

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN OROFACIAL PAIN**

Background: Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain were approved by the Commission on Dental Accreditation at its August 5, 2016 meeting and implemented on July 1, 2017. Since that date, thirteen (13) orofacial pain site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2017 Standards. At the time of this report, the Standards include 62 “must” statements addressing 102 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2017 through June 30, 2024. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The distribution of citings is presented in **Appendix 1**. At the time of this report, there was one (1) area of non-compliance cited.

Summary: This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain implemented on July 1, 2017. Revised Accreditation Standards were adopted February 2, 2024 for implementation July 1, 2024. Citings related to site visits occurring July 1, 2024 through October 31, 2024 will be noted in a separate report. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN OROFACIAL PAIN

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 13
July 1, 2017 through June 30, 2024

Standard 1 – Institutional and Program Effectiveness (16 Required Areas of Compliance)

Standard 2 – Educational Program (55 Required Areas of Compliance)

Standard 3 – Faculty and Staff (9 Required Areas of Compliance)

Standard 4 – Educational Support Services (14 Required Areas of Compliance)

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

<u>Non- Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Area of Compliance</u>
1	5-3	The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.

Standard 6 – Research (1 Required Area of Compliance)

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN OROFACIAL PAIN**

Background: Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain were approved by the Commission on Dental Accreditation at its February 2, 2024 meeting and implemented on July 1, 2024. Since that date, no (0) orofacial pain site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2024 Standards. At the time of this report, the Standards include 65 “must” statements addressing 108 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2024 through October 31, 2024. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The distribution of citings is presented in **Appendix 1**. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

**ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN OROFACIAL PAIN**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 0
July 1, 2024 through October 31, 2024

To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

Standard 1 – Institutional and Program Effectiveness (18 Required Areas of Compliance)

Standard 2 – Educational Program (58 Required Areas of Compliance)

Standard 3 – Faculty and Staff (9 Required Areas of Compliance)

Standard 4 – Educational Support Services (14 Required Areas of Compliance)

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

Standard 6 – Research (1 Required Area of Compliance)

CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN OROFACIAL PAIN

Background: Through New Business at its Winter 2024 meeting, the Review Committee on Orofacial Pain Education (OFP RC) discussed concerns received anecdotally that baseline skills possessed by residents entering orofacial pain programs may be lacking. The OFP RC learned that, upon entering a program, all orofacial pain residents may not be competent in the baseline skills required for adequately and safely treating all orofacial pain conditions, procedures and techniques. Additionally, was believed these skills are not consistently being taught in CODA-accredited programs. Since orofacial pain is one of the newest dental disciplines accredited by the Commission, the identification of such deficiencies and the need for additional curriculum requirements, and ultimately revision to Accreditation Standards, has been a dynamic process as accredited programs have matured and developed.

The OFP RC believed that an in-depth study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted to identify areas of baseline clinical training that may require modification or addition, to ensure these areas are included in all programs' curricula and that graduates are consistently and sufficiently trained upon completion of the program. Therefore, the OFP RC concluded further study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted. Further, the OFP RC believed the study and consideration of possible Accreditation Standards revisions should be conducted with a report to the Summer 2024 meeting of the Commission.

At its Winter 2024 meeting, the Commission considered the recommendation of the OFP RC and directed the Review Committee on Orofacial Pain Education to meet prior to the Summer 2024 meetings for further discussion and consideration of possible revision to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, particularly related to the baseline competencies for the discipline, with a report to the Summer 2024 meeting of the Commission.

Summer 2024 CODA Meetings: At its Summer 2024 meeting, the OFP RC considered the report of the May 13, 2024 meeting of the OFP RC and proposed revisions to Standard 2-11 (Clinical Sciences) of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC identified additional areas within the proposed revisions to Standard 2-11 that warrant revision to further clarify and ensure consistency throughout the language of Standard 2-11. Following discussion, the OFP RC concluded that the proposed revisions should be circulated to the communities of interest for a period of one (1) year to allow programs adequate time to provide comment on the proposed changes and ensure compliance with the revisions should the revisions be adopted by CODA at a later date. The OFP RC recommended the revisions to Standard 2-11 (Clinical Sciences) be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in

conjunction with the October 2024 American Dental Association (ADA) Annual Meeting, and March 2025 American Dental Education Association (ADEA) Annual Session. Additionally, the OFP RC believed it was important to conduct a virtual Hearing during the 2025 American Academy of Orofacial Pain Annual Meeting in order to obtain input from program directors. Due to the virtual nature of the Hearings, there would be no budget impact on the Commission. Comments received could be considered by the Review Committee and Commission at its Summer 2025 meetings.

