

## **REPORT OF THE REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION**

Committee Chair: Dr. Glenn Sameshima. Committee Members: Dr. Lynda Box, Dr. Parvati Iyer (attended a portion of the meeting on January 10, 2025), Dr. Chung How Kau, Dr. Juan Palomo, and Dr. Emile Rossouw. Dr. Sameshima did not attend the January 22, 2025 meeting, and Dr. Rossouw served as interim committee chair. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association (ADEA), and Ms. Michelle Ritterskamp, continuing education senior specialist, American Association of Orthodontists (AAO), attended the policy portion of the meeting. Commission Staff: Dr. Yesenia Ruiz, manager, Advanced Dental Education, Ms. Peggy Soeldner, senior manager, Administration and Committees, Dr. Sherin Tooks, senior director, (attended a portion of the meeting on January 21, 2025), Ms. Taylor Weast, manager, Advanced Dental Education, (did not attend meeting on January 21, 2025) and Ms. Shelby Burgus, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) was held on January 10, 2025, and January 21, 2025 via a virtual meeting.

### **CONSIDERATION OF MATTERS RELATED TO ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION**

**Informational Report on Orthodontics and Dentofacial Orthopedics Programs (Residency and Fellowship) Annual Survey Curriculum Data (p. 1100)**: 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 Orthodontics and Dentofacial Orthopedics RC reviewed the informational report on aggregate data from the Curriculum Section for the orthodontics and dentofacial orthopedics programs (residency and fellowship) conducted in August/September 2024, without comment.

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

**Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics Related to Faculty Ratios (p. 1101)**: On September 18, 2023, the Commission on Dental Accreditation (CODA) received a request from Dr. Daniel Rinchuse, professor and program director of the orthodontics and dentofacial orthopedics education program at Seton Hill University, to consider a proposed revision to Standards 2-9 and 2-10 of the Accreditation Standards for Advanced Dental Education Program in Orthodontics and Dentofacial Orthopedics (**Appendix 1, Policy Report p. 1100**). Dr. Rinchuse believed that Standards 2-9 and 2-10 of the Orthodontics and Dentofacial Orthopedics Standards should be reviewed and revised related to the required faculty to student/resident ratios.

At its Winter 2024 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) reviewed the request from Dr. Daniel Rinchuse on faculty-to-student/residents ratios in the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics. Regarding Standard 2-9, the ORTHO RC discussed that there may be confusion related to the ratio as it pertains to faculty interaction with students/residents in the entire program. The ORTHO RC noted that the faculty-to-student/resident ratio in Standard 2-9, requires one (1) faculty to every four (4) students/residents, including all the faculty “for the entire program,” and it is not limited to board-certified orthodontists. It was noted that further consideration of this Standard and the portion “for the entire program,” is warranted. The ORTHO RC also noted that Standard 2-10 concentrates on clinical coverage for student/resident education, which could be affected by external factors such as limited faculty, unexpected faculty absences due to illness, and the students’/residents’ competence level. It was also noted in the request that the number of patients per student/resident may affect the ratio of faculty needed to oversee student/resident clinical care provided to patients. The ORTHO RC also noted that consideration of this Standard may warrant a review of procedure-based ratios to assure adequate faculty supervision based on the complexity of procedures that may be performed by students/residents.

At its Winter 2024 meeting, the Commission concurred with the recommendations of the ORTHO RC and directed the formation of an Ad Hoc Committee of ORTHO RC members and two (2) to three (3) individuals from a group of individuals nominated by the AAO and selected by the Commission. Additionally, CODA directed that the Commission contact AAO, COE and SOE to provide feedback on Standards 2-9 and 2-10 to the Ad Hoc Committee.

The Ad Hoc Committee met on May 28, 2024 and October 7, 2024. The Ad Hoc Committee initiated its discussion by reviewing its charge and the background materials, including feedback from the American Association of Orthodontists (AAO), Council on Education (COE), and Society of Educators (SOE) (**Appendix 2, Policy Report p. 1100**), and Frequency of Citings (**Appendix 3, Policy Report p. 1100**). The most current Citings was provided following the Commission’s Summer 2024 meeting and reviewed at the second meeting of the Ad Hoc Committee.

