

REPORT OF THE REVIEW COMMITTEE ON OROFACIAL PAIN EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Joseph Cohen. Committee Members: Dr. Steven Bender, Dr. Reny de Leeuw, Dr. Bessie Katsilometes and Dr. Robert Windsor. Commissioner Trainee: Dr. Jeffry Shaefer observed the meeting as a Commissioner trainee. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association (ADEA) attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, senior manager, Administration and Committees; Dr. Yesenia Ruiz, manager, Advanced Dental Education; Ms. Taylor Weast, manager, Advanced Dental Education; and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Orofacial Pain Education (OFP RC) was held on July 7, 2025 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO OROFACIAL PAIN EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (2017) (p. 1700): The Review Committee on Orofacial Pain Education (OFP RC) considered the annual report on the frequency of citings of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain implemented on July 1, 2017. The OFP RC noted that 13 orofacial pain site visits were conducted during the period of July 1, 2017 through June 30, 2024. At the time of this report, there was one (1) area of non-compliance cited. The OFP RC noted this was the final report on the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain implemented July 1, 2017. Revised Accreditation Standards were adopted February 2, 2024 for implementation July 1, 2024.

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 Orofacial Pain (2024) (p. 1701): The Review Committee on Orofacial Pain Education (OFP RC) considered the annual report on the frequency of citings of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain approved by the Commission on Dental Accreditation at its February 2, 2024 meeting and implemented on July 1, 2024. The OFP RC noted that since that date, no (0) orofacial pain site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2024 Standards. To ensure confidentiality, Frequency of Citings Reports are not made available where a limited number (three or less) of programs have been site visited. Once there are four (4) or more orofacial pain education programs site visited, the non-compliance citings will be analyzed and summarized accordingly. 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 Revisions to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (p. 1702): Through New Business at its Winter 2024 meeting, the Review Committee on Orofacial Pain Education (OFP RC) discussed concerns received anecdotally that baseline skills possessed by residents entering orofacial pain programs may be lacking. The OFP RC learned that, upon entering a program, all orofacial pain residents may not be competent in the baseline skills required for adequately and safely treating all orofacial pain conditions, procedures and techniques. Additionally, it is believed these skills are not consistently being taught in CODA-accredited programs. Since orofacial pain is one of the newest dental disciplines accredited by the Commission, the identification of such deficiencies and the need for additional curriculum requirements, and ultimately revision to Accreditation Standards, has been a dynamic process as accredited programs have matured and developed.

The OFP RC believed that an in-depth study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted to identify areas of baseline clinical training that may require modification or addition, to ensure these areas are included in all programs' curricula and that graduates are consistently and sufficiently trained upon completion of the program. Therefore, the OFP RC concluded further study of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain was warranted. Further, the OFP RC believed the study and consideration of possible Accreditation Standards revisions should be conducted with a report to the Summer 2024 meeting of the Commission.

At its Winter 2024 meeting, the Commission considered the recommendation of the OFP RC and directed the Review Committee on Orofacial Pain Education to meet prior to the Summer 2024 meetings for further discussion and consideration of possible revision to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain, particularly related to the baseline competencies for the discipline, with a report to the Summer 2024 meeting of the Commission.

At its Summer 2024 meeting, the OFP RC considered the report of the May 13, 2024 meeting of the OFP RC and proposed revisions to Standard 2-11 (Clinical Sciences) of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC identified additional areas within the proposed revisions to Standard 2-11 that warrant revision to further clarify and ensure consistency throughout the language of Standard 2-11. Accordingly, the OFP RC recommended the revisions to Standard 2-11 (Clinical Sciences) be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2024 American Dental Association (ADA) Annual Meeting, March 2025 American Dental Education Association (ADEA) Annual Session. Additionally, the OFP RC recommended a virtual Hearing be conducted in conjunction with the 2025 meeting of the American Academy of Orofacial Pain in order to obtain input from program directors. Comments received could be considered by the Review Committee and Commission at its Summer 2025 meetings. At its Summer 2024 meeting, the Commission concurred with the recommendation of the OFP RC and directed circulation of the proposed revisions.

At its Summer 2025 meeting, the Review Committee on Orofacial Pain Education considered the proposed revision to Standard 2-11 (Clinical Sciences) (**Appendix 1, Policy Report p. 1702**). The Review Committee also considered all comments received by the Commission prior to the June 1, 2025 deadline (**Appendices 2, 3, and 4, Policy Report p. 1702**).

The Review Committee noted that following circulation of Standard 2-11 (Clinical Sciences) no (0) comments were received at the virtual Hearing in conjunction with the 2024 ADA meeting. Further, the Commission received one (1) comment at the virtual Hearing in conjunction with the 2025 ADEA meeting and six (6) comments at the virtual Hearing in conjunction with the 2025 AAOP meeting. The Commission office received nine (9) written comments prior to the June 1, 2025 deadline.

