

INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

Background: The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation in February 2012, with implementation on July 1, 2013. Since the implementation date, 110 site visits have been conducted by visiting committees of the Commission utilizing the July 2013 Standards. At the time of this report, the Standards include 107 “must” statements addressing 230 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2013 through June 30, 2021. 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**. The most frequently cited pediatric dentistry-specific area of non-compliance, with 20 citings, is found in Standard 4 related to advocacy. Standard 4-26, related to didactic instruction was cited a total of 9 times. Each area of compliance in Standard 4-26 was cited 3 times and includes didactic instruction in: a) the fundamental domains of child advocacy; b) federally and state funded programs; and c) principles of education. Standard 4-27, related to clinical experiences in advocacy, was cited a total of 11 times. The specific citings relate to clinical experiences in: a) communicating, teaching and collaborating with groups and individuals with 3 citings; b) advocating and advising public health policy legislation and regulations with 4 citings; and c) participating at the local, state and national level in organized dentistry to represent the oral health needs of children with 4 citings.

Additionally tied for the most frequently cited pediatric dentistry-specific standard is Standard 4-6 related to clinical experiences in patient management using behavior guidance with a total of 20 citings. These include Standards 4-6a, experience with non-pharmacological, sedation, and inhalation analgesia, with 1 citing; 4-6b1, completing 20 nitrous oxide analgesia patient encounters as primary operator, with 2 citing; 4-6b2, completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used, with 6 citings; 4-6b2a of the 50 patient encounters, each student/resident acting as sole primary operator in a minimum of 25 sedation cases with 3 citings; 4-6b2b, of the remaining sedation cases (those not performed as the primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation, with 6 citings; and 4-6b2c, sedation cases being completed in accordance with the recommendations and guidelines of the American Academy of Pediatric Dentists (AAPD)/American Academy of Pediatrics (AAP), the American Dental Association’s (ADA) Teaching of Pain Control and Sedation to Dentists and Dental Students, and relevant institutional policies, with 1 citing.

Summary: This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry implemented on January 1, 2013. Revised Accreditation Standards were adopted August 7, 2020 with implementation July 1, 2021. Citings related to site visits occurring July 1, 2021 through October 31, 2022 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 PEDIATRIC DENTISTRY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 110
July 1, 2013 through June 30, 2021

**STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24
Required Areas of Compliance**

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|--------------------------------------|--------------------------------------|--|
| 3 | 1 | The financial resources must be sufficient to support the programs stated goals and objectives. |
| 2 | 1 | The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. |
| 2 | 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 program goals related to education, patient care, research and service. |
| 2 | 1 | The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement. |
| 1 | 1 | The financial resources must be sufficient to support the program’s stated goals and objectives. |
| 1 | 1 | The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 1 | The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution. |
| 1 | 1 | The institution/program must have a formal system of quality assurance for programs that provide patient care. |
| 1 | 1 | The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility, and privileges necessary to manage the program |
| 1 | 1 | The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions |
| 1 | 1 | Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available. |
| 1 | 1 | The following items must be covered in such inter-institutional agreements: <ul style="list-style-type: none"> a. Designation of a single program director; b. The teaching staff; c. The educational objectives of the program; d. The period of assignment of students/residents; and e. Each institution's financial commitment. |
| 1 | 1-1 | Affiliation agreements with remote teaching sites must clearly specify the status of off-site faculty, the financial commitments with sites, instruction, and liability coverage. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 1-2 | A Commission-accredited advanced education program in pediatric dentistry must use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process. |

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 23 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 2 | 2 | The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.) |
| 1 | 2 | The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals. |
| 1 | 2 | Documentation of all program activities must be ensured by the program director and available for review. |
| 1 | 2-1 | The program director must be evaluated annually. |
| 3 | 2-2 | Administrative Responsibilities: The program director must have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including: |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 2-2.2 | Curriculum development and implementation. |
| 1 | 2-2.3 | Ongoing evaluation of program goals, objectives and content and outcomes assessment. |
| 2 | 2-2.4 | Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member. |
| 1 | 2.2-8 | Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) for specified procedures. |
| 1 | 2.2-9 | Responsibility for overall continuity and quality of patient care. |
| 1 | 2.2-10 | Oversight responsibility for student/resident research. |
| 1 | 2-2.11 | Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation. |
| 2 | 2-3.1 | Pediatric dentistry members of the teaching staff, appointed after January 1, 2000, who have not previously served as teaching staff, must be certified by the American Board of Pediatric Dentistry or have completed the educational requirements to pursue certification. |
| 4 | 2-3.4 | Clinical faculty must be immediately available to provide direct supervision to students/residents for all clinical sessions. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 2.3-5 | The faculty includes members who are engaged in scholarly activity. |
| 3 | 2-4 | The program must show evidence of an ongoing faculty development process. |

STANDARD 3- FACILITIES AND RESOURCES – 25 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 3 | Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in the Standards. |
| 1 | 3 | The program must document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. |
| 1 | 3 | Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. |
| 1 | 3 | Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 3 | All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation. |
| 1 | 3-1 | Students/Residents, faculty and staff engaged in provision of pharmacologic behavior guidance must be certified in PALS or ACLS in accordance with guidelines of the American Academy of Pediatric Dentistry, and institutional and state regulations. |
| | 3-3 | The program must have access to clinical facilities that include: |
| 1 | 3-3.2 | Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel. |
| 1 | 3-3.5 | Recovery area facilities. |
| | 3-4 | Personnel resources must include: |
| 1 | 3-4.1 | Adequate administrative and clerical personnel. |
| 4 | 3-4.2 | Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support are suitably trained and credentialed. |
| 1 | 3-5 | Research Facilities: Facilities must be available for students/residents to conduct basic and/or applied (clinical) research |
| 1 | 3-6 | Information Resources: Appropriate information resources must be available including access to biomedical textbooks, dental journals and other sources pertinent to the area of pediatric dentistry practice and research |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|--|
| 1 | 3-7 | Patient Availability: A sufficient pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training must be available, including healthy individuals as well as patients with special health care needs. |