Related to Standard 2-9, which requires a minimum of one (1) full time equivalent (FTE) faculty to four (4) students/residents for the entire program, including clinical, didactic, administration, and research components, the Ad Hoc Committee first noted that institutions may have different definitions related to FTE faculty. The Committee also believed that there may be confusion about which faculty members are included in the FTE required by Standard 2-9. The Ad Hoc Committee concluded that Standard 2-9 should be retained to ensure sufficient overall resources to the program in all aspects, including didactic, clinical, administration, and research components of the program. However, the Ad Hoc Committee believed that further clarification to Standard 2-9, through a new intent statement, was warranted. The proposed intent statement could clarify that any faculty member who teaches in the advanced dental education program in orthodontics and dentofacial orthopedics, whether a faculty within the orthodontics and dentofacial orthopedics program or outside of the program, would be included in the ratio to comply with Standard 2-9. The proposed

revision to Orthodontics and Dentofacial Orthopedics Standard 2-9 is found in **Appendix 4, Policy Report p. 1100**.

The Ad Hoc Committee also discussed Standard 2-10, which requires no less than one (1) faculty to eight (8) students/residents to assure the number and time commitment of faculty is sufficient to provide full supervision of the clinical portion of the program. The Committee noted that for a four-hour clinical session with eight (8) students/residents and one (1) faculty, there is approximately 30 minutes of faculty time per student/resident for instruction, patient examination, discussion of cases, clinical administration duties, etc. The Committee noted that Standard 2-10 is intended to ensure appropriate faculty coverage to oversee patient care and provide educational oversight of the clinical portion of the program. Therefore, the Ad Hoc Committee concluded that the current ratio required by Standard 2-10 is appropriate and no further revisions are warranted at this time.

At its Winter 2025 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the report related to faculty ratios in Standards 2-9 and 2-10, and the conclusions and recommendations of the Ad Hoc Committee (**Policy Report p. 1101**). The Review Committee determined that adding an intent statement under Standard 2-9 will clarify the faculty that needs to be included in the faculty ratio of one (1) faculty per four (4) students/residents. The Committee discussed Standard 2-10 and determined that no changes should be made since this Standard was implemented in July 2022 and, currently, there is not enough data to support any changes.

The proposed revision to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics related to Standard 2-9 is found in **Appendix 1**. The ORTHO RC believed that circulation to communities of interest is not warranted since the modification includes the addition of an intent statement that helps clarify Standard 2-9. Therefore, the Review Committee proposed that the intent statement be implemented immediately.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revision to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (**Appendix 1**) related to faculty ratios with an immediate implementation.

**Consideration of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics Related to Administrative Oversight at Major Sites Where Educational Activity Occurs (p. 1102):**

At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs. As directed, in advance of the Summer 2024 CODA meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program

director (**Appendix 1, Policy Report p. 1102**). The Committee noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites. Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

At its Winter 2025 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the orthodontics and dentofacial orthopedics and clinical fellowship training programs in craniofacial and special care orthodontics Accreditation Standards (**Appendix 1, Policy Report p. 1102**) related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted that most of the education and training for orthodontics and dentofacial orthopedics residency and fellowships programs occur at the primary site, so administrative oversight is always available for all rotations, and it is provided by the program director.

Following consideration, the Review Committee determined that Standards already exist, which address overall administrative oversight of the program, by the program director or a designee, at all sites where a student/resident/fellow spends a majority or all their time. The Committee identified that Standards 1-2, 1-3, and 1-4 for residency, and 1-4 and 1-5 for fellowship address written agreements and defined roles within the educational sites. Therefore, no further revisions are needed within the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics and Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics.

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

It is further recommended that the Commission on Dental Accreditation direct there be

no revision at this time to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics related to administrative oversight at major sites where educational activity occurs.

