

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS IN ADVANCED EDUCATION IN GENERAL DENTISTRY**

Background: Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) were approved by the Commission on Dental Accreditation at its August 3, 2018 meeting with immediate implementation. Since that date, 68 AEGD site visits have been conducted by visiting committees of the Commission utilizing the August 2018 Standards. At the time of this report, the Standards included 52 “must” statements addressing 91 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 3, 2018 through August 4, 2022. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of 31 citings of non-compliance were made. Of these, 6 were related to Standard 1 – Institutional and Program Effectiveness; 17 were related to Standard 2 – Educational Program; 4 were related to Standard 3 – Faculty and Staff; and 4 were related to Standard 5 – Patient Care Services. No citings were related to Standard 4 – Educational Support Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance, with 3 citations each, were in Standards 1-9 (outcomes assessment process) and 3-9 (adequacy of allied dental personnel and clerical staff). The second most frequently cited standards with 2 each were 2-2d (advanced training in endodontic therapy), 2-3 (written curriculum plan), and 5-3 (continuous quality improvement process).

Summary: This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry Programs implemented on August 3, 2018. Revised Accreditation Standards were adopted August 5, 2022 with immediate implementation. Citings related to site visits occurring August 5 2022 through October 31, 2022 will be noted in a separate report. 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.

**ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN
GENERAL DENTISTRY
Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated = 68
August 3, 2018 through August 4, 2022

Standard 1 – Institutional and Program Effectiveness (15 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	1-5	All arrangements with co-sponsoring, affiliated institutions, or extramural facilities must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.
1	1-7	Dental residents must have the same privileges and responsibilities provided residents in other professional education programs.
3	1-9	The program must have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s stated goals and objectives are being met and make program improvements based on an analysis of that data.

Standard 2 – Educational Program (45 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-1	The program must provide didactic and clinical training to ensure that upon completion of training, the resident is able to: a) Act as a primary oral health care provider to include:

Non- Accreditation Required Areas of Compliance

Compliance Citings	Standard
1	<ul style="list-style-type: none"> 1) providing emergency and multidisciplinary comprehensive oral health care; 2) obtaining informed consent; 3) functioning effectively within interdisciplinary health care teams, including consultation and referral; 4) providing patient-focused care that is coordinated by the general practitioner; 5) directing health promotion and disease prevention activities; and <p>b) Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.</p> <p>c) Manage the delivery of patient-focused oral health care.</p>
1 2	<p>2-2 The program must have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:</p> <ul style="list-style-type: none"> a) operative dentistry; b) restoration of the edentulous space; c) periodontal therapy; d) endodontic therapy; e) oral surgery; f) evaluation and treatment of dental emergencies; and g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.

Non-Compliance	Accreditation Standard	Required Areas of Compliance
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Citings

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| 2 | 2-3 | The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the goals and objectives or competencies for resident training. |
| | 2-4 | The program must provide training to ensure that upon completion of the program, the resident is able to manage the following:
a) medical emergencies;
b) implants;
c) oral mucosal diseases;
d) temporomandibular disorder; and
e) orofacial pain |
| 1 | | |
| | 2-5 | For each assigned rotation or experience in an affiliated institution or extramural facility, there must be: |
| 1 | | a) objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned; |
| 1 | | b) resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and |
| 1 | | c) evaluations performed by the designated supervisor. |

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	2-6	<p>The program must provide formal instruction in physical evaluation and medical assessment, including:</p> <ul style="list-style-type: none"> a) taking, recording, and interpreting a complete medical history; b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases; c) understanding the relationship between oral health care and systemic diseases; and d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.
1	2-7	<p>The program must provide instruction in the principles of practice management.</p>
2	2-15	<p>The program's resident evaluation system must assure that, through the director and faculty, each program:</p> <ul style="list-style-type: none"> a) periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures; b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.
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Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
3 1	3-9	At each site where educational activity occurs, adequate support staff must be consistently available to ensure: a) residents do not regularly perform the tasks of allied dental personnel and clerical staff, b) resident training and experience in the use of current concepts of oral health care delivery and c) efficient administration of the program.

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	5-3	The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.
1	5-4	All 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.

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS IN ADVANCED EDUCATION IN GENERAL DENTISTRY**

Background: Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) were approved by the Commission on Dental Accreditation at its August 5, 2022 meeting with immediate implementation. Since that date, 5 AEGD site visits have been conducted by visiting committees of the Commission utilizing the August 2022 Standards. At the time of this report, the Standards included 52 “must” statements addressing 91 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 5, 2022 through October 31, 2022. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of one (1) citing of non-compliance, related to Standard 2-2 g, was made.

