

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

Committee Chair: Dr. Victor Badner. Committee Members: Dr. Bruce Dye, Dr. Maya Popova, Dr. Shannon Smith-Stephens, and Dr. Robert Weyant. Guests (Open Session Only): Dr. Frances Kim, executive director, American Association of Public Health Dentistry, Dr. Nadia Laniado, president, American Association of Public Health Dentistry, and Dr. Scott Tomar, president, American Board of Dental Public Health attended the policy portion of the meeting. Staff Members: Ms. Kirsten Nadler, manager, Advanced Dental Education, and Dr. Sherin Took, director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Dental Public Health Education (DPH RC) was held on January 13, 2023 via a virtual meeting.

### **CONSIDERATION OF MATTERS RELATED TO DENTAL PUBLIC HEALTH EDUCATION**

**Informational Report on Dental Public Health Programs Annual Survey Curriculum Data (p. 600)**: At its Winter 2015 meeting, the Commission directed that all Review Committees consider the informational report on aggregate data from the Curriculum Section of the Annual Survey in years when this data is available. At this meeting, the Dental Public Health RC reviewed the informational report on aggregate data from the Curriculum Section for the dental public health programs conducted in August 2022. The RC discussed that the Curriculum Section of the Annual Survey may need modification, and noted it will have an opportunity to do so at the Winter 2024 DPH RC meeting.

**Recommendation**: This report is informational in nature and no action is required.

**Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 601)**: At its Winter 2022 meeting, the Dental Public Health Review Committee (DPH RC) discussed current challenges and confusion within dental public health education programs regarding the use of the term “calibration” related to faculty ensuring appropriate training and evaluation of students/residents. The term “calibration” has a specific meaning in dental public health research and implies quantitative assessments of intra- and inter-rater reliability. The DPH RC therefore believed the alternative use of the term “training” rather than “calibration” within Standard 2-4 of the DPH Standards would better ensure consistency in the training and evaluation of all students/residents and eliminate confusion.

Following discussion, the DPH RC believed that Standard 2-4 warranted modification, regarding the use of the term “calibration” related to faculty ensuring appropriate training and evaluation of students/residents. At its Winter 2022 meeting, the Commission concurred and directed circulation of the proposed revision to Standard 2-4 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 1, Policy Report p. 601**) to the

communities of interest for review and comment, with Hearings conducted in conjunction with the March 2022 American Dental Education Association (ADEA) Annual Session and the October 2022 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission's Winter 2023 meetings.

As directed by the Commission, the proposed revision to Standard 2-4 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health was circulated for comment through December 1, 2022. No (0) comments were received at the Spring 2022 Virtual Hearing on Standards and no (0) comments were received at the Fall 2022 Virtual Hearing on Standards. The Commission office received one (1) written comment prior to the December 1, 2022 deadline (**Appendix 2, Policy Report p. 601**).

At this meeting, the DPH RC considered the proposed revision to Standard 2-4 of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health as well as the comment received prior to the December 1, 2022 deadline. Following discussion of the proposed revision and comment, the Review Committee determined the proposed revision in (**Appendix 1**) should be adopted with implementation on July 1, 2023.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 1**), with implementation July 1, 2023.

**Report of the Ad Hoc Committee on Dental Public Health Standards (p. 602):** At its Summer 2022 meeting, the Commission on Dental Accreditation (CODA) considered the report of the Dental Public Health Education Review Committee (DPH RC) related to the discipline's Accreditation Standards and the Report of the 2022 Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. The DPH RC recommended that, to ensure a thorough review of data and the comments received, further study of the Validity and Reliability Study data was warranted. Therefore, the DPH RC believed a workgroup made up of current DPH RC members, and no more than two (2) additional individuals, one (1) representing the American Board of Dental Public Health (ABDPH), and one (1) representing the American Association of Public Health Dentistry (AAPHD), should be formed to further study these issues, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 1, Policy Report p. 602**), as applicable, with a report to the Commission in Winter 2023.