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 139 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 4 | The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of discipline’s practice as set forth in specific standards contained in this document. |
| 1 | 4 | Advanced dental education programs must include instruction or learning experiences in evidence-based practice. |
| 1 | 4 | The level of discipline-specific instruction in certificate and degree-granting programs must be comparable. |
| 1 | 4-1 | An advanced education program in pediatric dentistry must prepare a specialist who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 4-1 | All curricula must be formulated in accordance with current American Academy of Pediatric Dentistry Guidelines. |
| 1 | 4-3 | The program must also provide experience in closely related areas to ensure that students/residents become competent in comprehensive care. |
| 2 | 4-4 | Biomedical sciences must be included to support the clinical, didactic and research portions of the curriculum. |
| | 4-4 | Instruction must be provided at the understanding level in the following biomedical sciences: |
| 2 | | a. BIostatistics and CLINICAL EPIDEMIOLOGY: Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, principles of clinical epidemiology and research design; |
| 1 | | b. PHARMACOLOGY: Including pharmacokinetics, interaction and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency |
| 1 | | d. EMBRYOLOGY: Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies; |
| 2 | | e. GENETICS: Including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases; |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 2 | 4-5 | f. ANATOMY: Including a review of general anatomy and head and neck anatomy with an emphasis on the infant, child and adolescent; |
| 1 | 4-5 | Didactic Instruction: Didactic instruction in behavior guidance must be at the in-depth level and include: |
| 1 | 4-5 | a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting; |
| 1 | 4-5 | b. Child behavior guidance in the dental setting and the objectives of various guidance methods; |
| 1 | 4-5 | c. Principles of communication, including listening techniques, including the descriptions of and recommendations for the use of specific techniques, and communication with parents and caregivers; |
| 1 | 4-5 | d. Principles of informed consent relative to behavior guidance and treatment options; |
| 1 | 4-5 | e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the AAPD guidelines and The Teaching of Pain Control and Sedation to Dentists and Dental Students of the American Dental Association (ADA); and |
| 1 | 4-5 | f. Recognition, treatment and management of pharmacologic-related emergencies |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 4-6 | <p>Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:</p> |
| | | <p>a. Experiences must include infants, children and adolescents including patients with special health care needs, using:</p> <ol style="list-style-type: none"> 1. Non-pharmacological techniques; 2. Sedation; and 3. Inhalation analgesia |
| 2 | | <p>b. Students/Residents must perform adequate patient encounter to achieve competency:</p> |
| | | <p>1. Students/Residents must complete 20 nitrous oxide analgesia patient encounters as primary operator; and</p> |
| 6 | | <p>2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</p> |
| 4 | | <p>a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.</p> |
| 6 | | <p>b. Of the remaining sedation cases (those not performed as the primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.</p> |
| 1 | 4-6 | <p>c. All sedation cases must be completed in accordance with the recommendations and guidelines of AAPD/AAP, the ADA's Teaching of Pain Control and Sedation to Dentists and Dental Students, and relevant institutional policies.</p> |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|--|
| | 4-8 | Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in: |
| 1 | | a. Diagnosis of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion; and |
| 2 | | b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. |
| | 4-10 | Clinical Experiences: Clinical experiences in oral facial injury and emergency care must enable students/residents to achieve competency in: |
| 3 | | a. Diagnosis and management of traumatic injuries of the oral and perioral structures including primary and permanent dentition and in infants, children and adolescents; and |
| | 4-15 | Didactic Instruction: Didactic instruction must be at the in-depth level and include: |
| 1 | | a. Restorative and prosthetic techniques and dental materials for the primary, mixed and permanent dentitions; |
| 1 | | b. Management of comprehensive restorative care for pediatric patients; |
| 1 | | c. Treatment planning for infants, children, adolescents and those with special health care needs; and |
| 1 | | d. Characteristics of the dental home. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| | 4-17 | Didactic Instruction: Didactic instruction must be at the understanding level and include: |
| 3 | | a. The design implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice; |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 3 | | b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry; |
| 1 | | c. Use of computers in didactic, clinical and research endeavors, as well as in practice management; |
| 1 | | d. Principles of ethical and biomedical ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management; and |
| 1 | | e. Working cooperatively with consultants and clinicians in other dental specialties and health fields. Didactic instruction must be at the in-depth level for the following: |
| 1 | | f. The prevention and management of medical emergencies in the dental setting. |
| | 4-18 | Didactic Instruction: Didactic instruction must |
| 2 | | a. Formulation of treatment plans for patients with special health care needs. |
| 2 | | b. Medical conditions and the alternatives in the delivery of dental care that those conditions might require. |
| | | c. Management of the oral health of patients with special health care needs, i.e.: |
| 2 | | 1. Medically compromised; |
| 1 | | 2. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 2 | 4-19 | 3. Transition to adult practices Clinical Experiences: Clinical experiences must enable advanced students/residents to achieve competency in: |
| 2 | | a. Examination, treatment and management of infants, children, adolescents and adults with special health care needs. |
| 1 | 4-21 | Clinical Experiences: Clinical experiences must enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting. |
| | 4-21 | The program must provide the following clinical experiences: |
| 1 | | a. Dental treatment in the Operating Room Setting: 1. Each student/resident participates in the treatment of pediatric patients under general anesthesia in the operating room. a. Each student/resident participates in a minimum of twenty (20) operating room cases and these are documented in the RCL (Resident Clinical Log). In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|--|
| 1 | 4-24 | <p>c. Anesthesiology Rotation: 4. The rotation must provide and document experiences in : (1) pre-operative evaluation, (2) risk assessment, (3) assessing the effects of pharmacologic agents, (4) venipuncture techniques, (5) airway management, (6) general anesthetic induction and intubation, (7) administration of anesthetic agents, (8) patient monitoring, (9) prevention and management of anesthetic emergencies, (10)recovery room management, and (11) postoperative appraisal and follow up.</p> |
| 2 | | <p>Didactic Instruction: Didactic instruction must be at the understanding level and include:</p> <p>a. Normal speech and language development and the recognition of speech and language delays/disorders; the anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance; and</p> |
| 2 | | <p>b. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as:</p> <ol style="list-style-type: none"> 1. Developmental disabilities; 2. Genetic/metabolic disorders; 3. Infectious disease; 4. Sensory impairments; and 5. Chronic disease. |

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| | 4-26 | Didactic Instruction: Didactic Instruction must be at an understanding level and include: |
| 3 | | a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around access to dental care and possible solutions; |
| 3 | | b. Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations; and |
| 3 | | c. Principles of education. |
| | 4-27 | Clinical Experiences: Clinical experiences must provide exposure of the advanced education student/resident to: |
| 3 | | a. Communicating, teaching, and collaborating with groups and individuals on children's health issues; |
| 4 | | b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and |
| 4 | | c. Participating at the local, state, and national level in organized dentistry to represent the oral health needs of children, particularly the underserved. |
| 1 | 4-28 | Advanced education students/residents must engage in teaching activities which may include peers, predoctoral students, community based programs and activities, and other health professionals. |

STANDARD 5- ADVANCED EDUCATION STUDENTS – 14 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|--------------------------------------|--------------------------------------|---|
| | 5 | A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program: |
| 1 | | a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods; |
| 1 | 5 | There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution. |
| 1 | 5 | At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. |
| 1 | 5 | Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty. |

STANDARD 6- RESEARCH – 5 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|--------------------------------------|--------------------------------------|--|
| 2 | 6 | Advanced dental education students/residents must engage in scholarly activity. |
| | 6-1 | Advanced dental education students/residents must: |
| 3 | | a. Participate in and complete a research project; |
| 3 | | b. Uses data collection and analysis; |
| 2 | | c. Uses elements of scientific method; and |
| 3 | | d. Reports results in a scientific forum. |

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN PEDIATRIC DENTISTRY**

Background: The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation in August 7, 2020 with implementation July 1, 2021. Since the implementation date, 22 site visits have been conducted by visiting committees of the Commission utilizing the July 2021 Standards. At the time of this report, the Standards include 119 “must” statements addressing 299 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2021 through October 31, 2022. 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 seven (7) citings of non-compliance have been made. The most frequently cited pediatric dentistry-specific area of non-compliance, with 2 citings, is Standard 4-6b2a, completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used, of which each student/resident acting as sole primary operator in a minimum of 25 sedation cases.

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 PEDIATRIC DENTISTRY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 22
July 1, 2021 through October 31, 2022

**STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24
Required Areas of Compliance**

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|--|
| 1 | 1-1 | 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. |

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 30 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| 1 | 2-3.4 | Clinical faculty must be immediately available to provide direct supervision to students/residents for all clinical sessions. |
| 1 | 2-5 | All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program. |

STANDARD 3- FACILITIES AND RESOURCES – 26 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 202 Required Areas of Compliance

| <u>Non-Compliance Citings</u> | <u>Accreditation Standard</u> | <u>Required Areas of Compliance</u> |
|-------------------------------|-------------------------------|---|
| | 4-7 | <p>Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:</p> <p>b. Students/Residents must perform adequate patient encounters to achieve competency:</p> <p>2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</p> |
| 2 | | <p>a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.</p> |
| | 4-9 | <p>Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:</p> <p>b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:</p> |
| 1 | | <p>2. Transverse arch dimensional problems involving simple posterior crossbites;</p> |
| 1 | | <p>4. Anterior spacing with or without dental protrusion;</p> |

STANDARD 5- ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 12
Required Areas of Compliance

STANDARD 6- RESEARCH – 5 Required Areas of Compliance

CONSIDERATION OF PROPOSED REVISIONS TO ANESTHESIA STANDARDS OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

Background: At its August 2021 meeting, the Commission on Dental Accreditation directed the establishment of a multidisciplinary Ad Hoc Committee composed of current and former Pediatric Dentistry Review Committee members as well as representation from the Dental Anesthesiology Review Committee and the Oral and Maxillofacial Surgery Review Committee to study the use of sedation in patient management, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, as applicable, with a report to the Commission in Winter 2022.

The Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards held two (2) meetings in November 2021 and determined that a definition of “Sole Primary Operator” should be added to the Definition of Terms within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the Ad Hoc Committee determined that an intent statement should be added to Pediatric Dentistry Standard 4-7 to clarify that “Each patient encounter shall have only one (1) sole primary operator.” At its Winter 2022 meeting, the PED RC recommended adoption of these revisions with immediate implementation, and the Commission concurred.

The Ad Hoc Committee also believed that additional meetings were required to discuss outstanding issues related to its charge, with the inclusion of an additional member to provide further perspectives on the American Academy of Pediatric Dentistry anesthesia guidelines. As such, at its Winter 2022 meeting, the PED RC also recommended, and the Commission concurred, that the Commission invite the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia to join the Ad Hoc Committee as an additional member to provide a perspective on the potential revision to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to anesthesia education for pediatric dentistry. The Commission further directed the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards to continue its review of pediatric dentistry Accreditation Standards which may warrant revision, with a report to the Commission in Summer 2022.

The Ad Hoc Committee held two (2) additional meetings in May and June 2022. As the discussion continued, the Ad Hoc Committee reviewed components of Pediatric Dentistry Standard 4-7a and b, suggesting the revisions found in **Appendix 1**. The proposed revisions differentiate “minimal” and “moderate” sedation. The Committee also determined that the age of pediatric dentistry patients should be clarified to “patients 13 or under.” Further, of the sedation cases not performed as the sole primary operator, beyond those 15 encounters that must involve direct patient care, the remaining may include simulation experiences. The Ad Hoc Committee

thoroughly considered the use of simulation in health care education. The Committee noted educational “simulation” methods ranging from written case studies that only address knowledge through simulation methods using high-fidelity mannequins that simulate a real patient experience and assess knowledge and hands-on skill. It was noted that, if used appropriately, simulation that models that real patient experience may provide a valid educational tool. The Ad Hoc Committee believed that case-based written and/or discussion simulation activities are not appropriate methods through which knowledge and skill can be fully assessed.

The Ad Hoc Committee further noted that in September 2011, the Association of American Medical Colleges (AAMC) published the “Medical Simulation in Medical Education: Results of an AAMC Survey” in which the AAMC, for the purpose of the survey, defined “simulation.” Following discussion, the Ad Hoc Committee believed that the AAMC’s definition should be added to the Definition of Terms in reference to simulation activities that are permitted within the Accreditation Standards for pediatric dentistry programs (**Appendix 1**).

The Ad Hoc Committee also concluded and recommended that, with future enhancements in technology and changes in educational models, the Commission further study simulation and its implications to dental and dental-related education programs as it relates to all disciplines within the Commission’s purview, through formation of an Ad Hoc Committee representing all disciplines, with a future report to the Commission.

At its Summer 2022 meeting, the PED RC carefully considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry submitted by the Ad Hoc Committee. Following discussion, the PED RC supported the proposed revisions to the standards submitted by the Ad Hoc Committee, as found in **Appendix 1** and recommended that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) be circulated to the communities of interest for review and comment, with Hearings held in conjunction with the October 2022 American Dental Association and March 2023 American Dental Education Association meetings, with comments reviewed at the Commission’s Summer 2023 meetings. The PED RC further believed that the Commission should study simulation and its implications to dental and dental-related education programs as it relates to all disciplines within the Commission’s purview, through formation of an Ad Hoc Committee representing all disciplines, with a future report to the Commission.

As directed by the Commission, the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) were circulated for comment through June 1, 2023. No (0) comments were received at the ADA Virtual Hearing and no (0) comments were received at the ADEA Virtual Hearing. The Commission office received 20 written comments prior to the June 1, 2023 deadline (**Appendix 2**).

Summary: At this meeting, the Pediatric Dentistry Review Committee and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) and the comments received prior to the June 1, 2023 deadline (**Appendix 2**). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revision is adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

At its Summer 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2023, for review at the Summer 2023 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_0lm22grEOzgxgaN

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

Commission on Dental Accreditation

211 East Chicago Avenue

Chicago, Illinois 60611-2678

(312) 440-4653

<https://coda.ada.org/en>

Copyright© 2022

Commission on Dental Accreditation

All rights reserved. Reproduction is strictly prohibited without prior written permission.

Definitions of Terms Used in Pediatric Dentistry Accreditation Standards

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

Must or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Intent: Intent statements are presented to provide clarification to the advanced dental education programs in pediatric dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

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

Should: Indicates a method to achieve the standards.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

Competencies: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

Competent: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

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

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

1 **Other Terms:**

2 Institution (or organizational unit of an institution): a dental, medical or public health school, patient
3 care facility or other entity that engages in advanced dental education.

4
5 Sponsoring institution: primary responsibility for advanced dental education programs.

6 Affiliated institution: support responsibility for advanced dental education programs.

7 Advanced dental education student/resident: a student/resident enrolled in an accredited advanced
8 dental education program.

9
10 A degree-granting program is a planned sequence of advanced courses leading to a master's or
11 doctoral degree granted by a recognized and accredited educational institution.

12
13 A certificate program is a planned sequence of advanced courses that leads to a certificate of
14 completion in an advanced dental education program.

15
16 Student/Resident: The individual enrolled in an accredited advanced dental education program.

17 International Dental School: A dental school located outside the United States and Canada.

18 Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires
19 the judicious integration of systematic assessments of clinically relevant scientific evidence, relating
20 to the patient's oral and medical condition and history, with the dentist's clinical expertise and the
21 patient's treatment needs and preferences.

22
23 Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and
24 shaping values; providing benchmarks to orient the learner who is approaching a relatively
25 unstructured body of knowledge; and reinforcing students' intrinsic motivation to learn and inspire
26 them to set higher standards for themselves.

27
28 Summative Assessment*: making an overall judgment about competence, fitness to practice, or
29 qualification for advancement to higher levels of responsibility; and providing professional self-
30 regulation and accountability.

31
32 Resident Clinical Log (RCL): A secure and valid account of procedures and experiences of a
33 student/resident maintained by the program for use in evaluation, accreditation, quality assurance
34 and other purposes.

35
36 Treatment: Refers to direct care provided by the student/resident for that condition or clinical
37 problem.

38
39 Management: Refers to provision of appropriate care and/or referral for a condition consistent with
40 contemporary practice and in the best interest of the patient.

41

Consideration of Proposed Revisions to
Pediatric Dentistry Standards
Pediatric Dentistry RC
CODA Summer 2023

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48

REFERENCE MANUAL: The most current version of The American Academy of Pediatric Dentistry Oral Health Policies and Recommendations.

Sole Primary Operator: The student/resident providing the assessment, drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies. Each patient encounter shall have only one (1) sole primary operator.

Interprofessional Education**: When students/residents and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes. (*Adapted from the WHO 2010*)

Social Determinants of Health***: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. (*From the WHO*)

Simulation****: A method used in health care education to replace or amplify real patient experiences with scenarios designed to replicate real health encounters, using lifelike mannequins, physical models, standardized patients, or computers.