At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendation of the OFP RC and directed circulation of the proposed revisions to Standard 2-11, Clinical Sciences, of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain found in **Appendix 1**, to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2024 American Dental Association Annual Meeting, March 2025 American Dental Education Association Annual Session, and 2025 American Academy of Orofacial Pain Annual Meeting, with comments reviewed by the Review Committee and Commission at the Summer 2025 meetings.

Summer 2025 OFP RC Meeting: Following circulation of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, the Commission received no (0) comments at the virtual hearing in conjunction with the 2024 ADA meeting. Further, the Commission received one (1) comment at the virtual hearing in conjunction with the 2025 ADEA meeting (**Appendix 2**) and six (6) comments at the virtual hearing in conjunction with the 2025 AAOP meeting (**Appendix 3**). The Commission office received nine (9) written comments prior to the June 1, 2025 deadline (**Appendix 4**).

Summary: At this meeting, the OFP RC and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1**) and all comments received prior to the June 1, 2025 deadline (**Appendices 2, 3, and 4**). If further revisions are warranted, the Commission may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

At its Summer 2024 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2025, for review at the Summer 2025 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_5nJAioMq6EalSRg

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

**CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN
OROFACIAL PAIN**

Additions are underlined; Deletions are ~~stricken~~

STANDARD 2 – EDUCATIONAL PROGRAM

Clinical Sciences

- 2-11** The program **must** provide instruction and clinical training and direct patient experience in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:
- a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;
 - b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;
 - c. Obtain informed consent;
 - d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;
 - e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities ~~should~~ **must** include:
 1. intraoral appliance therapy;
 2. physical medicine modalities;
 3. diagnostic/therapeutic injections, including
 - a) trigger point injections,
 - b) nerve blocks, and
 - c) injections of the temporomandibular joint;
 4. sleep-related breathing disorder intraoral appliances;
 5. non-surgical management of orofacial trauma;
 6. behavioral therapies beneficial to orofacial pain; and
 7. pharmacotherapeutic treatment of orofacial pain including, but not limited to ~~systemic and topical medications;~~

- a) muscle relaxants;
- b) sedative agents for chronic pain and sleep management;
- c) appropriate use of opioids in management of acute and chronic pain;
- d) adjuvant analgesic use of tricyclics and other antidepressants used for orofacial pain;
- e) anticonvulsants, including but not limited to the management of neuropathic pain and neurovascular pain;
- f) local anesthetics in management of orofacial pain;
- g) anxiolytics for the management of orofacial pain;
- h) analgesics and anti-inflammatories;
- i) topical application of medications for management of orofacial pain
- j) prophylactic and abortive medications for primary headache disorders;
- k) therapeutic use of botulinum toxin injections; and
- l) treatment related medication side effects that alter sleep architecture.

Intent: This should include judicious selection of medications directed at the presumed pain mechanisms involved, as well as adjustment, monitoring, and reevaluation.

~~Common medications may include: muscle relaxants; sedative agents for chronic pain and sleep management; opioid use in management of chronic pain; the adjuvant analgesic use of tricyclics and other antidepressants used for chronic pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for neuropathic pain; local and systemic anesthetics in management of neuropathic pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive medications for primary headache disorders; and therapeutic use of botulinum toxin injections.~~

~~In the treatment of patients, c~~Common issues may include: management of medication overuse headache; ~~medication side effects that alter sleep architecture~~; prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.

Spring 2025 CODA Hearing on Standards
Thursday, March 27, 2025, 4:00pm - 5:00pm* Central Time
Virtual Hearing

Commissioners in Attendance: Dr. Frank Licari (chair), Dr. Cataldo Leone (chair elect), Ms. LaShun James, Dr. Jeffery Price, and Dr. Miriam Robbins (attended a portion).