In a separate action at its Summer 2022 meeting, the Commission considered the DPH RC report on a proposed revision to the Accreditation Standards for Dental Public Health Education submitted by Dr. Martha Mutis and Dr. Amit Patel, requesting that a Master of Public Health curriculum be included as part of the dental public health program instead of a prerequisite as defined in Standard 5-2, and that revised Accreditation Standards require a

clinical component within the program. The DPH RC noted that these two changes have the potential to change dental public health specialty training from either a Master of Public Health plus one-year Dental Public Health residency or a two-year Dental Public Health residency to a three-year Dental Public Health residency. The DPH RC recommended that the proposed workgroup additionally consider this topic while reviewing the results of the validity and reliability study, with a report to the Commission in Winter 2023.

Following consideration of the DPH RC report at its Summer 2022 meeting, the Commission on Dental Accreditation directed the establishment of a workgroup composed of current Dental Public Health Review Committee members and no more than two (2) additional individuals, one (1) representing the American Board of Dental Public Health (ABDPH), and one (1) representing the American Association of Public Health Dentistry (AAPHD), to further study the findings of the Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision. The Commission additionally directed that the workgroup study the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health in conjunction with its study of the findings of the Validity and Reliability study and identify Accreditation Standards, if any, which warrant revision. The Commission directed a report on the workgroups work for consideration by the Dental Public Health Review Committee and Commission in Winter 2023.

As directed by the Commission, the Ad Hoc Committee on Dental Public Health convened a series of five (5) meetings in Fall 2022 and, following extensive discussion, determined revisions to several Standards within the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health are warranted. The Ad Hoc Committee recommended that the DPH RC and Commission consider circulation of the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 2, Policy Report p. 602**) to the communities of interest for review and comment.

At this meeting, the DPH RC considered the work of the Ad Hoc Committee on Dental Public Health and the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 2, Policy Report p. 602**). After discussion, the committee accepted the Ad Hoc Committee's proposed revisions, and determined that an additional revision was warranted to Standard 4-9, amending the use of the term "unique" to "vulnerable" regarding patient populations and experiences of students/residents in public health dental care settings.

Following discussion, the DPH RC believed that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 2**) are warranted, and recommend that the proposed revisions be circulated to the communities of interest for one (1) year for review and comment, with further consideration of comments received by the Review Committee and Commission in Winter 2024.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct the circulation of the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (**Appendix 2**) to the communities of interest for review and comment for a period of one (1) year, with Hearings in conjunction with the March 2023 American Dental Education Association (ADEA) Annual Session and the October 2023 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission's Winter 2024 meetings.

### **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 SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF DENTAL PUBLIC HEALTH EDUCATION**

The Review Committee on Dental Public Health Education (DPH RC) considered site visitor appointments for 2023-2024. The Committee's recommendations on the appointments of individuals 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. Victor Badner  
Chair, Review Committee on Dental Public Health Education

# Commission on Dental Accreditation

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At its Winter 2022 meeting, the Commission directed that the proposed revisions to Standard 2-4 of the Accreditation Standards for Dental Public Health be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2022, for review at the Winter 2023 Commission meeting.

**This document represents the proposed revisions based upon review of comment received from communities of interest from the February 11, 2022 CODA meeting to December 1, 2022.**

**This document will be considered by the Commission in Winter 2023.**

Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

# Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

## STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

- 2-4 All faculty, including those at major and minor educational activity sites, **must** be ~~ealibrated~~trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

***Intent:** Faculty ~~ealibration~~training may consist of outcomes based on the use of evaluation forms, tools, metrics and/or minutes of faculty ~~ealibration~~training sessions showing consistency across all sites.*

# Commission on Dental Accreditation

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Proposed Revisions to Standards Following Validity and Reliability Study  
Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

Note: A proposed revision currently under circulation through December 1, 2022 is noted below in green. This proposed revision will be considered at the Commission's Winter 2023 meeting.

## Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

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2  
3 **Accreditation Standards for**  
4 **Advanced Dental Education Programs in**  
5 **Dental Public Health**

6 **Commission on Dental Accreditation**  
7 **211 East Chicago Avenue**  
8 **Chicago, Illinois 60611-2678**  
9 **(312) 440-4653**  
10 **<https://coda.ada.org/>**  
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1 **Accreditation Standards for**  
 2 **Advanced Dental Education Programs in Dental Public Health**

3 **Document Revision History**

4

5 **Date** **Item** **Action**

6

7

8 ~~August 3, 2018~~ ~~Accreditation Standards for Advanced-~~ ~~Adopted and Implemented~~  
 9 ~~Specialty Education Programs in Dental Public~~  
 10 ~~Health~~

11 ~~August 3, 2018~~ ~~Revised Terminology Related to Advanced~~ ~~Adopted~~  
 12 ~~Education Programs~~

13 ~~January 1, 2019~~ ~~Revised Terminology Related to Advanced~~ ~~Implemented~~  
 14 ~~Education Programs~~

15 ~~August 2, 2019~~ ~~Revised Definition of "Should"~~ ~~Adopted~~

16 ~~January 31, 2020~~ ~~Revised Definition of "Should"~~ ~~Implemented~~

17 ~~August 7, 2020~~ ~~Revised intent statement for Standard 4-1~~ ~~Adopted and Implemented~~

18 ~~August 6, 2021~~ ~~Revised Mission Statement~~ ~~Adopted~~

19 ~~January 1, 2022~~ ~~Revised Mission Statement~~ ~~Implemented~~

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## ACCREDITATION STATUS DEFINITIONS

### 1. PROGRAMS THAT ARE FULLY OPERATIONAL:

**Approval (without reporting requirements):** An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

**Approval (with reporting requirements):** An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/13; 8/10, 7/05; Adopted: 1/98

**2. PROGRAMS THAT ARE NOT FULLY OPERATIONAL:** A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

**Initial Accreditation** is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or

1 more site evaluation visit(s).  
2

Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02

## Preface

1  
2 Maintaining and improving the quality of advanced dental education programs is a primary aim of  
3 the Commission on Dental Accreditation. The Commission is recognized by the public, the  
4 profession, and the United States Department of Education as the specialized accrediting agency in  
5 dentistry.

6  
7 Accreditation of advanced dental education programs is a voluntary effort of all parties involved.  
8 The process of accreditation assures students/residents, the dental profession, specialty boards and  
9 the public that accredited training programs are in compliance with published standards.

10  
11 Accreditation is extended to institutions offering acceptable programs in the following discipline of  
12 advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral  
13 and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial  
14 orthopedics, pediatric dentistry, periodontics, prosthodontics. Advanced education in general  
15 dentistry, general practice dentistry, dental anesthesiology, oral medicine, and orofacial pain.  
16 Program accreditation will be withdrawn when the training program no longer conforms to the  
17 standards as specified in this document, when all first-year positions remain vacant for a period of  
18 two years or when a program fails to respond to requests for program information. Exceptions for  
19 non-enrollment may be made by the Commission for programs with “approval without reporting  
20 requirements” status upon receipt of a formal request from an institution stating reasons why the  
21 status of the program should not be withdrawn.

22  
23 Advanced dental education may be offered on either a certificate-only or certificate and degree-  
24 granting basis.

25  
26 Accreditation actions by the Commission on Dental Accreditation are based upon information  
27 gained through written submissions by program directors and evaluations made on site by assigned  
28 site visitors. The Commission has established review committees to review site visit and progress  
29 reports and make recommendations to the Commission. Review committees are composed of  
30 representatives nominated by dental organizations and nationally accepted certifying boards. The  
31 Commission has the ultimate responsibility for determining a program’s accreditation status. The  
32 Commission is also responsible for adjudication of appeals of adverse decisions and has established  
33 policies and procedures for appeal. A copy of policies and procedures may be obtained from the  
34 Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

35  
36 This document constitutes the standards by which the Commission on Dental Accreditation and its  
37 site visitors will evaluate advanced dental education programs in each discipline for accreditation  
38 purposes. The Commission on Dental Accreditation establishes general standards which are  
39 common to all disciplines of advanced dental education, institution and programs. Each discipline  
40 develops discipline-specific standards for education programs in its discipline. The general and  
41 discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation,  
42 set forth the standards for the education content, instructional activities, patient care responsibilities,  
43 supervision and facilities that should be provided by programs in the particular discipline.

