

REPORT OF THE REVIEW COMMITTEE ON DENTAL PUBLIC HEALTH EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Catherine Hayes. Committee Members: Dr. Hussein Assaf, Dr. Vinod Bhoopathi, and Dr. Bruce Dye. Dr. Kristina Petrocco-Napuli was not in attendance. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association; Ms. Kelly Braun, executive director, American Board of Dental Public Health (ABDPH); Dr. Gina Thornton-Evans, director-elect, ABDPH; and Dr. Julie C. Reynolds, president-elect, American Association of Public Health Dentistry, attended the policy portion of the meeting. Commission Staff: Ms. Taylor Weast, manager, Advanced Dental Education, Dr. Yesenia Ruiz, manager, Advanced Dental Education, Ms. Peggy Soeldner, senior manager, Administration and Committees, and Ms. Michele Kendall, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Took, senior director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Dental Public Health Education (DPH RC) was held on July 11, 2025 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL PUBLIC HEALTH EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 600): The Review Committee on Dental Public Health Education (DPH RC) considered the annual report on the frequency of citings of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health implemented August 3, 2018. The DPH RC noted that 16 dental public health site visits have been conducted from August 3, 2018 through October 31, 2024. The report indicates a total of 12 areas of non-compliance have been cited. The most frequently cited dental public health-specific area of non-compliance, with two (2) citings, is the August 2018 version of Standard 2-4, which requires all faculty, including those at major and minor educational activity sites, to be trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program. A revision to this Standard was adopted in February 2023 for implementation July 1, 2023. 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 Accreditation Standards for Advanced Dental Education Programs in Dental Public Health Related to Administrative Oversight at Major Sites Where Educational Activity Occurs (p. 601): At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs.

At its Winter 2025 meeting, the Review Committee on Dental Public Health Education (DPH RC) considered the dental public health Accreditation Standards related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted that changes to Standard 2-1 related to teaching appointment percentage and a commitment to teaching and supervision will go into effect on July 1, 2025 and has an impact on the discussion of administrative oversight. There is no requirement in the Standards stating the percentage of time that a program director must be on-site. The DPH RC discussed whether **major** sites exist within the dental public health discipline, and it was noted that dental public health education programs must follow the supervised field experience Standards that address expectations off-site. The supervised field experiences may be considered a **major** site, depending on the type of experience attained, but **major** educational activity sites for dental public health education have an exception to the reporting policy. It was also noted that given the nature of the discipline, dental public health education programs could be partially or fully remote, and that administrative oversight needs may differ for programs offering distance education. The DPH RC discussed Standard 1-3 regarding supervision of educational activities and Standard 4-9 regarding program director responsibility for determining supervised field experience locations as examples of Standards that address oversight. The DPH RC agreed that the current standards are sufficient, but additional language addressing distance learning programs may be needed. The DPH RC determined that more information and discussion is necessary before taking further action. The DPH RC recommended a survey of programs to gather information related to distance learning to gain a better sense of its usage across the discipline.

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

At this meeting, the DPH RC noted that in accordance with the Commission's Winter 2025 directive, a survey of dental public health education programs related to the use of distance

education and administrative oversight was developed in consultation with the chair and members of the DPH RC (**Appendix 1, Policy Report p. 601**). The survey was administered to 16 dental public health programs on June 5, 2025 with a reminder on June 12, 2025. The survey closed on June 19, 2025 with a response rate of 10 programs (63%) (**Appendix 2, Policy Report p. 601**). The Survey of Distance Education in Dental Public Health Education Programs data suggest that an overwhelming majority (90%) of responding dental public health education programs use distance education methods occasionally to deliver educational opportunities such as webinars, guest lectures, didactic content, etc. On average, students/residents participate in distance education for approximately 16% of program time, with an average duration of four (4) to 11 weeks. Additionally, 80% (N=8) of responding programs utilize educational activity sites, however many (54%) respondents noted the program does not use distance education methods at the educational activity sites. Remote administrative oversight methods are common at educational activity sites, with 44% of responding programs using some remote oversight and 22% of responding programs using exclusively remote oversight. For those responding programs that use a mix of in-person and remote administrative oversight, an average of 79% of administrative oversight occurs in person.

The DPH RC considered the results of the Dental Public Health Survey on the Administrative Oversight of Educational Activity Sites and Use of Distance Education (**Appendix 2, Policy Report p. 601**), including whether Standards already exist, which address overall administrative oversight of the program, by the program director or a designee, at all sites where a student/resident spends a majority or all their time. The DPH RC discussed at length whether the survey results provided sufficient information to indicate needed changes in the Accreditation Standards. It was also noted that there was significant variability regarding use of distance education. The DPH RC also referenced the frequency of citings document (**Appendix 1, Policy Report p. 600**) and noted that standards regarding administrative oversight are not cited within the frequency of citings, which may mean the standards are sufficient. The DPH RC noted Standard 1-3 regarding supervision of educational activities and Standard 4-9 regarding program director responsibility for determining supervised field experience locations as examples of Standards that appear to appropriately address student/resident oversight. Therefore, the DPH RC determined that, based on review of the survey results and further discussion, no revisions are needed to the Standards related to administrative oversight at major sites where educational activity occurs.

Recommendation: It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health related to administrative oversight at major sites where educational activity occurs.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 602): 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 to examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview related to sponsoring institution and authority, with a report to the commission at the August 2025 meeting.

At its Summer 2025 meeting, the Review Committee on Dental Public Health Education (DPH RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in **Appendix 1, Policy Report p. 602**, and noted the proposed revisions appeared to be editorial in nature to align with other CMS-recognized accreditation organizations. The DPH RC also noted the PGD RC discussion related to whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The DPH RC further discussed whether all CMS-recognized organizations are appropriate to include in the Standards, as some of the organizations do not appear to be associated with advanced dental education disciplines. The DPH RC discussed the implications of accepting the standard revision versus declining revisions, since the DPH RC was not sure how the Standard 1 revision might impact Dental Public Health programs. Following lengthy discussion, the DPH RC determined it lacked sufficient information about each CMS-recognized accreditation organization to determine its appropriateness as an eligible institutional accreditation organization in accordance with CODA's Standards. Therefore, the DPH RC determined that the topic should be referred to the Commission to discuss across all advanced dental education disciplines whether all CMS-recognized organizations should be included in the Standards.

Recommendation: It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Examples of Evidence for Standard 1 for the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health.

It is further recommended that the Commission on Dental Accreditation direct that all advanced dental education disciplines collectively review the CMS-recognized organizations to determine whether all CMS-recognized organizations are appropriate accrediting bodies for advanced dental education programs, with a report to all advanced dental education Review Committees and 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. Catherine Hayes
Chair, Review Committee on Dental Public Health Education