**Consideration of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics Related to Diversity and Humanistic Culture and Learning Environment (p. 1103):**

On December 1, 2023, the Commission received a letter from The National Coalition of Dentists for Health Equity (TNCDHE) (**Appendix 1, Policy Report p. 1103**), which provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs. In Winter 2024, each Review Committee of the Commission provided comment to CODA on TNCDHE letter. Following consideration of Review Committee Reports, the Commission directed establishment of an Ad Hoc Committee composed of all Commissioners who chair the discipline-specific Review Committees in dental, allied dental, and advanced dental education, and additional CODA Commissioners, to study the Accreditation Standards for possible revision related to the letter from TNCDHE.

In advance of the Commission's Summer 2024 meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the prior work of the Commission on this topic, the letters from TNCDHE, CODA Standards related to diversity and the humanistic culture including proposed revisions, Annual Survey data on dental programs related to diversity, and information from other accrediting agencies. The Committee noted that this is an important topic, but other considerations must also be acknowledged including differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations. It was noted that some states do not permit initiatives focused on diversity, and the Commission cannot impose Standards that would conflict with state or federal law. As such, the Committee noted the proposed predoctoral dental education Standard revision, which discusses diversity efforts, would be consistent with university policy and state law. At its Summer 2024 meeting, following consideration of the Ad Hoc Committee Report, the Commission directed that all Review Committees consider the proposed revisions for the Dental Standards 1-2 and 1-3 and revisions for the Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (adopted Summer 2024), for possible inclusion of similar Standards within the Review Committee's own discipline(s) to address diversity and the humanistic culture, with a report to the Commission in Winter 2025.

At its Winter 2025 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the orthodontics and dentofacial orthopedics and clinical fellowship training programs in craniofacial and special care orthodontics Accreditation Standards and reference materials including the proposed Dental Standards 1-2 and 1-3 and adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (**Appendix 2, Policy Report p. 1103**) for possible inclusion of similar Standards to address diversity and the humanistic culture and learning environment. The Review Committee affirmed its support of diversity and a humanistic culture and learning environment for all orthodontics and dentofacial orthopedics residency and fellowship programs but believed changes should

apply to all advanced education disciplines in CODA's purview. The Review Committee believed there could be a common/uniform standard applied within the CODA Accreditation Standards for all advanced dental education disciplines that addresses the concept of diversity and a humanistic culture and learning environment. It was further discussed that the common language should be consistent with the Dental Education Standards to accommodate institutional compliance in accordance with state and federal regulations.

Following consideration, the Review Committee determined that the Standards may require future modifications to address diversity and a humanistic culture and learning environment. The Review Committee will continue to monitor the topic, and any proposed revisions that apply to all disciplines, which could be considered by the ORTHO RC in the future.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics related to diversity and the humanistic culture and learning environment.

It is recommended that the Commission on Dental Accreditation direct there be no revision at this time to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics related to diversity and the humanistic culture and learning environment.

#### **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 ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION**

The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered site visitor appointments for 2025-2026. 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. Glenn Sameshima  
Chair, Review Committee on Orthodontics and Dentofacial Orthopedics Education

# Commission on Dental Accreditation

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Proposed Revision to Intent Statement of Standard 2-9

Additions are Underlined

## **Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics**



1  
2                   **STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**  
3

4           **2-9**     The program **must** ensure a minimum of one (1) full time equivalent (FTE)  
5                   faculty to four (4) students/residents for the entire program, including clinical,  
6                   didactic, administration, and research components.  
7

8                   *Intent: The program ensures sufficient faculty including non-orthodontic faculty*  
9                   *such as qualified didactic and clinical faculty from other disciplines.*  
10

11           **2-10**   For clinic coverage, the program **must** ensure no less than one (1) faculty to eight  
12                   (8) students/residents to assure the number and time commitment of faculty is  
13                   sufficient to provide full supervision of the clinical portion of the program.  
14