

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, and Dr. Robert Weyant. Dr. Shannon Smith-Stephens attended a portion of the meeting. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association; Dr. David Cappelli, president, American Board of Dental Public Health; Ms. Kelly Braun, executive director, American Board of Dental Public Health; and Dr. Frances Kim, executive director, American Association of Public Health Dentistry, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, manager, Advanced Dental Education; Dr. Sherin Took, senior director; and Ms. Michele Kendall, senior project assistant, Commission on Dental Accreditation (CODA). Ms. Yesenia Ruiz, manager, Advanced Dental Education, attended a portion of the meeting. The meeting of the Review Committee on Dental Public Health Education (DPH RC) was held on January 12, 2024 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO DENTAL PUBLIC HEALTH EDUCATION

Report on Dental Public Health Programs Annual Survey Curriculum Section (p. 600):

The Review Committee on Dental Public Health Education (DPH RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2024. The DPH RC considered its discipline-specific Annual Survey Curriculum Section (**Appendix 1, Policy Report p. 600**).

At its Winter 2024 meeting, the DPH RC reviewed each question on the Annual Survey Curriculum Section and determined that the questions on the Curriculum Section for dental public health programs were appropriate in relation to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. The DPH RC noted that revised Standards (see below) will be implemented in the future and suggested these changes be considered the next time the Annual Survey Curriculum Section is reviewed. Therefore, the DPH RC recommended that the Curriculum Section for dental public health programs be retained with no changes.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the Dental Public Health Annual Survey Curriculum Section for dental public health programs (**Appendix 1, Policy Report p. 600**) be retained with no changes for use in Fall 2024.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 601):

The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were adopted by the Commission on Dental Accreditation (CODA) at its August 3, 2018 meeting for immediate implementation. According to the Commission's Policy on Assessing the Validity

and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. Therefore, the validity and reliability study for Advanced Dental Education Programs in Dental Public Health was initiated in the Spring of 2022.

At its Summer 2022 meeting, the Commission on Dental Accreditation 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. 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 was warranted.

At its Winter 2023 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. 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 was warranted and recommended 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. At its Winter 2023 meeting, the Commission on Dental Accreditation concurred with the recommendation of the DPH RC and directed

circulation of the proposed revisions to 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 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.

In accordance with the Commission's Winter 2023 directive, the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were circulated for a period of one (1) year for review and comment. The Commission received one (1) comment during the Hearing in conjunction with the March 2023 American Dental Education Association (ADEA) Annual Session (**Appendix 2, Policy Report p. 601**). The Commission received no (0) comments during the Hearing in conjunction with the October 2023 American Dental Association (ADA) Annual Meeting. The Commission received nine (9) written comments via its electronic comment portal, prior to the December 1, 2023 deadline (**Appendix 3, Policy Report p. 601**).

At its Winter 2024 meeting, the Dental Public Health Review Committee considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health and all comments received prior to the December 1, 2023 deadline. The DPH RC reviewed all written comments received, noting the responses varied and included responses in favor of the revisions and additions, as well as some that believed the revisions were too rigorous and others that believed the revisions were not sufficiently rigorous. The DPH RC noted most of the written comments related to the proposed addition of Standard 4-9, related to experiences in public health dental care settings. Further many comments related to experiences gained by students/residents prior to entering a dental public health program and how that experience might be applied to the achieving Dental Public Health Accreditation requirements.

The DPH RC carefully reviewed the proposed Standard 4-9 as well as the written comments. The DPH RC discussed whether students/residents with prior postdoctoral experience in a public health dental care setting should be granted an exemption to the requirements. The DPH RC agreed a total exemption should not be granted; however, an alternate method to achieve the requirement for students/residents entering a program with prior experience is acceptable. Accordingly, the DPH RC revised the proposed Standard 4-9 to allow students/residents entering the program with prior postdoctoral experience in a public health dental care setting an alternate method to fulfil the requirement. Following discussion, the DPH RC determined no additional modifications to the proposed revisions were warranted. The DPH RC also discussed comments related to the proposed Standard 4-9 in relation to the required field experience, noting that these are two different requirements. The Committee also noted that licensure and liability issues are no different for the requirement of Standard 4-9 as they would be for the field experience. Further, Standard 4-9 does not require that a dental public health student/resident perform clinical care at the site chosen to meet this requirement. Finally, the site used to fulfill Standard 4-9 may address one (1) or more of the dental public health competencies.

The DPH RC also discussed whether the modified revisions warrant additional circulation to the communities of interest and determined additional circulation is not warranted because the modified revisions are not substantial in nature and allow greater flexibility to address the concerns noted during the comment period. The DPH RC discussed an implementation period for the proposed revisions and believed an implementation date of July 1, 2025 would provide programs, both full-time and part-time, sufficient time to ensure compliance with all revisions at the time of implementation.