Summary: 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.

**ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN
GENERAL DENTISTRY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 5
August 5, 2022 through October 31, 2022

Standard 1 – Institutional and Program Effectiveness (15 Required Areas of Compliance)

Standard 2 – Educational Program (45 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	2-2	The program must have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training: a) operative dentistry; b) restoration of the edentulous space; c) periodontal therapy; d) endodontic therapy; e) oral surgery; f) evaluation and treatment of dental emergencies; and g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.

Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS IN GENERAL PRACTICE RESIDENCY**

Background: Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (GPR) were approved by the Commission on Dental Accreditation at its August 3, 2018 meeting with immediate implementation. Since that date, 71 GPR site visits have been conducted by visiting committees of the Commission utilizing the August 2018 Standards. At the time of this report, the Standards included 57 “must” statements addressing 119 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 3, 2018 through August 4, 2022. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of 47 citings of non-compliance were made. Of these, 9 were related to Standard 1 – Institutional and Program Effectiveness; 23 were related to Standard 2 – Educational Program; 7 were related to Standard 3 – Faculty and Staff; 4 were related to Standard 4 – Educational Support Services; and 4 were related to Standard 5 – Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance, with 4 citations was 2-19 a (resident evaluations. The second most frequently cited areas of non-compliance with 3 citations each, were in Standards 1-5 (written agreements), 1-9 (outcomes assessment), and 2-2c (advanced training in periodontal therapy).

Summary: This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in General Practice Residency Programs implemented on August 3, 2018. Revised Accreditation Standards were adopted August 5, 2022 with immediate implementation. Citings related to site visits occurring August 5, 2022 through October 31, 2022 will be noted in a separate report. 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.

**ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN
GENERAL PRACTICE RESIDENCY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 71
August 3, 2018 through August 4, 2022

Standard 1 – Institutional and Program Effectiveness (20 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	1-1	Each sponsoring and co-sponsoring institution 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).
3	1-5	All arrangements with co-sponsoring, affiliated institutions, or extramural facilities must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.
2	1-8	The program must develop overall program goals and objectives that emphasize: <ul style="list-style-type: none"> a) general dentistry, b) resident education, c) patient care, and d) community service and include training residents to provide oral health care in a hospital setting.
3	1-9	The program must have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s stated goals and objectives are being met and make program improvements based on an analysis of that data.

Standard 2 – Educational Program (68 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-2	The program must have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:
1		a) operative dentistry;
1		b) restoration of the edentulous space;
3		c) periodontal therapy;
2		d) endodontic therapy;
1		e) oral surgery;
1		f) evaluation and treatment of dental emergencies; and
1		g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.
	2-5	Residents must be assigned to an anesthesia rotation with supervised practical experience in the following:
		a) preoperative evaluation;
		b) assessment of the effects of behavioral and pharmacologic techniques;
1		c) venipuncture technique;
		d) patient monitoring;
		e) airway management;
		f) understanding the use of pharmacologic agents;
		g) recognition and treatment of anesthetic emergencies; and
		h) assessment of patient recovery from anesthesia.

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	2-7	<p>The program must provide formal instruction in physical evaluation and medical assessment, including:</p> <ul style="list-style-type: none"> a) taking, recording, and interpreting a complete medical history; b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases; c) understanding the relationship between oral health care and systemic diseases; and d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.
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1	2-11	<p>Residents must receive training and experience in the management of inpatients or same-day surgery patients, including:</p> <ul style="list-style-type: none"> a) reviewing medical histories and physical examinations; b) prescribing treatment and medication; c) providing care in the operating room; and d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.
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1	2-12	<p>Formal patient care conferences must be held at least twelve (12) times a year.</p>

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-19	The program’s resident evaluation system must assure that, through the director and faculty, each program:
4		a) periodically, but at least three times annually, evaluates and documents the resident’s progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures;
1		b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and
1		c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	3-7	The program must show evidence of an ongoing faculty development process.
	3-9	At each site where educational activity occurs, adequate support staff must be consistently available to ensure:
2		a) residents do not regularly perform the tasks of allied dental personnel and clerical staff,
2		b) resident training and experience in the use of current concepts of oral health care delivery and
		c) efficient administration of the program.
1	3-10	The program must provide ongoing faculty calibration at all sites where educational activity occurs.

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	4-5	The program’s description of the educational experience to be provided must be available to program applicants and include:
1		a) A description of the educational experience to be provided,
2		b) A list of goals and objectives or for resident training, and
1		c) A description of the nature of assignments to other departments or institutions.

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	5-3	The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.
1	5-4	All 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.