1 As a learned profession entrusted by the public to provide for its oral health and general well-being,  
2 the profession provides care without regard to race, color, religion, national origin, age, disability,  
3 sexual orientation, status with respect to public assistance or marital status.

4  
5 The profession has a duty to consider patients' preferences, and their social, economic and  
6 emotional circumstances when providing care, as well as to attend to patients whose medical,  
7 physical and psychological or social situation make it necessary to modify normal dental routines in  
8 order to provide dental treatment. These individuals include, but are not limited to, people with  
9 developmental disabilities, cognitive impairments, complex medical problems, significant physical  
10 limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of  
11 educational processes and goals for comprehensive patient care and encourage patient-centered  
12 approaches in teaching, research and oral health care delivery.

13  
14 The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity,  
15 fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional  
16 Conduct and the ADEA Statement on Professionalism in Dental Education.

17  
18 General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific  
19 standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).

20  
21 In October 1997 [and revised in 2016](#), the American Association of Public Health Dentistry  
22 approved "Competency Statements for Dental Public Health". This document outlines the  
23 competencies expected of a public health dentist. The term competency has been used to denote  
24 the knowledge, skills, and values necessary to function as a specialist in dental public health. It is  
25 expected that the specialist will perform these skills at the competent level.

# Definitions of Terms Used in Dental Public Health 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 dental public health in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. 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 standard; highly desirable, but not mandatory.

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 discipline 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

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

5

6 Sponsoring institution: primary responsibility for advanced dental education programs.

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

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

10

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

13

14 A certificate program is a planned sequence of advanced courses that leads to a certificate of  
15 completion in an advanced dental education program recognized by the American Dental  
16 Association.

17

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

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

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

24

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

29

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

33

34

35 \*Epstein, R. M. (2007). *Assessment in Medical Education*. *The New England Journal of Medicine*,  
36 387-96.

## STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. 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.

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement.

***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of dental public health and that one of the program goals is to comprehensively prepare competent individuals to initially practice dental public health. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.*

The financial resources **must** be sufficient to support the program's stated goals and objectives.

***Intent:** The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

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.

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support

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

12  
13 United States military programs not sponsored or co-sponsored by military medical treatment  
14 facilities, United States-based educational institutions, hospitals or health care organizations  
15 accredited by an agency recognized by the United States Department of Education or accredited  
16 by an accreditation organization recognized by the Centers for Medicare and Medicaid  
17 Services (CMS) **must** demonstrate successful achievement of Service-specific organizational  
18 inspection criteria.

19  
20 The authority and final responsibility for curriculum development and approval,  
21 student/resident selection, faculty selection and administrative matters **must** rest within the  
22 sponsoring institution.

23  
24 The institution/program **must** have a formal system of quality assurance for programs that  
25 provide patient care.

26  
27 The position of the program in the administrative structure **must** be consistent with that of  
28 other parallel programs within the institution and the program director **must** have the  
29 authority, responsibility, and privileges necessary to manage the program.

30  
31 1-1 Dental Public Health programs **must** be sponsored by federal, state or local public  
32 health agencies, dental schools, health facilities, schools of public health, or other  
33 institutions of higher learning.

34  
35 **USE OF SITES WHERE EDUCATIONAL ACTIVITY**  
36 **OCCURS**

37  
38 The primary sponsor of the educational program **must** accept full responsibility for the quality  
39 of education provided in all sites where educational activity occurs.

40  
41 1-2 All arrangements with sites where educational activity occurs, not owned by the  
42 sponsoring institution, **must** be formalized by means of current written agreements  
43 that clearly define the roles and responsibilities of the parties involved. The following  
44 items **must** be covered in such inter-institutional agreements:  
45

- 1 a. Designation of a single program director;
- 2 b. The teaching staff;
- 3 c. The educational objectives of the program;
- 4 d. The period of assignment of students/residents; and
- 5 e. Each institution's financial commitment.