Staff: Dr. Sherin Took, senior director, CODA; Ms. Peggy Soeldner, senior manager, CODA; Ms. Jessica Lynk, Mr. Shawn Morrison, Ms. Katie Navickas, Dr. Yesenia Ruiz, Ms. Kelly Stapleton, and Ms. Taylor Weast, managers, CODA; and Ms. Marjorie Hooper, coordinator, CODA.

*The Hearing on Standards concluded at 4:30pm, in accordance with Commission policy, since limited comments were received, and the agenda was completed during that time.

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Appendix 1)

Name	Affiliation	Comment
Dr. Heidi Crow	As individual, and faculty of OFP program in NY. Also as past OFP site visitor and former commissioner, and chair of Standards committee	Opposed to proposed revisions. Changes make Standards prescriptive, which contrasts with many other discipline Standards. Also, the proposed change contrasts with CODA statement in Standards to innovate. May cause programs to meet standards rather than what's in the best interest of the patient. If approved, every resident must be competent in all procedures which may cause overtreatment. Standard proposed also contradicts with Part A which says residents must consider cost, risk, benefits, etc.

		<p>Instead – the Standard should remain unchanged or retain “should” rather than “must,” or make clear that didactic instruction is required in all areas, but clinical education can be obtained via simulation or case studies.</p> <p>Comments uploaded to portal</p>
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**CODA Spring 2025 Hearing on Orofacial Pain Standards
In conjunction with American Academy of Orofacial Pain Meeting
April 10, 2025
7:00 – 8:00 pm Central**

Commissioners in Attendance: Dr. Frank Licari (chair, CODA), Dr. Cataldo Leone (vice chair, CODA), Dr. Joseph Cohen (chair, Orofacial Pain Review Committee).

Staff: Dr. Sherin Took, senior director, CODA; Ms. Peggy Soeldner, senior manager, CODA

*The Hearing on Standards concluded at 7:30pm, in accordance with Commission policy, since limited comments were received, and the agenda was completed during that time.

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Appendix 1)

Name	Affiliation	Comment
Dr. Mariona Mulet	St Paul, MN President – AAOP	Comments prepared in coordination with all program directors who support AAOP position. E3 – injection of TMJ – support and emphasize procedures must be performed only when clinically indicated and not only to fulfill requirement. E7, p. 2. Line 34 – While understand residents should be knowledgeable about medications for OFP, program should not require prescribing all types of medications, especially opioid. Clinical education should be aligned with patient need, not requirements. Suggested wording for revision, which is uploaded to portal.
Dr. Mariela Padilla	USC	Echo and confirm all program directors reviewed statement

Proposed Revisions to Orofacial Pain Standards

Orofacial Pain RC

CODA Summer 2025

		and agree with AAOP comments.
Dr. Jeffry Schaefer	Program director	Add to intent – E7 – for all medications, suggest intent that clinical experience necessary should not require prescribing medication but could be met by managing patient who is taking medication, including indications and contraindications.
Dr. Gary Heir	Rutgers	Support Jeffry comments but broader make clear that some do not recognize what OFP does. Want to be as least invasive as possible with TMJ and OFP. When prescribing meds, important to know drug interactions, but don't need to learn this by administration of drug. Students should not need to administer medication to meet the standard. Should know how but not necessarily do the administration for competency in the areas.
Dr. Jeffry Schaefer	Program director	L – Architecture makes confusing – delete “architecture” Management...including those impacting sleep.
Dr. Gary Heir	Rutgers	Emphasize earlier statement that AAOP comments included all directors, with a lot of deliberation, and feel strong about their convictions on these comments and should not be taken lightly. Want to establish programs around the country that will

		ensure similar outcomes when graduating from OFP, and AAOP suggestions would strengthen those Standards.
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Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Council on Dental Education and Licensure (CDEL)

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, Standard 2-11

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr.

Jason A. Tanguay, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its January 23, 2025 meeting, the Council considered and supported the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Mariela
Last Name	Padilla
Email	
Title	Director of the Orofacial Pain program

Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Herman Ostrow School of Dentistry, Orofacial Pain program

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

2.11, page 2, line 34.

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Suggested edit: "pharmacotherapeutic indications for the treatment of orofacial pain conditions, including but not limited to:"

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Ithiel
Last Name	Torres III
Email	
Title	Mr

Q3. Please select one of the following options that best describes you or your organization:

- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Apply for a position within the orofacial Pain Management department of my current hospital employer.
I would like credentials for it.