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS IN GENERAL PRACTICE RESIDENCY**

Background: Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (GPR) were approved by the Commission on Dental Accreditation at its August 5, 2022 meeting with immediate implementation. Since that date, 10 GPR site visits have been conducted by visiting committees of the Commission utilizing the August 2022 Standards. At the time of this report, the Standards included 57 “must” statements addressing 119 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 5, 2022 through October 31, 2022. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The data in **Appendix 1** indicates that a total of five (5) citings of non-compliance were made. Of these, three (3) were related to Standard 2 – Educational Program, and two (2) were related to Standard 5 – Patient Care Services.

Analysis of the data indicates that the most frequently cited area of non-compliance, with 2 citations, was Standard 5-4 (basic life support recognition/certification).

Summary: 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.

**ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN
GENERAL PRACTICE RESIDENCY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 10
August 5, 2022 through October 31, 2022

Standard 1 – Institutional and Program Effectiveness (20 Required Areas of Compliance)

Standard 2 – Educational Program (68 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	2-12	Formal patient care conferences must be held at least twelve (12) times a year.
1	2-17	The goals and objectives or the competencies for resident didactic and clinical training in the optional second year of training must be at a higher level than those of the first year of the program.
1	2-19	The program’s resident evaluation system must assure that, through the director and faculty, each program: <ul style="list-style-type: none"> a) periodically, but at least three times annually, evaluates and documents the resident’s progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures; b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	5-4	All 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.

CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Background: At its Winter 2022 meeting, the Commission on Dental Accreditation (CODA) directed the formation of an Ad Hoc Committee to consider the changing landscape of health care delivery centers that may sponsor advanced dental education programs. The following individuals composed the Ad Hoc Committee to Consider Advanced Dental Education Deliver Models: Dr. Joel Berg (PED RC, chair of committee), Dr. Evanthia Anadioti (PROS RC), Dr. Victor Badner (DPH RC), Dr. Indraneel Bhattacharyya (OMP RC), Dr. Joseph Cohen (OP RC), Dr. Scott DeRossi (OM RC), Dr. Scott DeVito (Public), Dr. Joseph Giovannitti (DENTANES RC), Dr. George Kushner (OMS RC), Dr. Brent Larson (ORTHO RC), Dr. Paul Luepke (PERIO RC), Dr. Sanjay Mallya (OMR RC), Dr. Garry Myers (ENDO RC), and Dr. Miriam Robbins (PGD RC).

The Ad Hoc Committee, which met on December 5, 2022 and January 25, 2023, was charged with two (2) primary considerations: 1) the topic of institutional sponsor, whether a sponsor is an academic institution, hospital, or health care organization, and 2) the standard found in some advanced dental education disciplines that requires the sponsor have proper chartering/licensure to operate and offer instruction leading to a degree, diploma or certificate with recognized education validity.

Institutional Sponsor (Health Care Organizations): The Ad Hoc Committee discussed the types of institutions that may sponsor advanced dental education programs. The Committee was reminded that CODA holds United States Department of Education (USDE) recognition as a programmatic accrediting agency; therefore, all educational standards within CODA's purview include a requirement for institutional sponsor accreditation/recognition to ensure institutional oversight by an external agency. Regarding CODA's USDE recognition, it was noted there would be no concern in modifying the Standards with regard to institutional accreditation/recognition.

It was also noted that in five (5) of the 14 advanced dental education programs within the Commission's purview, the Standards permit the program's sponsor to be an educational institution, hospital, or health care organization (with/without affiliation with an accredited hospital, as specified in the Standards). In the remaining nine (9) advanced education disciplines, the sponsor must be an educational institution or hospital. All standards permit United States military programs to sponsor advanced dental education programs, as specified in the Standards.

The Ad Hoc Committee discussed the issue of institutional sponsor given current Health Resources and Services Administration (HRSA) grant opportunities for health care organizations that may sponsor advanced dental education programs. The Ad Hoc Committee discussed the

term “health care organization” at length, including the type of entity that may be classified within this category and whether a definition of health care organization should be included in the CODA Standards. The Committee believed that a definition should be included in the Commission’s Definition of Terms, to ensure clarity and transparency in the type of organization that is permitted to sponsor an advanced dental education program, for those standards that currently include the term “health care organization” and those where the term may be adopted and implemented at a future date.

While discussing health care organizations that may sponsor advanced dental education programs, there continued to be discussion and concern that these sponsors have appropriate educational validity and expertise to carry out an academic program at the postdoctoral level. The Ad Hoc Committee considered whether all health care organizations should also have an affiliation with an academic institution to ensure educational quality. In discussion, it was noted that affiliations may exist (absent a need for co-sponsorship); however, many health care organizations currently offering CODA-accredited advanced dental education programs are not directly affiliated with academic institutions.

