

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

**Background:** Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Orofacial Pain) were approved by the Commission on Dental Accreditation at its August 2016 meeting and implemented on July 1, 2017. Since that date, nine (9) Orofacial Pain site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2017 Standards. At the time of this report, the Standards include 61 “must” statements addressing 108 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2017 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 is presented in **Appendix 1**. At the time of this report, there were no (0) areas of non-compliance cited.

**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 GENERAL DENTISTRY  
EDUCATION PROGRAMS IN OROFACIAL PAIN  
Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated = 9  
July 1, 2017 through October 31, 2022

**Standard 1 – Institutional and Program Effectiveness (14 Required Areas of Compliance)**

**Standard 2 – Educational Program (63 Required Areas of Compliance)**

**Standard 3 – Faculty and Staff (8 Required Areas of Compliance)**

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

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

**Standard 6 – Research (1 Required Area of Compliance)**

**CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION  
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN  
OROFACIAL PAIN RELATED TO PATIENTS WITH SPECIAL NEEDS**

**Background:** At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered a request for proposed revision to the Accreditation Standards submitted by the Council on Dental Education and Licensure. The AGDOO RC noted the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain do not directly address patients with special needs beyond providing a definition for this term and recommended that the new Review Committee on Orofacial Pain, which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards. At its August 5, 2021 meeting, the Commission agreed and directed the new Orofacial Pain Review Committee further study the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At the Winter 2022 meeting, the Orofacial Pain Review Committee (OFP RC) considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain submitted by the CDEL. Following considerable discussion, the OFP RC recognized the need to strengthen the Accreditation Standards in the area of patients with special needs and believed the addition of a new Accreditation Standard, or modification of an existing Accreditation Standard was warranted. The OFP RC noted the Commission would be conducting the Validity and Reliability Study for Advanced Dental Education Programs in Orofacial Pain in Spring 2022, and recommended further study of the request from the CDEL related to patients with special needs be postponed and considered at the time of review of the results of the Validity and Reliability Study, with a report to the Commission in Summer 2022. The Commission concurred with the OFP RC recommendation.

At the Summer 2022 meeting, the OFP RC further studied the request from the Council on Dental Education and Licensure related to patients with special needs. Following lengthy discussion, the OFP RC concluded the addition of a new Standard related to patients with special needs was warranted and recommended the new Standard 2-10 (**Appendix 1**) be added to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC understood that subsequent Standards will need to be renumbered.

The OFP RC recommended the proposed new Standard 2-10 be circulated to the communities of interest for review and comment for a period of one (1) year, with hearings conducted in conjunction with the October 2022 American Dental Association (ADA) Annual Meeting and

the March 2023 American Dental Education Association (ADEA) Annual Session. Comments could be reviewed at the Commission's Summer 2023 meeting.

As directed by the Commission, the new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1**) was circulated to the communities of interest for review and 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 one (1) written comment prior to the June 1, 2023 deadline (**Appendix 2**).

**Summary:** At this meeting, the Orofacial Pain Review Committee and the Commission are asked to consider the proposed new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**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

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At its Summer 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 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\\_ehqpjQ5m2uAYkTP](https://surveys.ada.org/jfe/form/SV_ehqpjQ5m2uAYkTP)

Additions are Underlined;  
~~Strikethroughs~~ indicate Deletions

## Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain



40 Written curriculum plan with educational experiences tied to specific written goals and  
41 objectives or competencies  
42 Didactic and clinical schedules  
43

### 44 Biomedical Sciences

45

46 **2-5** Formal instruction **must** be provided in each of the following:

47

48 a. Gross and functional anatomy and physiology including the musculoskeletal and  
49 articular system of the orofacial, head, and cervical structures;

50 b. Growth, development, and aging of the masticatory system;

51 c. Head and neck pathology and pathophysiology with an emphasis on pain;

52 d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and  
53 related structures;

54 e. Sleep physiology and dysfunction;

55 f. Oromotor disorders including dystonias, dyskinesias, and bruxism;

56 g. Epidemiology of orofacial pain disorders;

57 h. Pharmacology and pharmacotherapeutics; and

58 i. Principals of biostatistics, research design and methodology, scientific writing, and  
59 critique of literature.

60

61 **2-6** The program **must** provide a strong foundation of basic and applied pain sciences to  
62 develop knowledge in functional neuroanatomy and neurophysiology of pain including:

63

64 a. The neurobiology of pain transmission and pain mechanisms in the central and  
65 peripheral nervous systems;

66 b. Mechanisms associated with pain referral to and from the orofacial region;

67 c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action  
68 pain;

69 d. Pain classification systems;

70 e. Psychoneuroimmunology and its relation to chronic pain syndromes;

71 f. Primary and secondary headache mechanisms;

72 g. Pain of odontogenic origin and pain that mimics odontogenic pain; and

- 73 h. The contribution and interpretation of orofacial structural variation (occlusal and  
74 skeletal) to orofacial pain, headache, and dysfunction.