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

Apply for a position within the orofacial Pain Management department of my current hospital employer.
I would like credentials for it.

Q8. Do you have additional comment?

- YES, I have additional comment.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Please provide me the appropriate certifications/licensures to perform this duty.

Q10. Do you agree with the proposed revision?

- Agree

Q11. Enter your comment. Type or copy and paste in the text box below.

Please provide me the appropriate certifications/licensures to perform this duty.

Q12. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Heidi
Last Name	Crow
Email	
Title	Clinical Professor

Q3. Please select one of the following options that best describes you or your organization:

- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 2-11, specifically the addition of three new “must” statements regarding diagnostic and therapeutic injections (2-11e 3(a-c) page 1 line 28-30) and twelve new “must” statements under pharmacotherapeutic treatment (2-11e 7(a-l) page 1 line 36 and page 2 lines 1-13).

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

These changes will make the standard much more proscriptive, which is in contrast to equivalent standards in all other advanced education programs. It is a direction that seems to be in contrast to CODA's statement in the Introduction that encourages programs to innovate and experiment in finding alternative ways to meet the standards.

My concern is also that it may cause programs to prioritize meeting the standard over what could be in the best interest of the patient. Since many patients with orofacial pain can be treated conservatively and will improve, utilizing higher cost and higher risk treatments with questionable evidence support is only indicated in the minority of cases. However, if this proposal is approved, every resident must become competent in these procedures, potentially leading to over treatment of patients.

I also believe this proposal would be in conflict with part a) of Standard 2-11, (presented on page 1 lines 15-16) which states that residents must consider cost/risk benefits when determining appropriate treatment plans for their patients.

I am proposing instead that either: 1) the standard remain unchanged; or 2) the word "should" is retained instead of the word "must" on page 1 line 24; or 3) that it is made clear in the standard that didactic education in all these modalities is required, but that clinical experience can be obtained through simulation and case studies.

Thank you for allowing me to express these concerns and provide alternative recommendations to the Commission.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	david
Last Name	keith
Email	
Title	Professor OMFS, HSDM

Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

2-11 e 3 c) Injection of the Temporomandibular joint

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The standards need to be very cautious on procedures that they appear to favor. The injection of OrthoBiologics and other substances needs to be justified by evidence-based studies and taught by knowledgeable clinicians who have appropriate experience in the Management of side effects and poor outcomes. In this case Trigemino-vagal reflex, anaphylaxis, infection, degenerative arthritis, scarring and hypomobility.

Q8. Do you have additional comment?

- YES, I have additional comment.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

2-11 e 7 c) '...appropriate use of opioids in the management of acute and chronic pain.'

Q10. Do you agree with the proposed revision?

- Disagree

Q11. Enter your comment. Type or copy and paste in the text box below.

This standard must be tied to the varied legal requirements across the country. In particular the legal mandate to check the States Prescription Drug Monitoring Program database, perform appropriate Risk Assessment, Use E prescribing and fulfill other legal requirements including documentation and interprofessional communication

Q12. Do you have additional comment?

- YES, I have additional comment.

Q13. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Page Line 27-28.

Q14. Do you agree with the proposed revision?

- Disagree

Q15. Enter your comment. Type or copy and paste in the text box below.

Please do not use outdated and stigmatizing language!

'...prescription medication dependency.' and 'addicted' are better and more appropriately described as misuse.

We have moved well beyond blaming the patient.

Q16. Do you have additional comment?

- YES, I have additional comment.

Q17. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

2-11 e 7 c)

Q18. Do you agree with the proposed revision?

- Disagree

Q19. Enter your comment. Type or copy and paste in the text box below.

Please include ALL controlled substances in the management of pain.

Opioids are the most obvious but, depending on the State's definitions, benzodiazepines, gabapentinoids and others are embraced in the legal requirements.

