

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN
DENTAL PUBLIC HEALTH**

Background: The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were approved by the Commission on Dental Accreditation on August 3, 2018 with immediate implementation. Since that date, 16 dental public health site visits have been conducted by a visiting committee of the Commission utilizing the August 2018 Standards. At the time of this report, the Standards include 76 “must” statements addressing 109 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 3, 2018 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 found in **Appendix 1** indicates a total of 12 areas of non-compliance have been made. The most frequently cited dental public health-specific area of non-compliance, with two (2) citings, is the August 2018 version of Standard 2-4, which requires all faculty, including those at major and minor educational activity sites, to be trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program. A revision to Standard 2-4 was adopted in February 2023 for implementation July 1, 2023.

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.

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ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 16
August 3, 2018 through October 31, 2024

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 29 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	1	The program must develop clearly stated objectives appropriate to advanced dental education, addressing education, patient care, research and service.
1	1	Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of the program goals related to education, patient care, research and service.
1	1-2	All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.
1	1-2	The following items must be covered in such inter-institutional agreements:
1	a.	Designation of a single program director;
1	b.	The teaching staff;
1	c.	The educational objectives of the program;
1	d.	The period of assignment of students/residents; and
1	e.	Each institution's financial commitment.

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 8 Required Areas of Compliance

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	2-2	There must be an advisory committee composed of individuals knowledgeable in the field of dental public health to assist the program director in the development, revision and evaluation of each student's/resident's residency curriculum plan, periodic assessment of each student's/resident's progress, final assessment of the degree of attainment of the plan's goals, as well as periodic review of the residency program itself.
2	2-4 (August 2018 version)	All faculty, including those at major and minor educational activity sites when applicable, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.
	2-4 (implemented July 1 2023)	All faculty, including those at major and minor educational activity sites, must be trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

STANDARD 3- FACILITIES AND RESOURCES – 7 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION –38 Required Areas of Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS – 25 Required Areas of Compliance

STANDARD 6- RESEARCH – 2 Required Areas of Compliance

**CONSIDERATION OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH RELATED TO
ADMINISTRATIVE OVERSIGHT AT MAJOR SITES WHERE EDUCATIONAL
ACTIVITY OCCURS**

Background: At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs. As directed, in advance of the Summer 2024 CODA meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director. The Committee noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites. Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

Winter 2025: At its Winter 2025 meeting, the Review Committee on Dental Public Health Education (DPH RC) considered the dental public health Accreditation Standards related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted that changes to Standard 2-1 related to teaching appointment percentage and a commitment to teaching and supervision will go into effect on July 1, 2025 and has an impact on the discussion of administrative oversight. There is no requirement in the Standards stating the percentage of time that a program director must be on-site. The DPH RC discussed whether **major** sites exist within the dental public health discipline, and it was noted that dental public health education programs must follow the supervised field experience Standards that address expectations off-site. The supervised field experiences may be considered a **major** site, depending on the type of experience attained, but **major** educational activity sites for dental public health education have an exception to the reporting policy. It was also noted that given the nature of the discipline,

dental public health education programs could be partially or fully remote, and that administrative oversight needs may differ for programs offering distance education. The DPH RC discussed Standard 1-3 regarding supervision of educational activities and Standard 4-9 regarding program director responsibility for determining supervised field experience locations as examples of Standards that address oversight. The DPH RC agreed that the current standards are sufficient, but additional language addressing distance learning programs may be needed. The DPH RC determined that more information and discussion is necessary before taking further action. The DPH RC recommended a survey of programs to gather information related to distance learning to gain a better sense of its usage across the discipline.

Following consideration, the Review Committee determined that Standards already exist, which address overall administrative oversight of the program, by the program director or a designee, at all sites where a student/resident spends a majority or all their time. The Committee identified that Standards 1-3 and 4-9 address program director responsibilities for supervision of educational activities and supervised field experience locations, but more information is needed via a survey of programs regarding usage of distance learning to ensure any future changes to Standards regarding administrative oversight do not unintentionally negatively impact programs. The DPH RC will revisit this topic and the results of the survey at the Summer 2025 meeting. Therefore, no further revisions are needed at this time within the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. At its Winter 2025 meeting, the Commission concurred with the recommendations of the DPH RC and directed a survey of dental public health education programs related to the use of distance education and administrative oversight with further analysis in relation to a potential revision to dental public health Standards, with a report to the Dental Public Health Education Review Committee and Commission in Summer 2025. The Commission further directed that there be no revision at that time to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health related to administrative oversight at major sites where educational activity occurs.