6  
7 ***Intent:** The items that are covered in inter-institutional agreements do not have to be*  
8 *contained in a single document. They may be included in multiple agreements, both*  
9 *formal and informal (e.g., addenda and letters of mutual understanding).*

10 1-3 For each site where educational activity occurs, there **must** be ~~an appropriate on-site~~  
11 ~~supervisor who is~~ supervision by an individual qualified by education in the  
12 curriculum areas for which he/she is responsible.

13  
14 1-4 The selection of educational activity sites **must** be based on ~~careful~~ documented  
15 assessment of the resources of the sponsoring institution, program objectives,  
16 student/resident needs and accreditation requirements.

17  
18 1-5 The objectives of the assignments to each affiliated educational activity site **must** be  
19 identified and **must** be used in evaluating the effectiveness of assignments.

20  
21 If the program utilizes educational activity sites for clinical experiences or didactic instruction,  
22 please review the Commission's Policy on Reporting and Approval of Sites Where Educational  
23 Activity Occurs in the Evaluation and Operational Policies and Procedures manual (EOPP).

## STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program **must** be administered by one director who is board certified in dental public health. ~~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.)~~

*~~Intent: The director of an advanced dental education program is to be certified by a nationally-accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.~~*

Examples of evidence to demonstrate compliance may include:

~~For board certified directors: Copy of board certification certificate; L~~etter from board attesting to current/active board certification.

~~For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation or Commission on Dental Accreditation of Canada accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service.~~

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.

2-1 The program **must** be directed by a single individual who has at least a 40% appointment to the sponsoring institution and a commitment to teaching and supervision that is uncompromised by additional responsibilities.

***Intent:** Other activities do not dilute a program director's ability to discharge his/her primary obligations to the educational program.*

Documentation of all program activities **must** be ensured by the program director and available for review.

2-2 In dental public health residency programs, there **must** be an advisory committee composed of individuals knowledgeable in the field of dental public health to assist the program director in the development, revision and evaluation of each student's/resident's residency curriculum plan, periodic assessment of each student's/resident's progress, final assessment of the degree of attainment of the plan's goals, as well as periodic review of the residency program itself.

1 2-3 While the needs of individual students/residents may vary, appropriate educationally qualified  
2 \_\_\_\_\_ faculty or consultants **must** be available to support student/resident instruction and research.  
3

4 2-4 All faculty, including those at major and minor educational activity sites, **must** be calibrated-  
5 trained to a standard to ensure consistency in training and evaluation of students/residents that  
6 supports the goals and objectives of the program.  
7

8 ***Intent:** Faculty calibration training may consist of outcomes based on the use of evaluation  
9 forms, tools, metrics and/or minutes of faculty calibration training sessions showing  
10 consistency across all sites.*  
11

12 2-5 The program **must** show evidence of an ongoing faculty development process, for full-time  
13 program faculty.  
14

15 ***Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to  
16 foster curricular change, to enhance student retention and job satisfaction of faculty, and to  
17 maintain the vitality of academic dentistry as the wellspring of a learned profession.*  
18

19 Examples of evidence to demonstrate compliance may include:

- 20 Participation in development activities related to teaching, learning, and assessment
- 21 Attendance at regional and national meetings that address contemporary issues in education
- 22 Mentored experiences for new faculty
- 23 Scholarly productivity
- 24 Presentations at regional and national meetings
- 25 Examples of curriculum innovation
- 26 Maintenance of existing and development of new and/or emerging clinical skills
- 27 Documented understanding of relevant aspects of teaching methodology
- 28 Curriculum design and development
- 29 Curriculum evaluation
- 30 Student/Resident assessment
- 31 Cultural Competency
- 32 Ability to work with students/residents of varying ages and backgrounds
- 33 Use of technology in didactic and clinical components of the curriculum

### STANDARD 3 - FACILITIES AND RESOURCES

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 these Standards. For program sites that participate in clinical care, ~~E~~quipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

*Intent: The facilities and resources (e.g., support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

For program sites that participate in clinical care, ~~T~~he 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. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

*Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.*

Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as SARS-COVID, influenza, mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

*Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.*

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.

*Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

## STANDARD 4 – CURRICULUM AND PROGRAM DURATION

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 the discipline’s practice as set forth in specific standards contained in this document.

***Intent:** The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.*

Advanced dental education programs **must** include instruction or learning experiences in evidence-based ~~practice healthcare~~. Evidence-based ~~dentistry healthcare~~ is an approach that requires the judicious integration of systematic assessments of relevant scientific evidence that is used to make health policy, economic recommendations, and systems management decisions affecting populations. ~~to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.~~

Advanced dental education programs **must** include instruction or learning experiences in evidence-based oral health practice that focuses on health promotion and disease prevention activities.

***Intent:** To ensure students/residents receive instruction or other learning experiences that leads to an understanding of the similarities and differences with the application of evidence-based oral health practice between individuals and communities for preventing of oral diseases and promoting health.*

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs **must** be comparable.

***Intent:** The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*



1 Documentation of all program activities **must** be ensured by the program director and available for  
2 review.

3  
4 If an institution and/or program enrolls part-time students/residents, the institution/program **must**  
5 have guidelines regarding enrollment of part-time students/residents. Part-time students/residents  
6 **must** start and complete the program within a single institution, except when the program is  
7 discontinued. The director of an accredited program who enrolls students/residents on a part-time  
8 basis **must** ensure that: (1) the educational experiences, including the clinical experiences and  
9 responsibilities, are the same as required by full-time students/residents; and (2) there are an  
10 equivalent number of months spent in the program.

### 11 **PROGRAM DURATION**

12  
13  
14 4-1 A two-year dental public health program **must** encompass a minimum of two academic years  
15 in duration.

16  
17 A one-year dental public health program **must** encompass a minimum of 12 months in  
18 duration.

19  
20 *Intent: One-year dental public health programs require prior attainment of a Masters in*  
21 *Public Health (MPH) or comparable degree.*

### 22 **INSTRUCTION IN ETHICS AND PROFESSIONALISM**

23  
24  
25 4-12 Graduates **must** receive instruction in and be able to apply the principles of ethical  
26 reasoning, ethical decision making and professional responsibility as they pertain to the  
27 academic environment, research, patient care, practice management, and programs to  
28 promote the oral health of individuals and communities.

29  
30 *Intent: Graduates are expected to know how to draw on a range of resources such as*  
31 *professional codes, regulatory law, and ethical theories to guide judgment and action for*  
32 *issues that are complex, novel, ethically arguable, divisive, or of public concern.*  
33 *Graduates are expected to respect the culture, diversity, beliefs and values in the*  
34 *community.*

### 35 **INSTRUCTION IN GENERAL PUBLIC HEALTH**

36  
37  
38 4-23 The program **must** provide instruction at the advanced level in the following:

- 39 a. Epidemiology;
- 40 b. Biostatistics;
- 41 c. Behavioral science;
- 42 d. Environmental health; and
- 43 e. Health care policy and management.

44  
45 *Intent: Advanced level instruction is defined as a level higher than the baccalaureate*  
Dental Public Health Standards



## SUPERVISED FIELD EXPERIENCE

4-78 The program **must** include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-56. The program must document, with a log of activities, the specific dental public health competency(ies) addressed during each field experience.