*Epstein, R. M. (2007). *Assessment in Medical Education. The New England Journal of Medicine*, 387-96.

** *Definition adapted from the World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.*

*** *Definition from the World Health Organization (WHO). (Retrieved from https://www.who.int/social_determinants/sdh_definition/en/, 2019)*

*****Definition from the Association of American Medical Colleges (AAMC) Medical Simulation in Medical Education: Results of an AAMC Survey. (Retrieved June 29, 2022 from <https://www.aamc.org/system/files/c/2/259760-medicalsimulationinmedicaleducationanaamcsurvey.pdf>)*

1

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

2

CLINICAL SCIENCES

3

BEHAVIOR GUIDANCE

4

4-6 Didactic Instruction: Didactic instruction in behavior guidance **must** be at the in-depth level and include:

5

6

7

a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting;

8

9

10

b. Child behavior guidance in the dental setting and the objectives of various guidance methods;

11

12

c. Principles of communication, listening techniques, and communication with parents and caregivers;

13

14

d. Principles of informed consent relative to behavior guidance and treatment options;

15

16

e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the REFERENCE MANUAL; and

17

18

19

f. Recognition, treatment and management of adverse events related to sedation and general anesthesia, including airway problems.

20

21

22

***Intent:** The term “treatment” refers to direct care provided by the residents/student for that condition or clinical problem. The term “management” refers to provision of appropriate care and /or referral for a condition consistent with contemporary practice and in the best interest of the patient.*

23

24

25

26

27

4-7 Clinical Experiences: Clinical experiences in behavior guidance **must** enable students/residents to achieve competency in patient management using behavior guidance:

28

29

a. Experiences **must** include infants, children and adolescents including individuals with special health care needs, using:

30

31

1. Non-pharmacological techniques;

32

2. ~~Minimal S~~sedation; and

33

3. ~~Moderate sedation Inhalation analgesia.~~

34

35

b. Students/Residents **must** perform adequate patient encounters to achieve competency:

36

37

38

1. ~~Students/Residents must complete a minimum of 20 nitrous oxide analgesia— patient encounters as primary operator; and~~

39

40

41

2. 1. Students/Residents **must** complete a minimum of 50 patient encounters in

42

Consideration of Proposed Revisions to
Pediatric Dentistry Standards
Pediatric Dentistry RC
CODA Summer 2023

1 which sedative agents other than nitrous oxide (but may include nitrous oxide
2 in combination with other agents) are used to sedate pediatric patients (patients
3 13 or under), or patients with special health care needs. The agents may be
4 administered by any route.

- 5
- 6 a. Of the 50 patient encounters, each student/resident **must** act as
7 sole primary operator in a minimum of 25 sedation cases.
- 8
- 9 b. Of the remaining sedation cases (those not performed as the sole
10 primary operator), each student/resident **must** gain clinical experience,
11 which can be in a variety of activities or settings ~~including individual or~~
12 ~~functional group monitoring and human simulation~~. At least 15
13 encounters **must** involve direct patient care, the remaining of which may
14 include simulation experiences.
- 15

16 2. In addition to the above, students/residents **must** complete a minimum of 20
17 nitrous oxide patient encounters as primary operator; and

18

19 3. e. All sedation cases **must** be completed in accordance with the
20 recommendations of the REFERENCE MANUAL and/or applicable
21 institutional policies and state regulations.

22

23 ***Intent:** Programs will provide or make available adequate opportunities to meet the above*
24 *requirements which are consistent with those experiences required by jurisdictions with*
25 *policies regulating pediatric sedation in dental practice. The numbers of encounters cited in*
26 *the Standard represents the minimal number of experiences required for a student/resident.*
27 *In the sole primary operator role, the student/resident is expected to provide the*
28 *assessment, drug delivery, treatment, monitoring, discharge and emergency*
29 *prevention/management in conjunction with other medical personnel as required by*
30 *institutional policies. Each patient encounter shall have only one (1) sole primary operator.*

31

32 ~~*In the remaining sedation cases, where the student/resident is not the primary operator, the*~~
33 ~~*supplemental cases provide the student/resident with:*~~

34

- 35 ~~(1) *direct clinical participation in patient care in an observational, data gathering,*~~
36 ~~*monitoring, and/or recording capacity;*~~
- 37 ~~(2) *simulation experiences with direct clinical application to elements of the REFERENCE*~~
38 ~~*MANUAL, or*~~
- 39 ~~(3) *participation in ongoing activities related to specific patient care episodes such as*~~
40 ~~*_____*~~
- 41 ~~*quality improvement and safety initiatives, apparent cause analysis, Morbidity &*~~
42 ~~*Mortality conferences, and/or clinical rounds that review essential elements of an*~~
43 ~~*actual patient sedation visit.*~~
- 44

45 *In the remaining sedation cases, where the student/resident is not the primary operator, these*
46 *experiences require documentation and inclusion in the RCL. It is not an appropriate learning*

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39

*experience for groups of students/residents to passively observe a single sedation being performed.
The intent of this standard is not for multiple operators to provide limited treatment on the same
sedated patient in order to fulfill the sedation requirement.*

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 31, 2023 11:22:39 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------------|
| First Name | Alexander |
| Last Name | Alcaraz |
| Email | [REDACTED] |
| Title | Program Director |

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?

- Yes. Please enter the name of your organization below.:
Herman Ostrow School of Dentistry of USC

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

Page 6 of Proposed Revisions, section 4-7 line 35

Q6. Do you agree with the proposed revision?

- Disagree

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

Date: May 31, 2023

Re: Comment on Proposed Revision of CODA's "Standards for Pediatric Dentistry Education Programs"

Dear Members of the Commission on Dental Accreditation,

The statements below reflect the concerns of the pediatric dental residency program from the Herman Ostrow School of Dentistry of the University of Southern California along with the other five California residency programs/dental schools.

In January 2023, The Dental Board of California significantly changed how the Board issues and regulates anesthesia and sedation permits in California (compliant with California Senate Bill 501, Glazer, Statutes of 2018). Previously a pediatric dentist could provide both minimal and moderate oral sedation with a single 'oral conscious sedation for minors' permit. Currently, under California's revised sedation permit requirements, a dentist in California who provides moderate sedation to children must obtain and maintain the following permit and endorsement:

(1) Moderate Sedation Permit

https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

(2) Pediatric Endorsement for Patients under the age of 7
Additional costs and requirements for the moderate sedation permit include an additional pediatric endorsement fee, higher continuing education requirements and the addition of a site inspection within a year of moderate sedation permit issuance and every six years thereafter (\$2000 fee per site inspection).

As a result, the proposed CODA changes (Page 6, section 4-7 line 35) pose a significant challenge for our program and our resident trainees.

4-7 Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:

a. Experiences must include infants, children and adolescents including individuals

with special health care needs, using:

1. Non-pharmacological techniques;
2. Minimal sedation; and
3. Moderate sedation

CODA's proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. This adds a significant implication to faculty recruitment, especially during this time when recruiting and retaining faculty are already low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board's sedation licensure changes. The revision of this CODA standard also poses a challenge to California trainees who will encounter difficulty fulfilling clinical experiences as primary operator with moderate sedation.

As such, we propose keeping the original verbiage of the CODA standard that states:

33 1. Non-pharmacological techniques;

34 2. Sedation

This will allow flexibility in complying with both CODA's training requirements as well as the Dental Board of California's Sedation permitting requirements.

We ask the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and to keep the original verbiage ("Sedation").