Summer 2025: In accordance with the Commission's Winter 2025 directive, a survey of dental public health education programs related to the use of distance education and administrative oversight was developed in consultation with the chair and members of the DPH RC (**Appendix 1**). The survey was administered to 16 dental public health programs on June 5, 2025 with a reminder on June 12, 2025. The survey closed on June 19, 2025 with a response rate of 10 programs (63%) (**Appendix 2**). The Survey of Distance Education in Dental Public Health Education Programs data suggest that an overwhelming majority (90%) of responding dental public health education programs use distance education methods occasionally to deliver educational opportunities such as webinars, guest lectures, didactic content, etc. On average, students/residents participate in distance education for approximately 16% of program time, with an average duration of four (4) to 11 weeks. Additionally, 80% (N=8) of responding programs utilize educational activity sites, however many (54%) respondents noted the program does not use distance education methods at the educational activity sites. Remote administrative oversight methods are common at educational activity sites, with 44% of responding programs using some remote oversight and 22% of responding programs using exclusively remote oversight. For those

responding programs that use a mix of in-person and remote administrative oversight, an average of 79% of administrative oversight occurs in person.

Summary: The Review Committee on Dental Public Health Education (DPH RC) is requested to review the results of the Survey of Distance Education in Dental Public Health Education Programs (**Appendix 2**). The Review Committee should further consider whether Standards already exist, which address overall administrative oversight of the program, by the program director or a designee, at all sites where a student/resident spends a majority or all their time. Alternately, the Review Committee may determine that Standards require modification or addition and may propose changes to the Commission for further consideration including possible circulation to the communities of interest for a period of comment.

Recommendation:

**Dental Public Health Survey on the Administrative Oversight of Educational Activity Sites
and Use of Distance Education
Spring 2025**

Announcement:

At its Winter 2025 meeting, the Commission on Dental Accreditation (CODA) considered the report of the Review Committee on Dental Public Health Education, particularly its *Consideration of Accreditation Standards for Advanced Dental Education Programs in Dental Public Health Related to Administrative Oversight at Major Sites Where Educational Activity Occurs*. Following consideration, the Commission believed that additional information is needed from CODA-accredited dental public health programs related to the use of distance education and associated administrative oversight to determine if a revision to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health is warranted.

The Commission directed a survey be sent to the CODA-accredited dental public health education programs, to obtain additional information on the use of distance education and associated administrative oversight, with consideration of the survey results in Summer 2025.

Instructions:

As a program director of a CODA-accredited dental public health program, you are requested to complete this short survey on the Administrative Oversight of Educational Activity Sites and Use of Distance Education, which should take **less than 5 minutes** to complete. Please complete the survey on behalf of your program and do not share the survey link.

The information gathered will be shared in aggregate with the Commission, through its Review Committee on Dental Public Health Education.

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DENTAL PUBLIC HEALTH PROGRAMS

Administrative Oversight of Educational Activity Sites and Use of Distance Education:

Please provide information on use of distance education and oversight of educational activity sites.

Definition of Distance Education:

Distance education means education that uses one or more of the technologies listed below to deliver instruction to students/residents/fellows who are separated from the instructor or instructors and to support regular and substantive interaction between the students/residents/fellows and the instructor or instructors, either synchronously or asynchronously. The technologies may include:

- the internet;
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- audio conference; or
- Other media used in a course in conjunction with any of the technologies listed above.

Question 1: Which of the following best describes your dental public health program's usage of distance education methods?

Answer Options:

- Distance education methods are not used at all.
- Distance education methods are used *occasionally* (e.g.: to deliver guest lectures, allow students/resident/faculty separated from the main site to participate in instruction, or other similar circumstance).
- Distance education methods are used *frequently* (the program is partially or predominately offered through distance education).
 - [If option 2 or 3 selected] Explain how the program uses distance education (open text box).

[If option 2 or 3 selected above, present the following two questions]

Question 2: What is the duration of the distance learning experience(s) identified in the previous question? If multiple experiences are offered throughout the program, please select the option that represents the average length, in weeks, of these experiences.