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 found in **Appendix 1** and direct revision of all related documents, for implementation July 1, 2025.

Consideration of Proposed Revisions to Improve Diversity in Dental and Dental Related Education Programs (p. 602): On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in **Appendix 1, Policy Report p. 602**. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

At its Winter 2024 meeting, the Review Committee on Dental Public Health Education (DPH RC) reviewed the letter from The National Coalition of Dentists for Health Equity including the short-term and long-term suggestions, including the suggestions related to efforts in ensuring more diverse site visit teams, better training of site visit teams to assess educational programs, and considering the language used in Standards related to diversity. The DPH RC agreed diversity and providing opportunity is important but believed the suggestions provided are somewhat restrictive and difficult to achieve, noting the suggestion related to more diverse site visit teams and the current difficulty in recruiting qualified site visitors. Through discussion, the DPH RC also learned that a workgroup has been studying the predoctoral dental education Accreditation Standards for possible revision, including the areas noted in the letter from TNCDHE.

Following considerable discussion, the DPH RC agreed diversity is an important topic and expressed interest in participating with other advanced dental education review committee chairs in assessing the Accreditation Standards to address the concerns noted in the letter from TNCDHE. Because of the common Standards among the advanced dental education Standards, the DPH RC believed an Ad Hoc Committee of other advanced dental education Commissioners should be formed to discuss whether revisions are warranted and to ensure consistency in revisions, if warranted.

Recommendation: It is recommended that the Commission on Dental Accreditation direct establishment of an Ad Hoc Committee composed of all advanced dental education Commissioners to study the Accreditation Standards for possible revision related to the letter from The National Coalition of Dentists for Health Equity.

**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 considered site visitor appointments for 2024-2025. 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

At its Winter 2023 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Dental Public Health be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2023, for review at the Winter 2024 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from February 10, 2023 to December 1, 2023.

This document will be considered by the Commission in Winter 2024.

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

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Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Document Revision History

Date	Item	Action
August 3, 2018	Accreditation Standards for Advanced— Specialty Education Programs in Dental Public Health	Adopted and Implemented
August 3, 2018	Revised Terminology Related to Advanced Education Programs	Adopted
January 1, 2019	Revised Terminology Related to Advanced Education Programs	Implemented
August 2, 2019	Revised Definition of “Should”	Adopted
January 31, 2020	Revised Definition of “Should”	Implemented
August 7, 2020	Revised intent statement for Standard 4-1	Adopted and Implemented
August 6, 2021	Revised Mission Statement	Adopted
January 1, 2022	Revised Mission Statement	Implemented
February 9, 2023	Revised Standard 2-4	Adopted
July 1, 2023	Revised Standard 2-4	Implemented

Table of Contents

	<u>PAGE</u>
Mission Statement of the Commission on Dental Accreditation_____	5
Accreditation Status Definitions _____	6
Preface_____	7
Definition of Terms Used in Dental Public Health Accreditation Standards_____	9
<u>Standards</u>	
1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS _____	11
EDUCATIONAL ACTIVITY SITES_____	12
2 - PROGRAM DIRECTOR AND TEACHING STAFF_____	14
3 - FACILITIES AND RESOURCES _____	16
4 - CURRICULUM AND PROGRAM DURATION _____	17
INSTRUCTION IN ETHICS AND PROFESSIONALISM_____	18
INSTRUCTION IN GENERAL PUBLIC HEALTH _____	18
INSTRUCTION IN DENTAL PUBLIC HEALTH _____	18
STUDENT/RESIDENT CURRICULUM PLAN _____	19
SUPERVISED FIELD EXPERIENCE _____	19
RESEARCH PROJECT _____	19
PROGRAM DURATION _____	20
5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS _____	21
ELIGIBILITY AND SELECTION _____	21
EVALUATION _____	22
DUE PROCESS _____	22
RIGHTS AND RESPONSIBILITIES _____	22
6 - RESEARCH _____	24

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021

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

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

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

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

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

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

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institution and programs. Each discipline develops discipline-specific standards for education programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the education content, instructional activities, patient care responsibilities, 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.

Other Terms:

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

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

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

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

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

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

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

Evidence-based healthcare/dentistry: Evidence-based healthcare/dentistry is an approach 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.~~

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

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

**Epstein, R. M. (2007). Assessment in Medical Education. The New England Journal of Medicine, 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

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

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.

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

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

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

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

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

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

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

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

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

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

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

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

If the program utilizes educational activity sites for clinical experiences or didactic instruction, please review the Commission's Policy on Reporting and Approval of Sites Where Educational 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; Letter 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.