75  
76 **Behavioral Sciences**

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78 **2-7** Formal instruction **must** be provided in behavioral science as it relates to orofacial pain  
79 disorders and pain behavior including:  
80  
81 a. cognitive-behavioral therapies including habit reversal for oral habits, stress  
82 management, sleep problems, muscle tension habits and other behavioral factors;  
83 b. the recognition of pain behavior and secondary gain behavior;  
84 c. psychologic disorders including depression, anxiety, somatization and others as they  
85 relate to orofacial pain, sleep disorders, and sleep medicine; and  
86 d. conducting and applying the results of psychometric tests.

87  
88  
89 **Clinical Sciences**

- 90  
91 **2-8** A majority of the total program time **must** be devoted to providing orofacial pain patient  
92 services, including direct patient care and clinical rotations.

- 93  
94 **2-9** The program **must** provide instruction and clinical training for the clinical assessment  
95 and diagnosis of complex orofacial pain disorders to ensure that upon completion of the  
96 program the resident is able to:

- 97  
98 a. Conduct a comprehensive pain history interview;  
99 b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and  
100 psychosocial histories and clinical evaluation to determine their relationship to the  
101 patient's orofacial pain and/or sleep disorder complaints;  
102 c. Perform clinical examinations and tests and interpret the significance of the data;

103  
104 **Intent:** *Clinical evaluation may include: musculoskeletal examination of the head,*  
105 *jaw, neck and shoulders; range of motion; general evaluation of the cervical spine;*  
106 *TM joint function; jaw imaging; oral, head and neck screening, including facial-*  
107 *skeletal and dental-occlusal structural variations; cranial nerve screening; posture*  
108 *evaluation; physical assessment including vital signs; and diagnostic blocks.*  
109



- 110 d. Function effectively within interdisciplinary health care teams, including the  
111 recognition for the need of additional tests or consultation and referral; and  
112  
113 *Intent: Additional testing may include additional imaging; referral for psychological*  
114 *or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system*  
115 *blocks, and systemic anesthetic challenges.*  
116  
117 e. Establish a differential diagnosis and a prioritized problem list.  
118

119 **2-10** The program must provide training to ensure that upon completion of the program,  
120 the resident is able to manage patients with special needs.

121  
122 *Intent: The program is expected to provide educational instruction, either didactically*  
123 *or clinically, during the program which enhances the resident's ability to manage*  
124 *patients with special needs.*

125  
126 **Examples of evidence to demonstrate compliance may include:**  
127 Written goals and objectives or competencies for resident training related to  
128 patients with special needs  
129 Didactic schedules

130  
131 **2-11 2-10** The program must provide instruction and clinical training in multidisciplinary  
132 pain management for the orofacial pain patient to ensure that upon completion of the  
133 program the resident is able to:

- 134  
135 a. Develop an appropriate treatment plan addressing each diagnostic component on the  
136 problem list with consideration of cost/risk benefits;  
137  
138 b. Incorporate risk assessment of psychosocial and medical factors into the development  
139 of the individualized plan of care;  
140  
141 c. Obtain informed consent;  
142  
143 d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing  
144 the patient's treatment responsibilities;  
145  
146 e. Have primary responsibility for the management of a broad spectrum of orofacial  
147 pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary  
associated services. Responsibilities should include:  
1. intraoral appliance therapy;  
2. physical medicine modalities;  
3. sleep-related breathing disorder intraoral appliances;

- 148 4. non-surgical management of orofacial trauma;  
149 5. behavioral therapies beneficial to orofacial pain; and  
150 6. pharmacotherapeutic treatment of orofacial pain including systemic and topical  
151 medications and diagnostic/therapeutic injections.

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

155  
156 *Common medications may include: muscle relaxants; sedative agents for chronic*  
157 *pain and sleep management; opioid use in management of chronic pain; the*  
158 *adjuvant analgesic use of tricyclics and other antidepressants used for chronic*  
159 *pain; anticonvulsants, membrane stabilizers, and sodium channel blockers for*  
160 *neuropathic pain; local and systemic anesthetics in management of neuropathic*  
161 *pain; anxiolytics; analgesics and anti-inflammatories; prophylactic and abortive*  
162 *medications for primary headache disorders; and therapeutic use of botulinum*  
163 *toxin injections.*

164  
165 *Common issues may include: management of medication overuse headache;*  
166 *medication side effects that alter sleep architecture; prescription medication*  
167 *dependency withdrawal; referral and co-management of pain in patients addicted*  
168 *to prescription, non prescription and recreational drugs; familiarity with the role*  
169 *of preemptive anesthesia in neuropathic pain.*

170  
171 **2-12-2-11** Residents **must** participate in clinical experiences in other healthcare services  
172 (not to exceed 30% of the total training period).

173  
174 ***Intent:** Experiences may include observation or participation in the following: oral and*  
175 *maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient*  
176 *anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology,*  
177 *otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep*  
178 *disorder clinics.*

179  
180 **2-13-2-12** Each assigned rotation or experience **must** have:

- 181  
182 a. written objectives that are developed in cooperation with the department chairperson,  
183 service chief, or facility director to which the residents are assigned;  
184 b. resident supervision by designated individuals who are familiar with the objectives of  
185 the rotation or experience; and  
186 c. evaluations performed by the designated supervisor.