Answer Options:

- Less than 4 weeks
- 4 to 11 weeks
- 12 to 19 weeks
- 20 weeks or more

Question 3: Please estimate the percentage of time a student/resident participates in distance learning experience(s) throughout the program.

(Open text box) [Numeric entry field with validation from 1-99]

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Definition of a **major** educational activity site:

Students/Residents are **required** to complete an experience at this site to meet a program requirements or accreditation standards, and competency assessments or comparable summative assessments are performed at the site.

Definition of a **minor** educational activity site:

Students/Residents are **required** to complete an experience at this or another site to meet a program requirements or accreditation standards, and no competency assessments or comparable summative assessments performed at the site. Evaluation may occur.

Excerpt from Policy Statement on Reporting and Approval of Sites Where Educational Activity Occurs: The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience.... Prior Commission approval of these supervised field experience sites will not be required. Programs where 30% or more of the overall student/resident training occurs at off-campus site(s) must report the off-campus site(s) under the Commission's Policy Statement on Approval of Sites Where Educational Activity Occurs.

Question 4: Does your dental public health program utilize one or more educational activity sites for any portion of the program (e.g., curricular content or field experience)?

Answer Options:

- Yes
- No

If Yes, please describe the types of educational activity sites used by the program. (Select all that apply.)

- A rotation experience to fulfill field experience or other program requirements, where distance education is used at the site.
- As a rotation experience to fulfill field experience or other program requirements, where distance education is not used at the site.
- A primary academic location where distance education is used at the site.
- A primary academic location where distance education is not used at the site.

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Question 5: How does the dental public health program director or designee manage administrative oversight of educational activity sites?

- Each educational activity site(s) receives in-person oversight on a daily basis.
- Each educational activity site(s) receives some oversight in-person, and some remotely.
- Each educational activity site(s) receives all oversight remotely.

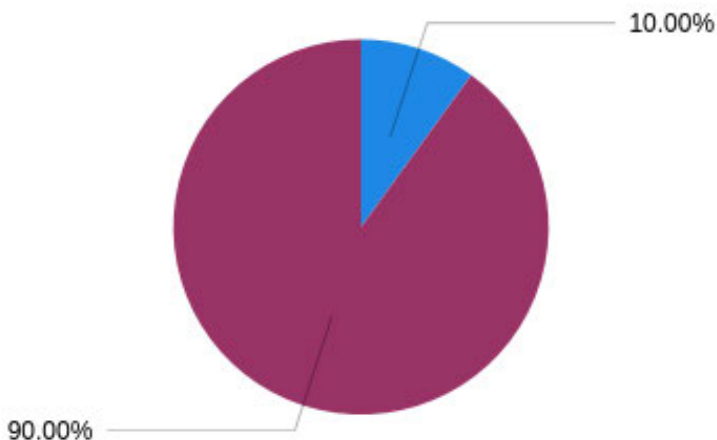
[If choice 2 selected]:

- Approximately what percentage of in-person oversight occurs by the program director or designee at each educational activity site? (Open text box).

DPH Distance Education Survey 2025

Survey sent to 16 programs with 10 respondents for a response rate of 63%.

Which of the following best describes your dental public health program’s usage of distance education methods?



☐ Distance education methods are not used at all.

☒ Distance education methods are used occasionally (e.g.: to deliver guest lectures, allow students/resident/faculty separated from the main site to participate in instruction, or other similar circumstance).

☐ Distance education methods are used frequently (the program is partially or predominately offered through distance education).

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which of the following best describes your dental public health program’s usage of distance education methods?	1.00	2.00	1.90	0.30	0.09	10

#	Answer	%	Count
1	Distance education methods are not used at all.	10.00%	1
2	Distance education methods are used occasionally (e.g.: to deliver guest lectures, allow students/resident/faculty separated from the main site to participate in instruction, or other similar circumstance).	90.00%	9
3	Distance education methods are used frequently (the program is partially or predominately offered through distance education).	0.00%	0
	Total	100%	10

Explain how the program uses distance education (open text box).

Webinars by other institutions and public health agencies.

As routine practice, we utilize zoom to accommodate guest lectures that live out of the area. When unexpected circumstances arise such as illness for either the local [REDACTED] instructor or the DPH resident, we will pivot from in-person to zoom.

Guest lectures, Journal Club

Guest lectures, webinars

2 of 3 required courses are conducted synchronously online.