Sincerely,

Alexander R. Alcaraz, DMD Associate Professor Co-Chair
Department of Pediatric Dentistry and Orthodontics Program Director
Advanced Pediatric Dentistry
Herman Ostrow School of Dentistry of USC

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, June 1, 2023 10:53:01 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.

| | |
|-------------------|----------------------|
| First Name | Amanda |
| Last Name | Effat |
| Email | [REDACTED] |
| Title | Peds Dental Resident |

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

- Student (dental, allied dental or advanced dental)

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.

1

Q6. Do you agree with the proposed revision?

- Disagree

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

As a resident in San Diego, my program struggled with finding qualifying cases for oral sedation for the past few years since the pandemic started. Adding more restrictions to the sedation requirements, will place a great strain on residency programs to help all of their residents meet the CODA requirements.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, February 23, 2023 10:29:35 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

Recipient Data:

| | |
|--------------------|----------------------|
| Response ID | [REDACTED] |
| End Date | 2023-02-23T16:29:04Z |
| IP Address | [REDACTED] |

| | |
|----------------------------|------------------------------|
| URL to view Results | [Click Here] |
|----------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.

| | |
|-------------------|---|
| First Name | Annette |
| Last Name | Puzan |
| Email | [REDACTED] |
| 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 Pediatric Dentistry

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. James Nickman, 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 2023 meeting, the Council considered and supported the proposed changes to Standard 4-7 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. In addition, the Council urges the Commission to consider placing further emphasis on emergency airway management via standardized simulated patient experiences by qualifying the type of simulation experiences in Appendix 6, page 7, Lines 13-15 as “standardized” and “emphasizing airway management,” so it states, “At least 15 encounters must involve direct patient care, the remaining of which may include standardized simulation experiences emphasizing airway management.” 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

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 17, 2023 5:49:24 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

Click next to submit a comment.

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | Bo |
| Last Name | Kwok |
| Email | [REDACTED] |
| Title | Resident |

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

- Student (dental, allied dental or advanced dental)

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.

page 6, section 4-7, line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

As a California trainee, my training will be negatively impacted by the proposed revision due to the Dental Board of California's strict and cost-prohibitive minimal and moderate sedation permit requirements.

I strongly urge CODA to return the language in this section to the original verbiage:

33 1. Non-pharmacological techniques;

34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, May 18, 2023 10:33:02 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|-------------------|
| First Name | Greg |
| Last Name | Allen |
| Email | [REDACTED] |
| Title | Pediatric Dentist |

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.

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California's strict and cost-prohibitive minimal and moderate sedation permit requirements.

I strongly urge CODA to return the language in this section to the original verbiage:

33 1. Non-pharmacological techniques;

34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, March 10, 2023 1:37:25 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | Jeannine |
| Last Name | Weiss |
| Email | [REDACTED] |
| Title | Faculty |

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

- Other (Please specify):
hospital based

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.

4-SEDATION

Q6. Do you agree with the proposed revision?

- Disagree

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

In my area, most Pediatric dentists do not provide dental anesthesia due to legal concerns and issues.

We are an inner-city hospital-based program with children with several managed health issues classifying them as ASA 2. Will the AAPD provide externships in anesthesia to full-fil the potential of competency? Is there a timeline that this initiative will be engaged? Some GA medications, such as propofol, can be utilized as a moderate sedation recommendation. Still, our hospital has it as a GA med and thus cannot be used in our clinic.

Was there anything in our lobbying group supporting using certain medications, such as Ketamine, for moderate sedation?

DOCS education does not offer sedation course for children under 5- so is there Post GRAD opportunities for your new PEDS providers to maintain their credentials?

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, June 1, 2023 9:52:44 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|----------------------------|
| First Name | Jung-Wei |
| Last Name | Chen |
| Email | [REDACTED] |
| Title | Chair and program director |

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?

- Yes. Please enter the name of your organization below.:
Loma Linda University

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

Standard 4-7, page 6, Line 34,35

Q6. Do you agree with the proposed revision?

- Disagree

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

With California changing of permits, there are different permits for minimum sedation and moderate sedation based on age difference. With the change of standard may causing our faculty has more financial burden.

Thus we suggest do not change to minimum and moderate; and keep it as sedation.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, June 1, 2023 11:15:22 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|---------------------|
| First Name | Laurita |
| Last Name | Siu |
| Email | [REDACTED] |
| Title | Assistant Professor |

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.

appendix 3, page 7, line 7-8

Q6. Do you agree with the proposed revision?

- Disagree

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

I'd suggest to change or remove the oral sedation requirements. California dental board is making it exponentially harder to 1. obtain an oral sedation license 2. perform oral sedation 3. more costly. I understand there needs to be checks and balances but by the way the requirements are heading, there will be only a handful of dentists in California who will be willing perform oral sedation on such strict requirements. The state will be more geared towards general anesthesia. Therefore, I'm asking CODA to change or remove the oral sedation requirement for Pediatric residency programs.
https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 31, 2023 2:07:39 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|----------------|
| First Name | Leonard |
| Last Name | Naftalin |
| Email | [REDACTED] |
| Title | President ASDA |

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.:
The American Society of Dentist Anesthesiologists

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

standard 4-7 1. page 7 lines1-5

Q6. Do you agree with the proposed revision?

- Disagree

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

The American Society of Dentist Anesthesiologists (ASDA) Board of Directors (BOD) has reviewed the proposed changes to the sedation training requirements for pediatric dentistry residents.

While the proposal does attempt to address several noted deficiencies in the training requirements, the ASDA BOD has some concerns with the current language.

The proposed wording for Section 4-7 states:

“Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients (patients 13 or under), or patients with special health care needs. The agents may be administered by any route.” (NOTE: 25 cases must be individually administered by the treating resident)

Our chief concern is that there is no requirement to gain experience providing sedation for younger children, particularly those 6 years of age or even 8 years of age and younger, while in training. The current ADA Guidelines for Teaching Pediatric Pain Control and

Sedation to Dentists and Dental Students approved January 2021, which apply to non-specialty trained dentists, require “a minimum of 20 individually managed clinical cases of moderate sedation for pediatric patients eight [8] years old and younger, at least 15 patients must be under six [6] years of age”.

We believe that the training requirements for teaching pediatric moderate sedation to pediatric dentists should be at least as stringent as those for teaching dental students and general dentists. The proposed language for the CODA Standard 4-7 should be further revised to ensure pediatric dentistry residents do not have lower training requirements for sedating pediatric patients than dental students or general dentists.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Thursday, May 18, 2023 11:01:00 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|---------------|
| First Name | Marie Beverly |
| Last Name | Dizon |
| Email | [REDACTED] |
| Title | Dr. |

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.

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California's strict and cost-prohibitive minimal and moderate sedation permit requirements.

I strongly urge CODA to return the language in this section to the original verbiage:

33 1. Non-pharmacological techniques;

34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 17, 2023 5:54:13 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------------------------------|
| First Name | Mark |
| Last Name | Macaoay |
| Email | [REDACTED] |
| Title | Dental Director/Associate Director |

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.

Page 6, section 4-7 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.

Dear Members of the Commission on Dental Accreditation,
The leaders of California's six advanced education programs in pediatric dentistry met to discuss the changes proposed by CODA up for review in the Summer 2023 Commission meeting. The statements below reflect the concerns and values of California's six program leaders who represent: The University of California, San Francisco, The University of California, Los Angeles, Loma Linda University, The University of the Pacific Arthur A. Dugoni School of Dentistry, The University of Southern California and New York University-Langone (San Diego). Collectively, our six programs train and graduate a large number of pediatric dentists each year:

The University of California, San Francisco: 19 trainees with 7 graduates per year

The University of California, Los Angeles: 14 trainees and 7 graduates per year

Loma Linda University: 8 trainees and 4 graduates per year

Arthur A. Dugoni School of Dentistry: planning stages for 8 trainees and 4 graduates per year

The University of Southern California: 20 trainees and 10 graduates per year

New York University-Langone (San Diego): 12 trainees including 6 graduates per year

The Dental Board of California significantly changed how the Board issues and regulates anesthesia and sedation permits (compliant with California Senate Bill 501, Glazer, Statutes of 2018) in Jan 2023.