*Intent: Supervised multi-day field experiences ~~are multi-week or multi-day mentored experiences such as practicums or internships that~~ allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-56. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.*

Examples of Evidence to demonstrate compliance may include:

- Supervisor’s evaluation
- Written, guided personal reflections and insights learned related to dental public health competency(ies)
- Written program assessments or business plans, including staffing models, workflow, budgeting, and business plans
- Other modalities which provide evidence of the experience

## EXPERIENCES IN PUBLIC HEALTH DENTAL CARE SETTINGS

4-9 The program must include a supervised experience at a location determined by the program director which offers an opportunity for the students/residents to gain knowledge regarding the administration of oral healthcare services (management and delivery of care) of a dental program that provides clinical care to underserved and/or vulnerable population(s). The students’/residents’ experience in a public health dental clinic setting must log evidence of a minimum of 80 hours of supervised participation and documentation of the experience and understanding the challenges to delivering oral health services to the population(s) served. Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field Experience).

*Intent: To facilitate the development of Dental Public Health students’/residents’ knowledge in the delivery of oral healthcare services to populations, students/residents should deepen their understanding of the provision of clinical care in settings that focus on underserved and/or vulnerable population(s). Experiences are multi-day mentored activities such as personally providing clinical care, practicums or internships that offer the opportunity for students/residents to enhance their understanding and appreciation of dental care for underserved and/or vulnerable population(s) populations. Clinical facilities may include but are not limited to Community Health Centers, hospitals, schools, clinics that care for*

1 vulnerable populations, such as low-income children, persons living with HIV, the homeless,  
2 and those with intellectual and/or developmental disabilities.

3  
4 Examples of Evidence to demonstrate compliance may include:

- 5 • Supervisor’s evaluation
- 6 • Written, guided personal reflections and insights on the challenges delivering oral health care  
7 services to underserved and vulnerable populations,
- 8 • Written program assessments or business plans, including staffing models, workflow,  
9 budgeting, and business plans
- 10 • Other modalities which provide evidence of the experience.

## 11 12 RESEARCH PROJECT

13  
14 ~~4-9~~10 The program **must** include a supervised research experience for each student/resident,  
15 approved by the program director, that demonstrates application of dental public health  
16 principles and sound dental public health research methodology, biostatistics and  
17 epidemiology, and is consistent with the competencies listed in Standard 4-~~5~~6. (Also see  
18 Standard 6)

19  
20 4-11 Students/Residents **must** complete one or more residency research projects after a review of  
21 the literature and approval of a comprehensive protocol;

22  
23 *Intent: The intent is to ensure that each student/resident is capable of conducting applied*  
24 *research to advance knowledge and understanding of the biological, social, behavioral,*  
25 *environmental and economic factors affecting the oral health status of the population and*  
26 *their prevention and control.*

## 27 28 PROGRAM DURATION

29  
30 ~~—4-9 A two-year dental public health program **must** encompass a minimum of two academic~~  
31 ~~years in duration.~~

32  
33 ~~—4-10A one-year dental public health program **must** encompass a minimum of 12-~~  
34 ~~months in duration.~~

## STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation **must** be graduates from:

- a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
- b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
- c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

***Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process. Program directors are encouraged to refer applicants to the Dental Public Health program to the American Board of Dental Public Health for eligibility requirements to obtain Diplomate status.*

Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing **must** receive an ~~appropriate~~ curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures on advanced standing
- Results of ~~appropriate~~ qualifying examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge

***Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

1 5-1 The selection of dentists for advanced education in dental public health **must** be based on an  
 2 assessment of their past academic performance to determine whether they will be able to  
 3 complete the program requirements.

4  
 5 5-2 Applicants for one-year dental public health programs **must** possess an MPH or comparable  
 6 degree.

7  
 8 *Intent:* For those students/residents admitted with a graduate degree comparable to the MPH,  
 9 it is expected that the program director document the satisfactory completion of the  
 10 educational requirements of Standard 4-3. Where deficiencies exist, the student's/resident's  
 11 program director will create a supplemental curriculum plan to meet those requirements.

## 12 EVALUATION

13  
 14  
 15 A system of ongoing evaluation and advancement **must** ensure that, through the director and  
 16 faculty, each program:

- 17  
 18 a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and  
 19 achievement of (summative assessment) the competencies for the discipline using formal  
 20 evaluation methods;  
 21 b. Provides to students/residents an assessment of their performance, at least semiannually;  
 22 c. Advances students/residents to positions of higher responsibility only on the basis of an  
 23 evaluation of their readiness for advancement; and  
 24 d. Maintains a personal record of evaluation for each student/resident which is accessible to the  
 25 student/resident and available for review during site visits.