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

2-4 All faculty, including those at major and minor educational activity sites, **must** be
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 training may consist of outcomes based on the use of evaluation
forms, tools, metrics and/or minutes of faculty training sessions showing
consistency across all sites.*

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

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

Examples of evidence to demonstrate compliance may include:

Participation in development activities related to teaching, learning, and assessment

Attendance at regional and national meetings that address contemporary issues in education

Mentored experiences for new faculty

Scholarly productivity

Presentations at regional and national meetings

Examples of curriculum innovation

Maintenance of existing and development of new and/or emerging clinical skills

Documented understanding of relevant aspects of teaching methodology

Curriculum design and development

Curriculum evaluation

Student/Resident assessment

Cultural Competency

Ability to work with students/residents of varying ages and backgrounds

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~~equipment 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.*

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

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

PROGRAM DURATION

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

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

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

INSTRUCTION IN ETHICS AND PROFESSIONALISM

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

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

INSTRUCTION IN GENERAL PUBLIC HEALTH

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

- a. Epidemiology;
- b. Biostatistics;
- c. Behavioral science;
- d. Environmental health; and
- e. Health care policy and management.

***Intent:** Advanced level instruction is defined as a level higher than the baccalaureate*

level and/or predoctoral dental education level.

4-34 Two-year dental public health programs **must** incorporate instruction specified in standard 4-23.

4-45 Directors of one-year programs **must** review each student's/resident's previous public health training and supplement it, where necessary, to ensure that instruction identified in Standard 4-23 is covered.

Intent: Individuals pursuing advanced education in dental public health require a foundation in the principles of general public health. For students/residents entering one-year dental public health programs, the principles of general public health normally will have been covered in the prerequisite MPH or comparable degree program.

INSTRUCTION IN DENTAL PUBLIC HEALTH

4-56 The program **must** provide instruction in the following competencies:

- a. Manage oral health programs for population health;
- b. Evaluate systems of care that impact oral health;
- c. Demonstrate ethical decision-making in the practice of dental public health;
- d. Design surveillance systems to measure oral health status and its determinants
- e. Communicate on oral and public health issues;
- f. Lead collaborations on oral and public health issues;
- g. Advocate for public health policy, legislation, and regulations to protect and promote the public's oral health, and overall health;
- h. Critically appraise evidence to address oral health issues for individuals and populations;
- i. Conduct research to address oral and public health problems; and
- j. Integrate the social determinants of health into dental public health practice.

Intent: Recent data suggest that unmet treatment needs within the United States (US) population are increasing and that access to oral health care is limited for the most vulnerable of the US population. The intent of the competency standards is to ensure that the resident is adequately trained to identify and document unmet oral health treatment needs within a specific population and plan effective community-based programs to meet these needs.

STUDENT/RESIDENT CURRICULUM PLAN

4-67 Each student/resident in a dental public health program **must** have a written curriculum plan, designed to build upon and augment previous education and experience, and which describes the competencies to be developed during the program, activities necessary to develop the stated competencies, and methods to evaluate the competencies.

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).

- Students/Residents with no prior postdoctoral experience in a public health dental care setting **must** document 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.
- Students/Residents entering the program with equivalent postdoctoral experience in a public health dental care settings serving vulnerable and underserved populations could be exempt from the 80-hour required rotation based on the residency director’s evaluation of their experience. The student/resident **must** fulfill this requirement with submission of a written, guided personal reflection on the challenges delivering oral health care services to underserved and vulnerable populations.

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 practicums or internships or personally providing clinical care, that offer the opportunity for students/residents to enhance their understanding and appreciation of dental care for underserved and/or vulnerable population(s) populations. Personally providing clinical care is not a requirement of this Standard. Clinical facilities may include but are not limited to Community Health Centers, hospitals, schools, clinics that care for vulnerable populations, such as low-income children, persons living with HIV, the homeless, and those with intellectual and/or developmental disabilities. Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field Experience).

Examples of Evidence to demonstrate compliance may include:

- Log of student/resident experiences in the dental care setting
- Supervisor's evaluation
- Written, guided personal reflections and insights on the challenges delivering oral health care services to underserved and vulnerable populations
- Written program assessments or business plans, including staffing models, workflow, budgeting, and business plans
- Other modalities which provide evidence of the experience.

RESEARCH PROJECT

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

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

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

PROGRAM DURATION

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

~~— 4-10A one-year dental public health program **must** encompass a minimum of 12 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.*

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

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

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

EVALUATION

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

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

Intent: (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form.
(c) Deficiencies should be identified in order to institute corrective measures.
(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

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

DUE PROCESS

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

RIGHTS AND RESPONSIBILITIES

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

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

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

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

STANDARD 6 - RESEARCH

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

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

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

~~6-31~~ Students/Residents **must** ~~complete one or more residency research projects after a review of the literature and approval of a comprehensive protocol;~~ they **must** also produce evidence of engagement in scholarly activity based on the research conducted during the program.

Examples of evidence to demonstrate compliance may include:

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

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