Under California's revised sedation permit requirements, in order to provide the range of minimal and moderate sedation for the age range of children that are seen in our specialty, a provider must obtain and maintain the following endorsements:

Moderate Sedation Permit (\$524)

https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

Additional Pediatric Endorsement for Moderate Sedation Permit

Patients age 7 to 12 only (\$532)

Patients under the age of 7 (\$532)

Pediatric (under age 13) Minimal Sedation Permit (\$459)

https://www.dbc.ca.gov/licensees/dds/permits/pediatric_sedation_permit.shtml

The California state sedation permitting requirements will be a financial burden for each clinical attending to apply for and maintain.

Additional costs include continuing education requirements beyond the minimal sedation requirement (60 hours of instruction, and 20 cases of administration of moderate sedation) as well as a site inspection within a year of moderate sedation permit issuance and every six years thereafter (\$2000 fee per site inspection).

As a result, the proposed CODA changes on Page 6, section 4-7 line 34 (below) pose a significant challenge for California's six Advanced Dental Education Programs in Pediatric dentistry and our resident trainees:

33 1. Non-pharmacological techniques;

34 2. Minimal Sedation; and

35 3. Moderate sedation

CODA's proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. The revision of this CODA standard poses a challenge to California trainees who encounter difficulty fulfilling clinical requirements with a reduction in the clinical attending workforce willing to undergo the Dental Board of California's new sedation permitting requirements. This adds a significant burden to faculty recruitment, especially during this time when recruiting and retaining faculty are at an all time low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board's sedation licensure changes. As such, we propose keeping the original verbiage of the CODA standard that states:

33 1. Non-pharmacological techniques;

34 2. Sedation

This will allow flexibility in complying with both CODA's training requirements as well as the Dental Board of California's Sedation permitting requirements.

We strongly urge the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and revert to the original verbiage (“Sedation”).

Sincerely,

Mark Macaoay, DDS, MBA, MAS; Dental Director, Residency Program Coordinator San Ysidro Health; Associate Director, NYU Langone AEPD-California site (San Diego)

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, June 2, 2023 1:19:10 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.

| | |
|-------------------|---------------------|
| First Name | Samah |
| Last Name | Omar |
| Email | [REDACTED] |
| Title | Associate Professor |

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.

Page 6, section 4-7, line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

CODA's proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. It's also very challenging for attending faculties in the program to obtain the 20 required cases if they are not practicing outside the institute supervising requirements. Another issue is with the monitoring, for moderate sedation you can only supervise one case at a time and we will need an extra personal for monitoring. All teaching program are still suffering from shortage in faculty and staff after the pandemic. I personally don't think that the new regulations will improve any outcome as our clinical procedures related to sedation will continue to be the same. It's the wording of the permits that are different and will cause a huge challenge and financial burden on all of us.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, February 24, 2023 4:27:39 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|--------------------|
| First Name | Steven |
| Last Name | Ganzberg |
| Email | [REDACTED] |
| Title | Clinical Professor |

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.

4-7

Q6. Do you agree with the proposed revision?

- Disagree

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

The revised standard references that sedation cases must be for children 13 years of age or younger. The ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, which the AAPD had major control in writing, requires that at least 20 cases of moderate sedation be performed on patients 8 years of age and younger with 15 cases performed for patients under 6 years of age.

The proposed CODA requirement falls far short to this for the specialist pediatric dentist. While 25 personally performed cases are required, they can be on patients 13 years of age and younger! This is a very diluted requirement since the AAPD required much more stringent requirements for other dentists, not specialist pediatric dentists. If anything, the requirement for pediatric dentists should be greater AND include the 20 children under 8 with 15 under 6. CODA cannot let this stand as this ADA Pediatric Teaching Guideline, developed in large part by AAPD, contravene the current changes.

Further, the wording change does NOT specify moderate sedation but only "sedation". This means that minimal oral sedation could be

included in the 25 cases the resident must personally perform. This is unacceptable and a further dilution of the standard.

With the number of pediatric oral sedation deaths that have occurred, this dilution of the standard is unacceptable for any reason, including difficulty in meeting the standard by some programs. The standard has been set by ADA and AAPD. CODA must follow it (and it should be greater for pediatric specialists) as other non-specialist pediatric dentists must follow that standard.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, May 19, 2023 2:36:16 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|--|
| First Name | Thomas |
| Last Name | Tanbonliong |
| Email | [REDACTED] |
| Title | Professor and Residency Program Director |

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?

- Yes. Please enter the name of your organization below.:
University of California San Francisco, Division of Pediatric Dentistry

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

Standard 4-7

Q6. Do you agree with the proposed revision?

- Disagree

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

Refer to letter attached

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, May 19, 2023 2:40:16 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|--------------------------------|
| First Name | G |
| Last Name | E |
| Email | [REDACTED] |
| Title | Professor and Program Director |

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?

- Yes. Please enter the name of your organization below.:
University of California San Francisco Division of Pediatric Dentistry

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

Standard 4-7

Q6. Do you agree with the proposed revision?

- Disagree

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

Date: May 19, 2023

Re: Comment on Proposed Revision of CODA's "Standards for Pediatric Dentistry Education Programs"

Dear Members of the Review Committee of the Commission on Dental Accreditation in Pediatric Dentistry,

This letter is written as a comment to CODA's proposed Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, which is up for review at this Summer 2023 Commission meeting. The statements below reflect the concerns of the UCSF School of Dentistry Pediatric Dentistry Faculty. The University of California, San Francisco Advanced Pediatric Dentistry Education Program trains 19 residents annually.

Background:

Following a sentinel event involving a six-year-old that occurred in the office of a (non-pediatric) dental specialist in 2015, the Dental Board of California and the State Legislature undertook a lengthy and very contentious overhaul of the permitting process for treatment of patients under general anesthesia and the different levels of sedation

by dental practitioners in the state – including the number of professionals needed to provide general anesthesia and deep sedation safely. As a result, the Dental Board significantly changed how it issues and regulates anesthesia and sedation permits (California Senate Bill 501, Glazer, Statutes of 2018), effective January 2023. Under California’s revised sedation permit requirements, to provide the range of minimal and moderate sedation for the children that we treat in our programs, a provider must now obtain and maintain the following permits and endorsements:

1. Pediatric (under age 13) Minimal Sedation Permit (\$459)

https://www.dbc.ca.gov/licensees/dds/permits/pediatric_sedation_permit.shtml

2. Moderate Sedation Permit (\$524)

https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

1. Additional Pediatric Endorsement for Moderate Sedation Permit are as follows:

1. Patients aged 7 to 12 only (\$532)

2. Patients under the age of 7 (\$532)

For moderate sedation, additional requirements/costs now include continuing education requirements (60 hours of instruction and 20 documented cases of administration of moderate sedation) beyond the minimal sedation requirement and a site inspection by the Dental Board within a year of moderate sedation permit issuance and every six years after that (\$2000 fee per site inspection).

We would like to collectively comment on the proposed CODA change on Standard 4-7, outlined below:

Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:

a. Experiences must include infants, children, and adolescents, including individuals with special health care needs, using:

1. non-pharmacological techniques.