187  
188 **Intent:** *This standard applies to all assigned rotations or experiences, whether they take*  
189 *place in the sponsoring institution or a major or minor activity site. Supplemental*  
190 *activities are exempt.*

191  
192 **Examples of evidence to demonstrate compliance may include:**  
193 Description and schedule of rotations  
194 Written objectives of rotations  
195 Resident evaluations

196  
197 **2-14 2-13** Residents **must** gain experience in teaching orofacial pain.

198  
199 **Intent:** *Residents should be provided opportunities to obtain teaching experiences in*  
200 *orofacial pain (i.e. small group and lecture formats, presenting to dental and medical*  
201 *peer groups, predoctoral student teaching experiences, and/or continuing education*  
202 *programs.*

203  
204 **2-15 2-14** Residents **must** actively participate in the collection of history and clinical data,  
205 diagnostic assessment, treatment planning, treatment, and presentation of treatment  
206 outcome.

207  
208 **2-16 2-15** The program **must** provide instruction in the principles of practice management.

209  
210 **Intent:** *Suggested topics include: quality management; principles of peer review;*  
211 *business management and practice development; principles of professional ethics,*  
212 *jurisprudence and risk management; alternative health care delivery systems;*  
213 *informational technology; and managed care; medicolegal issues, workers compensation,*  
214 *second opinion reporting; criteria for assessing impairment and disability; legal*  
215 *guidelines governing licensure and dental practice, scope of practice with regards to*  
216 *orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid*  
217 *maintenance.*

218  
219 **Examples of evidence to demonstrate compliance may include:**  
220 Course outlines

221  
222 **2-17 2-16** Formal patient care conferences **must** be held at least ten (10) times per year.

223  
224 **Intent:** *Conferences should include diagnosis, treatment planning, progress, and*  
225 *outcomes. These conferences should be attended by residents and faculty representative*  
226 *of the disciplines involved. These conferences are not to replace the daily*  
227 *faculty/resident interactions regarding patient care.*

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

Conference schedules

**2-18 2-17** Residents **must** be given assignments that require critical review of relevant scientific literature.

*Intent: Residents are expected to have the ability to critically review relevant literature as a foundation for lifelong learning and adapting to changes in oral health care. This should include the development of critical evaluation skills and the ability to apply evidence-based principles to clinical decision-making.*

*Relevant scientific literature should include current pain science and applied pain literature in dental and medical science journals with special emphasis on pain mechanisms, orofacial pain, head and neck pain, and headache.*

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

Evidence of experiences requiring literature review

**Program Length**

**2-19 2-18** The duration of the program **must** be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

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

Program schedules

Written curriculum plan

**2-20 2-19** Where a program for part-time residents exists, it **must** be started and completed within a single institution and designed so that the total curriculum can be completed in no more than twice the duration of the program length.

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

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

Description of the part-time program

Documentation of how the part-time residents will achieve similar experiences and skills as full-time residents

Program schedules

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## Evaluation

**2-21-2-20** The program’s resident evaluation system **must** assure that, through the director and faculty, each program:

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

***Intent:** While the program may employ evaluation methods that measure a resident’s skills or behavior at a given time, it is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives or competencies for resident training described in response to Standard 2-2.*

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

Written evaluation criteria and process  
Resident evaluations with identifying information removed  
Personal record of evaluation for each resident  
Evidence that corrective actions have been taken

**From:** [The Commission on Dental Accreditation](#)  
**To:** [Soekitno, Bagyo](#)  
**Subject:** Comments on Proposed Revision of Standards for Orofacial Pain Programs  
**Date:** Thursday, February 23, 2023 10:26:16 AM

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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.

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**Recipient Data:**

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**Response Summary:**

Please complete the requested information

First Name Annette  
Last Name Puzan  
Email puzana@ada.org  
Title Manager, Dental Education and Licensure

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

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

Is this an official comment from your organization?

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

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

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Do you agree with the proposed revision?

Agree

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 addition of Standard 2-10 to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

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

Do you have additional comment?

I have NO additional comment and ready to submit

## **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

Consideration of Proposed Standards Revisions Related to  
Sponsoring Institution and Authority to Operate  
CODA Summer 2023

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.



Consideration of Proposed Standards Revisions Related to  
Sponsoring Institution and Authority to Operate  
CODA Summer 2023

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

Consideration of Proposed Standards Revisions Related to  
Sponsoring Institution and Authority to Operate  
CODA Summer 2023

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).

Consideration of Proposed Standards Revisions Related to  
Sponsoring Institution and Authority to Operate  
CODA Summer 2023

**PROPOSED REVISIONS FOR STANDARD 1-1 FOR ADVANCED EDUCATION IN  
GENERAL DENTISTRY, ORAL MEDICINE, AND OROFACIAL PAIN:**

Each sponsoring or co-sponsoring United States-based educational institution, hospital or health care organization **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).

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