26  
 27 *Intent:* (a) The evaluation of competence is an ongoing process that requires a variety of  
 28 assessments that can measure the acquisition of knowledge, skills and values necessary for  
 29 discipline-specific level practice. It is expected that programs develop and periodically review  
 30 evaluation methods that include both formative and summative assessments. (b) Student/Resident  
 31 evaluations should be recorded and available in written form.

32 (c) Deficiencies should be identified in order to institute corrective measures.

33 (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

34  
 35  
 36 5-3 The student's/resident's curriculum plan **must** be reviewed at least semiannually and revised  
 37 ~~as appropriate~~ when it is found that program objectives are not being met.

## 38 DUE PROCESS

39  
 40  
 41  
 42 There **must** be specific written due process policies and procedures for adjudication of academic  
 43 and disciplinary complaints, which parallel those established by the sponsoring institution.

1  
2  
3 **RIGHTS AND RESPONSIBILITIES**  
4

5 At the time of enrollment, the advanced dental education students/residents **must** be apprised in  
6 writing of the educational experience to be provided, including the nature of assignments to other  
7 departments or institutions and teaching commitments. Additionally, all advanced dental education  
8 students/residents **must** be provided with written information which affirms their obligations and  
9 responsibilities to the institution, the program and program faculty.  
10

11 ***Intent:** Adjudication procedures should include institutional policy which provides due process for*  
12 *all individuals who may potentially be involved when actions are contemplated or initiated which*  
13 *could result in disciplinary actions, including dismissal of a student/resident (for academic or*  
14 *disciplinary reasons). In addition to information on the program, students/residents should also be*  
15 *provided with written information which affirms their obligations and responsibilities to the*  
16 *institution, the program, and the faculty. The program information provided to the residents should*  
17 *include, but not necessarily be limited to, information about tuition, stipend or other compensation;*  
18 *vacation and sick leave; practice privileges and other activity outside the educational program;*  
19 *professional liability coverage; and due process policy and current accreditation status of the*  
20 *program.*  
21

22 5-4 Advanced education students/residents in dental public health **must** be provided with  
23 written information about:

- 24  
25 a. Tuition, stipend and /or the compensation;  
26 b. Vacation and sick leave;  
27 c. Professional liability coverage;  
28 d. Travel essential to completing the program requirements and if funds are available; **and**  
29 e. Current accreditation status of the program-; **and**  
30 f. American Board of Dental Public Health eligibility and certification process.

## STANDARD 6 - RESEARCH

1  
2  
3 **Advanced dental education students/residents must engage in scholarly activity (see Standard**  
4 **4-810 and 4-11).**

5  
6 ~~6-1— Students/Residents **must** understand research methodology.~~

7  
8 ~~6-2— Students/Residents **must** understand biostatistics and epidemiology.~~

9  
10 ~~6-3<sub>1</sub> Students/Residents **must** complete one or more residency research projects after a review of~~  
11 ~~the literature and approval of a comprehensive protocol; they **must** also produce evidence of~~  
12 engagement in scholarly activity based on the research conducted during the program.

13  
14 Examples of evidence to demonstrate compliance may include:

- 15 • Presentation of papers from the research project at conferences.  
16 • Development and submission of posters from the research project for scientific meetings.  
17 • Submission of abstracts from the research project at educational meetings or publication in  
18 peer reviewed journals.  
19 • Submission of articles from the research project for publication in peer reviewed journals.

20  
21 ~~**Intent:** The intent is to ensure that each student/resident is capable of conducting applied research—~~  
22 ~~to advance knowledge and understanding of the biological, social, behavioral, environmental and—~~  
23 ~~economic factors affecting the oral health status of the population and their prevention and control.~~  
24 ~~Students/Residents are encouraged to document new knowledge in the literature for the benefit of—~~  
25 ~~others.~~