The Ad Hoc Committee determined that a definition of “Health Care Organization” and potential inclusion of “health care organization” as an acceptable sponsoring institution warrant further input from the Commission’s Review Committees to provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Following consideration of the Ad Hoc Committee’s recommendation, the Commission directed circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations (**Appendix 1**) be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Review Committees should provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Charter/License to Operate and Offer Instruction: The Ad Hoc Committee also considered the current language in nine (9) advanced dental education programs’ Accreditation Standards, which states: “*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.*”

The Committee noted that the advanced dental education Standards for advanced education in general dentistry, dental anesthesiology, general practice residency, oral medicine, and orofacial pain do not currently include this requirement or an equivalent Standard. These five (5) disciplines recently reviewed their Accreditation Standards documents and tabled the discussion regarding inclusion of this requirement pending final recommendations of this Ad Hoc Committee and the Commission.

Through discussion, the Ad Hoc Committee noted that words such as “chartered,” “licensed,” and “validity” have very distinct legal meanings. The term “authorization” is often used in higher education to indicate that an institution can confer a degree. Chartering and licensing often have to do with legal entities and do not necessarily indicate authority to award a degree, diploma or certificate with recognized education validity. The Ad Hoc Committee also noted the confusion related to this requirement from both the institution’s/program’s perspective and that of the CODA site visitor.

The Ad Hoc Committee believed the intent of this Standard is to ensure educational validity, which in dental education is granted through the accreditation process undertaken by the Commission on Dental Accreditation. Additionally, the conferring of a degree is mandated through institutional accreditation, while conferring of a post-doctoral certificate or diploma is a state or federal function.

Following lengthy discussion, the Ad Hoc Committee concluded that the intent of the requirement is to ensure that the sponsoring organization has the appropriate authority to operate and, as applicable, the necessary approvals to award either a certificate or a degree. As such, the Ad Hoc Committee believed that the prior requirement should be stricken from all advanced dental education Standards and replaced with a new requirement, found in **Appendix 1**, which states (underline indicates addition): Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree. The Committee noted that an advanced dental education program conferring a certificate must have state or federal approval to operate and, if needed based on its specific jurisdiction (i.e., state or federal regulations), it may also need approval to award a certificate. Likewise, an advanced dental education program awarding a degree will be required to show institutional accreditation providing it the authority to do so.

Following consideration of the Ad Hoc Committee’s report, the Commission directed that the proposed revision related to chartering and licensure to operate warrants further input from the Commission’s Advanced Dental Education Review Committees. The Review Committees should provide comment on the proposed revision proposed revision within their discipline-specific standards.

Summary: Following discussions at two (2) meetings, the Ad Hoc Committee recommended circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations (**Appendix 1**) to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. Additionally, the Ad Hoc Committee recommended the proposed revision related to chartering and licensure (**Appendix 1**) be circulated to all Review Committees in Advanced Dental

Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Committee also noted that a Review Committee's recommendation to revise the Standards would require a period of public comment and further consideration at a future Commission meeting, following the Commission's consideration in Summer 2023.

At its Winter 2023 meeting, the Commission concurred with the Ad Hoc Committee's recommendations and directed all advanced dental education Review Committees to consider the proposed revisions to advanced dental education Standards found in **Appendix 1**, related to sponsoring organization and authority to operate, for possible adoption and implementation, with a report to the Commission in Summer 2023.

Recommendation:

**PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED
DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION
AND AUTHORITY TO OPERATE**

Additions are underlined; Deletions are ~~stricken~~

**PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION
STANDARDS:**

Definition of Terms:

Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is 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).

PROPOSED REVISIONS FOR STANDARD 1-1 FOR ADVANCED EDUCATION IN GENERAL DENTISTRY, ORAL MEDICINE, AND OROFACIAL PAIN:

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).

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 (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).

Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree.

Examples of evidence to demonstrate compliance may include:

- State license or federal authority documenting the institution's approval to operate and confer a credential
- Institutional accreditation indicating approval to confer a degree

**PROPOSED REVISIONS FOR STANDARD 1-1 FOR GENERAL PRACTICE
RESIDENCY AND DENTAL ANESTHESIOLOGY:**

The program **must** be sponsored or co-sponsored by either a United States-based hospital, or educational institution or health care organization that is affiliated with an accredited hospital. Each sponsoring and co-sponsoring institution **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).

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 (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).

Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree.

Examples of evidence to demonstrate compliance may include:

- State license or federal authority documenting the institution's approval to operate and confer a credential
- Institutional accreditation indicating approval to confer a degree