2. Minimal Sedation; and

3. Moderate sedation.

As the previous certificate/permit system phases out very soon, it is questionable whether practicing pediatric dentists (as well as our recent graduates) in the state will continue to provide “moderate sedation” for their patients, given these expensive and onerous new changes. In addition, these proposed revisions will also cause financial and administrative hardship for all the California residency programs, requiring faculty members that will supervise our residents providing moderate sedation in different clinical sites to comply with these additional requirements/expenses. Most dental schools and training sites cannot fund faculty to meet these state sedation requirements. This adds a significant hurdle to the state's dire faculty recruitment and retention situation. The lack of faculty who can supervise and teach moderate sedation to our trainees will be limited; hence, this standard may be difficult or impossible to meet.

Proposal:

We propose keeping the original verbiage of the CODA standard that

states:

1. non-pharmacological techniques.
2. Sedation

This will allow some reasonable flexibility in complying with CODA's training requirements and the Dental Board of California's Sedation change in permitting requirements. In CA, minimal sedation requires the provider to administer an oral sedative with adjunctive oral medication, which most California pediatric dentists utilize in private practice.

We strongly urge the members of the Commission on Dental Accreditation to consider the impact of the proposed change to Standard 4 – 7 and keep the original verbiage ("Sedation").

Thank you for your consideration.

Sincerely,

Thomas Tanbonliong, D.D.S.

Professor and Pediatric Dentistry Program Director

University of California

San Francisco School of Dentistry

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, June 2, 2023 12:24:38 AM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | Urva |
| Last Name | Suryawala |
| Email | [REDACTED] |
| Title | DDS MSD |

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.

Page 6, section 4-7, 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.

After careful deliberation, I am of opinion that original CODA verbiage shouldn't be changed. It will bring financial and procedural hurdles which will lead to less pediatric dentist applying for the permits creating even worse access to dental sedation for pediatric patients. There is already a big need for sedation dentistry and this change will bring more challenges.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 31, 2023 12:18:59 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | Wai-Yin |
| Last Name | Chan |
| Email | [REDACTED] |
| Title | Dr |

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?

- Yes. Please enter the name of your organization below.:
NYU Lutheran Dental Medicine, Brooklyn, NY

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

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

See attachment

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Tuesday, May 23, 2023 1:24:10 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|--------------|
| First Name | Wai-Yin |
| Last Name | Chan |
| Email | [REDACTED] |
| Title | DMD, MS, MPH |

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.:
NYU-Langone California

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

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California's strict and cost-prohibitive minimal and moderate sedation permit requirements.

I strongly urge CODA to return the language in this section to the original verbiage:

33 1. Non-pharmacological techniques;

34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Monday, May 1, 2023 5:10:25 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | w |
| Last Name | w |
| Email | [REDACTED] |
| Title | dr |

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

- Member of the Public

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.

s

Q6. Do you agree with the proposed revision?

- Agree

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

a

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

From: no_reply@ada.org
To: [REDACTED]
Cc: [Hooper, Marjorie G.](#)
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Wednesday, May 31, 2023 12:33:12 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

[Download as PDF](#)

| | |
|-----------------------------------|------------------------------|
| <i>URL to view Results</i> | [Click Here] |
|-----------------------------------|------------------------------|

Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry 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/en/current-accreditation-standards/proposed-accreditation-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.

Comments are due [June 1, 2023](#) for consideration at the **Summer 2023 Commission meeting.**

[Click next to submit a comment.](#)

Q2. Please complete the requested information.

| | |
|-------------------|------------|
| First Name | Wai-Yin |
| Last Name | Chan |
| Email | [REDACTED] |
| Title | Dr |

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?

- Yes. Please enter the name of your organization below.:
NYU Lutheran Dental Medicine, Brooklyn, NY

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

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

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

The leaders of California's six advanced education programs in pediatric dentistry met to discuss the changes proposed by CODA up for review in the Summer 2023 Commission meeting. The statements below reflect the concerns and values of California's six program leaders who represent: The University of California, San Francisco, The University of California, Los Angeles, Loma Linda University, The University of the Pacific Arthur A. Dugoni School of Dentistry, The University of Southern California and New York University-Langone (San Diego). Collectively, our six programs train and graduate a large number of pediatric dentists each year:

The University of California, San Francisco: 19 trainees with 7 graduates per year

The University of California, Los Angeles: 14 trainees and 7 graduates per year

Loma Linda University: 8 trainees and 4 graduates per year

Arthur A. Dugoni School of Dentistry: planning stages for 8 trainees and 4 graduates per year

The University of Southern California: 20 trainees and 10 graduates per year

New York University-Langone (San Diego): 12 trainees including 6 graduates per year

The Dental Board of California significantly changed how the Board issues and regulates anesthesia and sedation permits (compliant with California Senate Bill 501, Glazer, Statutes of 2018) in Jan 2023.

Under California's revised sedation permit requirements, in order to provide the range of minimal and moderate sedation for the age range of children that are seen in our specialty, a provider must obtain and maintain the following endorsements:

Moderate Sedation Permit (\$524)

https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

Additional Pediatric Endorsement for Moderate Sedation Permit

Patients age 7 to 12 only (\$532)

Patients under the age of 7 (\$532)

Pediatric (under age 13) Minimal Sedation Permit (\$459)

https://www.dbc.ca.gov/licensees/dds/permits/pediatric_sedation_permit.shtml

The California state sedation permitting requirements will be a financial burden for each clinical attending to apply for and maintain.

Additional costs include continuing education requirements beyond the minimal sedation requirement (60 hours of instruction, and 20 cases of administration of moderate sedation) as well as a site inspection within a year of moderate sedation permit issuance and every six years thereafter (\$2000 fee per site inspection).

As a result, the proposed CODA changes on Page 6, section 4-7 line 34 (below) pose a significant challenge for California's six Advanced Dental Education Programs in Pediatric dentistry and our resident trainees:

33 1. Non-pharmacological techniques;

34 2. Minimal Sedation; and

35 3. Moderate sedation

CODA's proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. The revision of this CODA standard poses a challenge to California trainees who encounter difficulty fulfilling clinical requirements with a reduction in the clinical attending workforce willing to undergo the Dental Board of California's new sedation permitting requirements. This adds a significant burden to faculty recruitment, especially during this time when recruiting and retaining faculty are at an all time low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board's sedation licensure changes. As such, we propose keeping the original verbiage of the CODA standard that states:

33 1. Non-pharmacological techniques;

34 2. Sedation

This will allow flexibility in complying with both CODA's training requirements as well as the Dental Board of California's Sedation permitting requirements.

We strongly urge the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and revert to the original verbiage (“Sedation”).

Sincerely,

Dr. Thomas Tanbonliong, DDS; Professor Department of Orofacial Sciences, Program director- Post-Doctoral Residency Program in Pediatric Dentistry, University of California, San Francisco School of Dentistry

Daniela Silva, DDS, MS; Health Sciences Clinical Professor, Chair of the Section of Pediatric Dentistry, Pediatric Dentistry Residency Program Director, Thomas K. Barber Endowed Chair in Pediatric Dentistry, University of California, Los Angeles School of Dentistry
Ruth W Bol, DDS, MPH; Professor, Department Chair - Pediatric Dentistry

Dr. Samuel D. Harris Endowed Professor in Pediatrics

University of the Pacific Arthur A. Dugoni School of Dentistry

Alexander R. Alcaraz, DMD; Associate Professor, Co-Chair Department of Pediatric Dentistry and Orthodontics, Program Director Advanced Pediatric Dentistry, Herman Ostrow School of Dentistry of USC

Jung-Wei Chen, DDS, MS, MS, PhD; Professor and Interim Chair, Program Director, Advanced Education Program in Pediatric Dentistry, Department of Pediatric Dentistry; LOMA LINDA UNIVERSITY | School of Dentistry