The OFP RC reviewed the written comments and noted some are opposed to the proposed revisions as written. Comments that do not favor the proposed revisions as written note they are overly prescriptive. In addition, some comments note a concern that the proposed revisions may lead to overtreatment of the patient to meet Standards rather than treatment that is in the best interest of the patient. Other comments support the required procedures but believe language should be added to emphasize that procedures be performed only when clinically indicated.

Following review of the comments received and further discussion, the OFP RC determined additional revisions to Standard 2-11 (Clinical Sciences) are warranted and recommended the proposed revisions found in **Appendix 1** be circulated to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Meeting, with comments reviewed by the Review Committee and Commission at the Winter 2026 meetings.

Recommendation: It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to Standard 2-11, Clinical Sciences, of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain found in **Appendix 1**, to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Meeting, with comments reviewed by the Review Committee and Commission at the Winter 2026 meetings.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 1703): 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 Orofacial Pain Education (OFP RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in (**Appendix 1, Policy Report p. 1703**), and noted the proposed revisions appeared to be editorial in nature to align with other CMS-recognized accreditation organizations and concluded they should be approved as presented, for immediate implementation.

The OFP 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. Through discussion, the OFP RC noted that, with one (1) exception, the organizations included in the CMS-recognized list of accreditation organizations were previously included in the list of CMS-recognized organizations. Nevertheless, the OFP RC noted that some of the organizations included in the list may be inappropriate for orofacial pain programs and may warrant removal from the list. Through further discussion, the OFP RC also considered whether eliminating possible sponsoring organizations might limit the opportunities for new orofacial pain programs in the future. Following lengthy discussion, the OFP 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 OFP RC determined that further discussion be postponed until its Winter 2026 meeting following consideration of additional information about each organization.

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 Orofacial Pain (**Appendix 2**) and direct revision of all related documents for immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct the Orofacial Pain Education Review Committee to further consider the list of CMS-recognized accreditation organizations in the Examples of Evidence for Accreditation Standard 1-1 for Advanced Dental Education Programs in Orofacial Pain following review of additional information about each accreditation organization 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. Joseph Cohen
Chair, Review Committee on Orofacial Pain Education

Commission on Dental Accreditation

At its Summer 2024 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, 2025, for review at the Summer 2025 Commission meeting.

This document represents the proposed new revisions submitted for Commission review in Summer 2025, following review of comments received from communities of interest from August 10, 2024 to June 1, 2025, and following consideration by the Review Committee at its Summer 2025 meeting.

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

**CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN
OROFACIAL PAIN**

Additions are underlined; Deletions are ~~stricken~~

STANDARD 2 – EDUCATIONAL PROGRAM

Clinical Sciences

- 2-11** The program **must** provide instruction and clinical training and direct patient experience in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:
- a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;
 - b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;
 - c. Obtain informed consent;
 - d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient's treatment responsibilities;
 - e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities ~~should~~ **must** include performance of:
 1. intraoral appliance therapy;
 2. physical medicine modalities;
 3. diagnostic/therapeutic injections, including
 - a) trigger point injections,
 - b) nerve blocks, and
 - c) injections of the temporomandibular joint;
 4. sleep-related breathing disorder intraoral appliances;
 5. non-surgical management of orofacial trauma;
 6. behavioral therapies beneficial to orofacial pain; and
 7. pharmacotherapeutic treatment of orofacial pain including, but not limited to the following, if clinically indicated ~~systemic and topical medications;~~

- a) muscle relaxants;
- b) sedative agents for chronic pain and sleep management;
- c) appropriate use of opioids in management of acute and chronic pain;
- d) adjuvant analgesic use of tricyclics and other antidepressants used for orofacial pain;
- e) anticonvulsants, including but not limited to the management of neuropathic pain and neurovascular pain;
- f) anxiolytics for the management of orofacial pain;
- g) analgesics and anti-inflammatories;
- h) topical application of medications for management of orofacial pain
- i) prophylactic and abortive medications for primary headache disorders;
- j) therapeutic use of botulinum toxin injections; and
- k) treatment related medication side effects that alter sleep architecture.

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

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

~~In the treatment of patients, c~~Common issues may include: management of medication overuse headache; ~~medication side effects that alter sleep architecture;~~ prescription medication dependency withdrawal; referral and co-management of pain in patients addicted to prescription, non prescription and recreational drugs; familiarity with the role of preemptive anesthesia in neuropathic pain.

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 Orofacial Pain

**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 (AAAHHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASFQuadA~~); 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

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

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

16 Institutional accreditation indicating approval to confer a degree.