Q20. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Mariona
Last Name	Mulet Pradera
Email	
Title	President, American Academy of Orofacial Pain

Q3. Please select one of the following options that best describes you or your organization:

- Dental Organization/Dental Association

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
American Academy of Orofacial Pain

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 2-11, section e, 3, page 2 -line 30
Standard 2-11, section e, 7, page 2, line 34

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

On behalf of the American Academy of Orofacial Pain (AAOP), we are pleased to submit our written comments regarding the proposed revisions to Standard 2-11 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The postgraduate training programs in Orofacial Pain stand in full support of AAOP's position on this matter. The Programs and corresponding Program Directors in support of these comments include:

University of Minnesota - Dr. Shanti Kaimal
University of Kentucky - Dr. Isabel Moreno Hay
University of Michigan - Dr. Elizabeth Hatfield
Navy Postgraduate Program - Dr. Preston Criddle
University of North Carolina - Dr. Pei Feng Lim
University of Southern California - Dr. Mariela Padilla
Thomas Jefferson University - Dr. Alan Stiles
University of Buffalo - Dr. Yoly Gonzalez
Louisiana State University - Dr. Rana Almudamgha
University of California at Los Angeles - Dr. Sherwin Arman
Massachusetts General Hospital / Harvard - Dr. Jeff Shaefer
University of Rochester - Dr. Junad Khan
Tufts University - Dr. Alberto Malacarne
Rutgers University - Dr. Gary Heir

Our written comments include:

Current Standard 2-11 (and proposed revisions noted in RED) : The program must provide instruction, clinical training, and direct patient care experience in multidisciplinary pain management to ensure that, upon completion, the resident is able to:

e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic or interdisciplinary service.

Responsibilities must include:

3. Diagnostic/therapeutic injections, including:

c. Injections of the temporomandibular joint.

We support this requirement but emphasize that procedures, such as TMJ injections, must be performed only when clinically indicated and not solely to fulfill a program requirement. We suggest that programs establish standardized criteria for intracapsular injections to ensure appropriate and ethical treatment.

7. Pharmacotherapeutic treatment of orofacial pain, including but not limited to:

- a) Muscle relaxants
- b) Sedative agents for chronic pain and sleep disorders
- c) Opioids for acute and chronic pain (when appropriate)
- d) Tricyclic and other antidepressants used for orofacial pain
- e) Anticonvulsants for neuropathic and neurovascular pain
- f) Local anesthetics
- g) Anxiolytics
- h) Analgesics and anti-inflammatories
- i) Topical agents for orofacial pain
- j) Prophylactic and abortive medications for headache disorders
- k) Botulinum toxin
- l) Management of medication side effects, including those impacting sleep

architecture

While residents should be knowledgeable about all classes of medications used in the management of orofacial pain, we do not believe that programs should require residents to prescribe every medication type—particularly opioids—as a condition of graduation. Didactic training should provide residents with the appropriate knowledge base to understand indications, contraindications, interactions, and side effects. Clinical experience should then be aligned with those indications and not driven by procedural quotas.

We recommend the language regarding pharmacologic management be revised to:

"including but not limited to these classes of medications" to allow for curriculum flexibility and alignment with best practices and patient needs.

Additionally, all treatment and prescribing protocols must adhere to the regulations of the state in which the training program operates.

We appreciate the opportunity to provide input and commend CODA for its ongoing efforts to improve educational standards in orofacial pain management.

Please feel free to contact me at [REDACTED] or Mr. Allan O-Bryan, AAOP's Executive Director, at [REDACTED] for consideration.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	david
Last Name	keith
Email	
Title	Professor OMFS, HSDM

Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Scholarly activity for Residents

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

There must be evidence of scholarly activity among the orofacial pain residents.

Intent: Such evidence must include participation in clinical and/or basic research; publication in peer-reviewed scientific media; and presentation at scientific meetings at the local, regional or national level

Self-Study Analysis:

1. Describe how the orofacial pain faculty are involved in scholarly activity.

Examples of evidence to demonstrate compliance may include:

Publication in peer-reviewed scientific media

Teaching materials developed

Scientific meeting presentations

On-Site: Have items above available for review by the visiting committee

Q8. Do you have additional comment?

- YES, I have additional comment.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

2-15 and 2-18. Case Histories and Literature Reviews

Q10. Do you agree with the proposed revision?

- Disagree

Q11. Enter your comment. Type or copy and paste in the text box below.

These should be given at local, regional or national meetings and not confined to the program itself.

Q12. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Donald
Last Name	Coluzzi
Email	
Title	Professor, Department of Preventive and Restorative Dental Sciences, University of California San Francisco School of Dentistry

Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 2--Educational Program, Clinical Sciences, 2-11 page 3 line 24 and following lines.