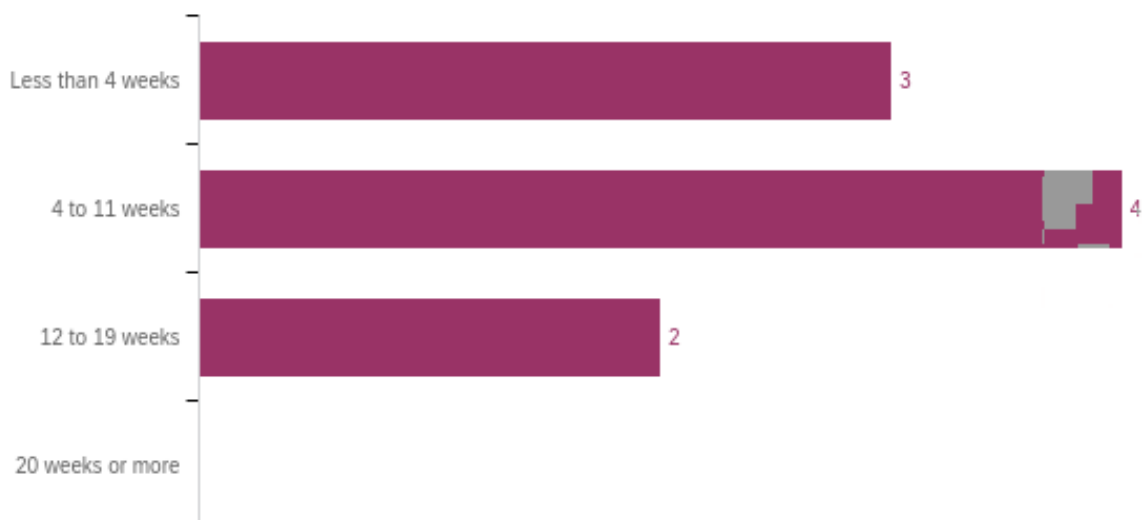
Our program uses distance education methods to deliver didactic content (courses and seminars by guest faculty) to our residents via videoconferencing options such as Zoom or Microsoft Teams. The learning outcomes are equivalent to in-person instruction.

There are two required courses from our College of Public Health that offer the option of being taken on-line. Some students opt for the on-line option as these two courses are offered during summer sessions, so that there is less time conflict with other required courses; otherwise, we only used distance education when a student is unable to attend due to sickness or travel difficulties (e.g., bad weather), or occasionally to accommodate a guest lecturer.

We have an approved part time residency program and these residents are often located elsewhere and come to our site a few times a year. The rest of the time, they participate virtually. We also have lectures by adjunct or visiting faculty that are interspersed throughout the curriculum and some of these faculty members are located elsewhere. All of our distance learning is interactive.

Most of the courses that form the didactic training rely on guest lecturers that may not be on site. Hence we use tools such as teams/zoom to connect them on occasion to the classroom. Also some of the work that is conducted as field experience may be done remotely depending on agencies needs etc.

What is the duration of the distance learning experience(s) identified in the previous question? If multiple experiences are offered throughout the program, please select the option that represents the average length, in weeks, of these experiences.

