDITY AND RELIABILITY SURVEY

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) and Advanced Dental Education Programs in General Practice Residency (GPR) for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

<p>DEFINITIONS</p> <p>Advanced Education in General Dentistry (AEGD) - a postgraduate general dentistry education program providing advanced training in providing comprehensive patient care for all population groups.</p> <p>General Practice Residency (GPR) - a postgraduate general dentistry education program conducted in a hospital setting that includes substantial experience in managing medically compromised patients.</p>	<p>For each of the five-point rating scales use:</p> <p>1 = criterion relevant but too demanding</p> <p>2 = retain criterion as is</p> <p>3 = criterion relevant but not sufficiently demanding</p> <p>4 = criterion not relevant</p> <p>5 = no opinion</p>
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STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1. List Standards in this column

1 2 3 4 5

List comments related to Standard 1 – Institutional and Program Effectiveness.

STANDARD 2 – EDUCATIONAL PROGRAM

1. List Standards in this column

1 2 3 4 5

List comments related to Standard 2 – Educational Program.

STANDARD 3 – FACULTY AND STAFF

1. List Standards in this column

1 2 3 4 5

List comments related to Standard 3 – Faculty and Staff.

Appendix 2

Postdoctoral General Dentistry Review Committee (PGD RC)

Commission on Dental Accreditation (CODA) Winter 2026

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

1.	List Standards in this column	1	2	3	4	5
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List comments related to Standard 4 – Educational Support Services.

STANDARD 5 – PATIENT CARE SERVICES

1.	List Standards in this column	1	2	3	4	5
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List comments related to Standard 5 – Patient Care Services.