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I suggest that photobiomodulation (PBM), delivered by either a laser or a relatively coherent light source such as an LED device, be included in the 'responsibilities.' PBM is a proven modality for treatment of orofacial pain, and is used by clinicians worldwide. However, its acceptance and availability is somewhat 'new' to the United States, due to only a few manufacturers offering a PBM protocol on their devices.

Our medical colleagues have been using PBM regularly for quite sometime, and there are numerous peer reviewed manuscripts available to show its efficacy for dentistry.

This topic should be included in the revision, perhaps as another numerical point on the list of responsibilities.

A possible larger issue is that the topic of dental lasers is not included in the predoctoral curriculum in almost all US dental schools. If the predoctoral student is not familiar with dental laser technology, then it would be confusing to include any discussion of PBM in ADE programs.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Orofacial Pain Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	DONALD
Last Name	Patthoff
Email	
Title	DDS

Q3. Please select one of the following options that best describes you or your organization:

- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Appendix 5

Page 2

Lines 26 and 32

Also

Page 3

Lines 29,30

Proposed Revisions to Orofacial Pain Standards

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Page 2:

line 26 2: physical medicine modalities - add: "including adjunctive photobiomodulation"

Line 32 .5. non-surgical management of orofacial trauma -add "including phototherapy"

Page 3:

Lines 29,30 familiarity with the role of preemptive anesthesia in neuropathic pain.- revise to "familiarity with the preemptive roles of anesthesia in neuropathic pain and the regenerative role of photobiomodulation on the neuro-endocrine system"

Q8. Do you have additional comment?

- YES, I have additional comment.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Appendix 5

Page 2

Line 26

Q10. Do you agree with the proposed revision?

- Disagree

Q11. Enter your comment. Type or copy and paste in the text box below.

Page 2, Line 26: 2. physical medicine modalities; consider adding: including adjunctive photobiomodulation

Q12. Do you have additional comment?

- YES, I have additional comment.

Q13. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Appendix 5

Page 2

Line 32

Q14. Do you agree with the proposed revision?

- Disagree

Q15. Enter your comment. Type or copy and paste in the text box below.

Page 2 Line 32 5. non-surgical management of orofacial trauma; consider adding: "including direct phototherapy"

Q16. Do you have additional comment?

- YES, I have additional comment.

Q17. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Appendix 5

Page 3

Lines 29,30

Q18. Do you agree with the proposed revision?

- Disagree

Q19. Enter your comment. Type or copy and paste in the text box below.

Page 3 lines 29,30: familiarity with the role of preemptive anesthesia in neuropathic pain. consider revising to:
"familiarity with the preemptive role of anesthesia in neuropathic pain and the regenerative nature of phototherapy in
neuro-endocrine pathologies"

Q20. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

CONSIDERATION OF PROPOSED REVISION TO EXAMPLES OF EVIDENCE FOR STANDARD 1 OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS

Background: At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed (**Appendix 1**). Changes include the addition of one (1) organization, removal of organizations, and changes in the acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

Following discussion, the Commission on Dental Accreditation directed each advanced dental education Review Committee to examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview related to sponsoring institution and authority (**Appendix 1**), with a report to the commission at the August 2025 meeting.

Summary: The Review Committee on Orofacial Pain Education (OFP RC) and the Commission on Dental Accreditation are requested to examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview, related to sponsoring institution and authority, found in **Appendix 1**, with a report to the Commission at the August 2025 meeting.

Recommendation:

CONSIDERATION OF PROPOSED REVISION TO EXAMPLES OF EVIDENCE FOR STANDARD 1 OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS

Additions are underlined; Deletions are ~~stricken~~

Examples of evidence to demonstrate compliance may include:

- Accreditation certificate or current official listing of accredited institutions from a United States Department of Education recognized accreditation organization
- Evidence of successful achievement of Service-specific organizational inspection criteria
- Accreditation certificate or current official listing of accredited institution from an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). For example: Accreditation Association for Ambulatory Health Care (AAAHHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASFQuadA~~); ~~American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)~~; Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation ~~Program~~ Partner (CHAP); DNV ~~GL~~ Healthcare (DNV~~GL~~); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (~~TJC~~); National Association of Boards of Pharmacy (NABP); Utilization Review Accreditation Commission (URAC).
- Evidence of successful achievement of receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.