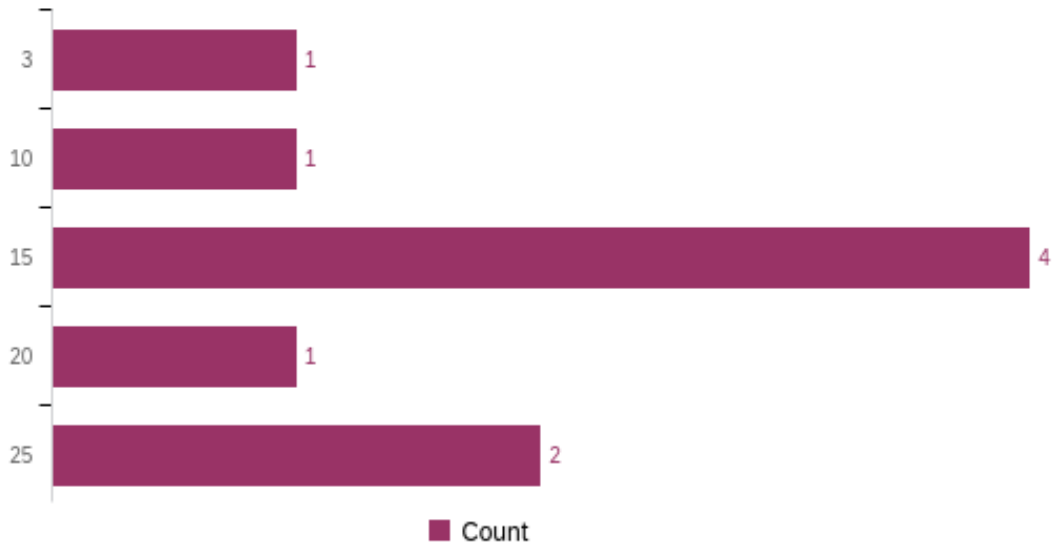


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the duration of the distance learning experience(s) identified in the previous question? If multiple experiences are offered throughout the program, please select the option that represents the average length, in weeks, of these experiences.	1.00	3.00	1.89	0.74	0.54	9

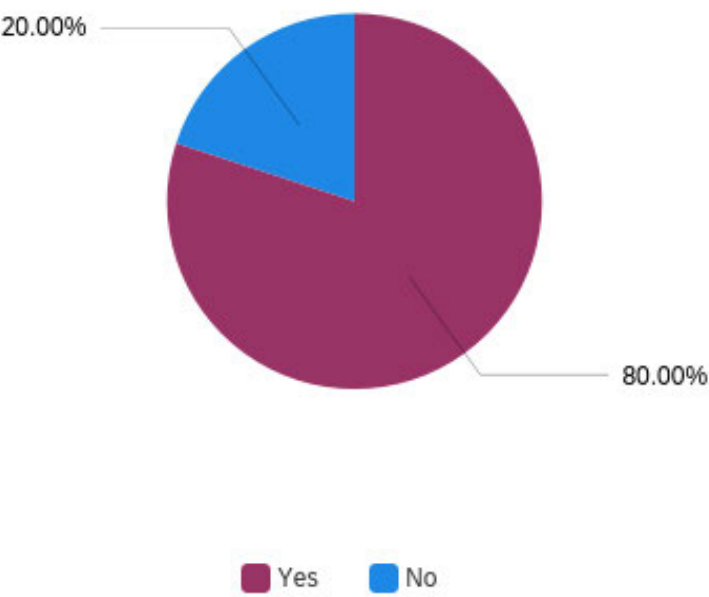
#	Answer	%	Count
1	Less than 4 weeks	33.33%	3
2	4 to 11 weeks	44.44%	4
3	12 to 19 weeks	22.22%	2
4	20 weeks or more	0.00%	0
	Total	100%	9

Please estimate the percentage of time a student/resident participates in distance learning experience(s) throughout the program.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	percentage of time a student/resident participates in distance learning	3.00	25.00	15.89	6.56	42.99	9



Does your dental public health program utilize one or more educational activity sites for any portion of the program (e.g., curricular content or field experience)?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does your dental public health program utilize one or more educational activity sites for any portion of the program (e.g., curricular content or field experience)?	1.00	2.00	1.20	0.40	0.16	10

#	Answer	%	Count
1	Yes	80.00%	8
2	No	20.00%	2
	Total	100%	10

If Yes, please describe the types of educational activity sites used by the program. (Select all that apply.)



#	Answer	%	Count
1	A rotation experience to fulfill field experience or other program requirements, where distance education is used at the site.	27.27%	3
2	As a rotation experience to fulfill field experience or other program requirements, where distance education is not used at the site.	45.45%	5
3	A primary academic location where distance education is used at the site.	18.18%	2
4	A primary academic location where distance education is not used at the site.	9.09%	1
	Total	100%	11

How does the dental public health program director or designee manage administrative oversight of educational activity sites?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How does the dental public health program director or designee manage administrative oversight of educational activity sites?	1.00	3.00	1.89	0.74	0.54	9

#	Answer	%	Count
1	Each educational activity site(s) receives in-person oversight on a daily basis.	33.33%	3
2	Each educational activity site(s) receives some oversight in-person, and some remotely.	44.44%	4
3	Each educational activity site(s) receives all oversight remotely.	22.22%	2
	Total	100%	9

Approximately what percentage of in-person oversight occurs by the program director or designee at each educational activity site?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Percentage of in-person oversight by program director or designee	70.00	90.00	78.75	7.40	54.69	4



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 Dental Public Health Education (DPH 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.