Mark Macaoay, DDS, MBA, MAS; Dental Director, Residency Program Coordinator San Ysidro Health; Associate Director, NYU Langone AEPD-California site (San Diego)

Wai-Yin Chan, MS, DMD, MPH; Chair- California Society of Pediatric Dentistry Academic Programs Advisory Committee; Pediatric Dentist Attending- NYU Langone AEPD-California site (San Diego)

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A

**CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION STANDARDS
FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING
INSTITUTION AND AUTHORITY TO OPERATE**

Background: At its Winter 2022 meeting, the Commission on Dental Accreditation (CODA) directed the formation of an Ad Hoc Committee to consider the changing landscape of health care delivery centers that may sponsor advanced dental education programs. The following individuals composed the Ad Hoc Committee to Consider Advanced Dental Education Deliver Models: Dr. Joel Berg (PED RC, chair of committee), Dr. Evanthia Anadioti (PROS RC), Dr. Victor Badner (DPH RC), Dr. Indraneel Bhattacharyya (OMP RC), Dr. Joseph Cohen (OP RC), Dr. Scott DeRossi (OM RC), Dr. Scott DeVito (Public), Dr. Joseph Giovannitti (DENTANES RC), Dr. George Kushner (OMS RC), Dr. Brent Larson (ORTHO RC), Dr. Paul Luepke (PERIO RC), Dr. Sanjay Mallya (OMR RC), Dr. Garry Myers (ENDO RC), and Dr. Miriam Robbins (PGD RC).

The Ad Hoc Committee, which met on December 5, 2022 and January 25, 2023, was charged with two (2) primary considerations: 1) the topic of institutional sponsor, whether a sponsor is an academic institution, hospital, or health care organization, and 2) the standard found in some advanced dental education disciplines that requires the sponsor have proper chartering/licensure to operate and offer instruction leading to a degree, diploma or certificate with recognized education validity.

Institutional Sponsor (Health Care Organizations): The Ad Hoc Committee discussed the types of institutions that may sponsor advanced dental education programs. The Committee was reminded that CODA holds United States Department of Education (USDE) recognition as a programmatic accrediting agency; therefore, all educational standards within CODA's purview include a requirement for institutional sponsor accreditation/recognition to ensure institutional oversight by an external agency. Regarding CODA's USDE recognition, it was noted there would be no concern in modifying the Standards with regard to institutional accreditation/recognition.

It was also noted that in five (5) of the 14 advanced dental education programs within the Commission's purview, the Standards permit the program's sponsor to be an educational institution, hospital, or health care organization (with/without affiliation with an accredited hospital, as specified in the Standards). In the remaining nine (9) advanced education disciplines, the sponsor must be an educational institution or hospital. All standards permit United States military programs to sponsor advanced dental education programs, as specified in the Standards.

The Ad Hoc Committee discussed the issue of institutional sponsor given current Health Resources and Services Administration (HRSA) grant opportunities for health care organizations that may sponsor advanced dental education programs. The Ad Hoc Committee discussed the

term “health care organization” at length, including the type of entity that may be classified within this category and whether a definition of health care organization should be included in the CODA Standards. The Committee believed that a definition should be included in the Commission’s Definition of Terms, to ensure clarity and transparency in the type of organization that is permitted to sponsor an advanced dental education program, for those standards that currently include the term “health care organization” and those where the term may be adopted and implemented at a future date.

While discussing health care organizations that may sponsor advanced dental education programs, there continued to be discussion and concern that these sponsors have appropriate educational validity and expertise to carry out an academic program at the postdoctoral level. The Ad Hoc Committee considered whether all health care organizations should also have an affiliation with an academic institution to ensure educational quality. In discussion, it was noted that affiliations may exist (absent a need for co-sponsorship); however, many health care organizations currently offering CODA-accredited advanced dental education programs are not directly affiliated with academic institutions.

The Ad Hoc Committee determined that a definition of “Health Care Organization” and potential inclusion of “health care organization” as an acceptable sponsoring institution warrant further input from the Commission’s Review Committees to provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Following consideration of the Ad Hoc Committee’s recommendation, the Commission directed circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations (**Appendix 1**) be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Review Committees should provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Charter/License to Operate and Offer Instruction: The Ad Hoc Committee also considered the current language in nine (9) advanced dental education programs’ Accreditation Standards, which states: “*Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.*”

The Committee noted that the advanced dental education Standards for advanced education in general dentistry, dental anesthesiology, general practice residency, oral medicine, and orofacial pain do not currently include this requirement or an equivalent Standard. These five (5) disciplines recently reviewed their Accreditation Standards documents and tabled the discussion regarding inclusion of this requirement pending final recommendations of this Ad Hoc Committee and the Commission.

Through discussion, the Ad Hoc Committee noted that words such as “chartered,” “licensed,” and “validity” have very distinct legal meanings. The term “authorization” is often used in higher education to indicate that an institution can confer a degree. Chartering and licensing often have to do with legal entities and do not necessarily indicate authority to award a degree, diploma or certificate with recognized education validity. The Ad Hoc Committee also noted the confusion related to this requirement from both the institution’s/program’s perspective and that of the CODA site visitor.

The Ad Hoc Committee believed the intent of this Standard is to ensure educational validity, which in dental education is granted through the accreditation process undertaken by the Commission on Dental Accreditation. Additionally, the conferring of a degree is mandated through institutional accreditation, while conferring of a post-doctoral certificate or diploma is a state or federal function.

Following lengthy discussion, the Ad Hoc Committee concluded that the intent of the requirement is to ensure that the sponsoring organization has the appropriate authority to operate and, as applicable, the necessary approvals to award either a certificate or a degree. As such, the Ad Hoc Committee believed that the prior requirement should be stricken from all advanced dental education Standards and replaced with a new requirement, found in **Appendix 1**, which states (underline indicates addition): Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree. The Committee noted that an advanced dental education program conferring a certificate must have state or federal approval to operate and, if needed based on its specific jurisdiction (i.e., state or federal regulations), it may also need approval to award a certificate. Likewise, an advanced dental education program awarding a degree will be required to show institutional accreditation providing it the authority to do so.

Following consideration of the Ad Hoc Committee’s report, the Commission directed that the proposed revision related to chartering and licensure to operate warrants further input from the Commission’s Advanced Dental Education Review Committees. The Review Committees should provide comment on the proposed revision proposed revision within their discipline-specific standards.

Summary: Following discussions at two (2) meetings, the Ad Hoc Committee recommended circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations (**Appendix 1**) to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. Additionally, the Ad Hoc Committee recommended the proposed revision related to chartering and licensure (**Appendix 1**) be circulated to all Review Committees in Advanced Dental

Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Committee also noted that a Review Committee's recommendation to revise the Standards would require a period of public comment and further consideration at a future Commission meeting, following the Commission's consideration in Summer 2023.

At its Winter 2023 meeting, the Commission concurred with the Ad Hoc Committee's recommendations and directed all advanced dental education Review Committees to consider the proposed revisions to advanced dental education Standards found in **Appendix 1**, related to sponsoring organization and authority to operate, for possible adoption and implementation, with a report to the Commission in Summer 2023.

Recommendation:

**PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED
DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION
AND AUTHORITY TO OPERATE**

Additions are underlined; Deletions are ~~stricken~~

**PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION
STANDARDS:**

Definition of Terms:

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

PROPOSED REVISIONS FOR STANDARD 1 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

~~Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.~~ Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. Health care organizations that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

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 (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).

Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree.

Examples of evidence to demonstrate compliance may include:

- State license or federal authority documenting the institution's approval to operate and confer a credential
- Institutional accreditation indicating approval to confer a degree