

REPORT OF THE REVIEW COMMITTEE ON POSTDOCTORAL GENERAL DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Miriam Robbins. Committee Members: Dr. Marc Henschel, Dr. Robert Hollowell, Dr. Edward O'Connor, Dr. Steven Rhodes, and Dr. Michelle Ziegler. Dr. Cornelius Pitts and Dr. Anchita Venkatesh attended the meeting virtually. Commissioner Trainee: Dr. Allen Wong observed the meeting virtually as a Commissioner trainee. Staff Members: Ms. Peggy Soeldner, senior manager, Administration and Committees, and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Took, senior director and Dr. Yesenia Ruiz, manager, Advanced Dental Education, CODA, attended a portion of the meeting and Ms. Taylor Weast, manager, Advanced Dental Education, CODA, attended a portion of the meeting virtually. The meeting of the Review Committee on Postdoctoral General Dentistry Education (PGD RC) was held on July 10, 2025 at the ADA Headquarters, Chicago, Illinois.

CONSIDERATION OF MATTERS RELATED TO POSTDOCTORAL GENERAL DENTISTRY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Advanced Education in General Dentistry (p. 200): The PGD RC considered the frequency of citings of the Accreditation Standard for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) implemented August 5, 2022. The PGD RC noted that 55 AEGD site visits were conducted during the period of August 5, 2022 and October 31, 2024 and that a total of 44 citings of non-compliance were made. Of the 44 citings, five (5) were related to Standard 1 – Institutional and Program Effectiveness; 28 were related to Standard 2 – Educational Program; two (2) were related to Standard 3 – Faculty and Staff; one (1) was related to Standard 4 – Educational Support Services, and three (3) were related to Standard 5 – Patient Care Services. Analysis of the data indicates that the most frequently cited areas of non-compliance with two (2) citings each were Standard 1-8 d, related to community service goal and objective; Standard 1-9, related to the outcomes assessment process; Standard 2-2 a, related to operative dentistry; Standard 2-2 g, related to pain and anxiety control; Standard 2-3, related to the written curriculum plan; Standard 2-5 a, related to rotation objectives; and Standard 5-3, related to continuous quality improvement. 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.

Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in General Practice Residency (p. 201): The PGD RC considered the frequency of citings of the Accreditation Standard for Advanced Dental Education Programs in General Practice Residency (GPR) implemented August 5, 2022 and noted 75 GPR site visits were conducted during the period of August 5, 2022 and October 31,

2024. The report indicates that a total of 31 citings of non-compliance were made. Of these, five (5) were related to Standard 1 – Institutional and Program Effectiveness, 15 were related to Standard 2 – Educational Program, three (3) were related to Standard 3 – Faculty and Staff, four (4) were related to Standard 4 – Educational Support Services, and four (4) were related to Standard 5 – Patient Care Services. Analysis of the data indicates that the most frequently cited area of non-compliance, with four (4) citations, was Standard 2-19 a, related to resident evaluations. The second most frequently cited area of non-compliance, with three (3) citations, was Standard 5-4 related to basic life support recognition/certification. 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.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 202): At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed. Changes include the addition of one (1) organization, removal of organizations, and changes in the acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

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

At its July 2025 meeting, the Review Committee on Postdoctoral General Dentistry Education (PGD RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in **(Appendix 1, Policy Report p. 202)**, and noted the proposed revisions appeared to be editorial in nature and made to align with other CMS-recognized accreditation organizations. Following discussion, the PGD RC concluded the proposed revisions found in **Appendix 1** and **Appendix 2** should be approved for immediate implementation.

The PGD RC also discussed whether all organizations included in the list of CMS-recognized accreditation organizations, including the proposed revisions, are appropriate to sponsor a CODA-accredited dental education program. Through further discussion, the PGD RC determined it

lacked sufficient information about each CMS-recognized accreditation organization to decide whether any of the organizations should be removed as an eligible institutional accreditation organization in the Examples of Evidence. Therefore, the PGD RC believed the Commission should gather information about the CMS-recognized accreditation organizations to assist in determining if each are appropriate as an institutional accreditation organization in accordance with CODA's Standards. In addition, the PGD RC believed the information gathered by the Commission's should be forwarded to each advanced dental education Review Committee for further review regarding the appropriateness of each CMS-recognized accreditation organization as a sponsoring organization of programs within its purview.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Examples of Evidence for Accreditation Standard 1-1 for Advanced Dental Education Programs in Advanced Education in General Dentistry (**Appendix 1**) and direct revision of all related documents for immediate implementation.

It is further recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Examples of Evidence for Accreditation Standard 1-1 for Advanced Dental Education Programs in General Practice Residency (**Appendix 2**) and direct revision of all related documents for immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct CODA staff to obtain information about the CMS-recognized accreditation organizations to assist in determining the appropriateness of each as an institutional accreditation organization in accordance with CODA's Standards.

It is further recommended that the Commission on Dental Accreditation direct each advanced dental education Review Committee to review the information obtained related to CMS-recognized accreditation organizations to determine the appropriateness of each CMS-recognized accreditation organization as a sponsoring organization as it relates to educational programs within its purview, with a report to the Commission in Winter 2026.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Miriam Robbins
Chair, Review Committee on Postdoctoral General Dentistry Education

Commission on Dental Accreditation

Proposed Revisions to Examples of Evidence for Standard 1-1

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry

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

Additions are underlined; Deletions are ~~stricken~~

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1-1 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) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

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 (AAAH); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASF~~QuadA); ~~American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)~~; Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation ~~Program~~ Partner (CHAP); DNV ~~GL~~ Healthcare (DNV~~GL~~); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (TJC); National Association of Boards of Pharmacy (NABP); Utilization Review Accreditation Commission (URAC).
Evidence of successful achievement of regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

1 Advanced dental education programs conferring a certificate **must** have state or federal
2 approval to operate and, as applicable, to confer a certificate. Advanced dental education
3 programs conferring a degree **must** have institutional accreditation and authority to
4 confer a degree.
5

6 ***Intent:** The educational program demonstrates either: a) documentation of receipt of*
7 *federal aid as evidence to operate, or b) documentation of a state business license as*
8 *evidence to operate. Additionally, as required by the state, the program demonstrates*
9 *authority through an appropriate state agency when issuing a certificate of completion. If*
10 *conferring a degree, the program demonstrates authorization from its institutional*
11 *accrediting agency.*

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

13 State license or federal authority documenting the institution's approval to operate and
14 confer a credential.

15 Institutional accreditation indicating approval to confer a degree.

Commission on Dental Accreditation

Proposed Revisions to Examples of Evidence for Standard 1-1

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Accreditation Standards for Advanced Dental Education Programs in General Practice Residency

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

Additions are underlined; Deletions are ~~stricken~~

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1-1 The program **must** be sponsored or co-sponsored by either a United States-based hospital, or educational institution or health care organization that is affiliated with an accredited hospital. Each sponsoring and co-sponsoring institution **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) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

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 (AAAHHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASF~~QuadA); ~~American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)~~; Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation ~~Program~~ Partner (CHAP); DNV ~~GL~~ Healthcare (DNV~~GL~~); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (~~TJC~~); National Association of Boards of Pharmacy (NABP); Utilization Review Accreditation Commission (URAC).

Evidence of successful achievement of regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

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