Summer 2023 CODA Meeting

**Agenda Book 1:** Background Materials

**Book 1 Contains:**
- CODA Open Session Agenda with Bookmarks
- All Discipline Specific and p. 1800 Policy Reports
  Considered by Review Committees
Call to Order: Friday, August 11, 2023
9:00 a.m. Central Daylight Time, Open Session

Dr. Sanjay M. Mallya, presiding

I. Roll Call: Dr. Evanthia Anadioti, Dr. Victor Badner, Dr. Keith Beasley, Dr. Joel Berg, Dr. Carolyn Brown, Dr. Indraneel Bhattacharyya, Ms. Margaret Bowman-Pensel, Dr. Ngoc Chu, Dr. Joseph Cohen, Dr. Scott DeRossi, Dr. Scott DeVito, Dr. Maxine Feinberg (vice chair), Dr. Joseph Giovannitti, Dr. Amid Ismail, Dr. Barbara Krieg-Menning, Dr. George Kushner, Dr. Brent Larson, Dr. Cataldo Leone, Dr. Frank Licari, Dr. Paul Luepke, Dr. Sanjay Mallya (chair), Ms. Lisa Mayer, Dr. Keith Mays, Ms. Martha McCaslin, Dr. Garry Myers, Dr. Monica Nenad, Dr. Miriam Robbins, Dr. Nancy Rosenthal, Dr. Timmothy Schwartz, Ms. Lonni Thompson, Dr. Marshall Titus, Dr. Deborah Weisfuse, and Mr. Noah Williams.

Commissioner Trainees: Dr. Cornelius Pitts, Dr. Cherae Farmer-Dixon, Dr. LaShun James, Dr. Jessica Lee, Dr. Jeffery Price, Dr. Kenneth Sadler, and Dr. Glenn Sameshima,

Commission Staff: Dr. Sherin Tooks, ex-officio (director), Ms. Jamie Asher Hernandez, Ms. Katie Navickas, Ms. Yesenia Ruiz, Ms. Peggy Soeldner, Ms. Kelly Stapleton and Ms. Marjorie Hooper. Ms. Cathryn Albrecht, senior associate general counsel, CODA.

Trustee Liaison: Dr. James Boyle, III, Third District Trustee, Board of Trustees Liaison to CODA, American Dental Association (ADA).

Guests: Dr. Debora Matthews, chair, and Mr. Frederic Duguay, director, Commission on Dental Accreditation of Canada (CDAC).

II. Adoption of the Agenda

Dr. Mallya

III. Conflict of Interest Statement, Fiduciary Reminder, and Reminder of Professional Conduct Policy and Prohibition Against Harassment

Ms. Albrecht

IV. Approve Minutes from Winter 2023 Meeting

Dr. Mallya

V. Mail Ballot Approved Since Last Commission Meeting

Dr. Mallya

VI. Consent Agenda

Dr. Mallya

VII. Report of the Review Committee on Predoctoral Dental Education: Dr. Cataldo Leone, Chair, Dr. Charles Berry, Mr. Drew Christianson, Mr. David Cushing, Ms. Wilhemina Leeuw Dr. Ana Karina Mascarenhas, Dr. Thomas McConnell, Dr. Deborah Weisfuse-Lipner, and Dr. Linda Wells.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100)
B. Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101)
C. Consideration of Proposed Revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs (p. 102)
D. Informational Report of the Standing Committee on International Accreditation (p. 103)

Policy Report

Review Committee Minutes and New Business

VIII. Report of the Review Committee on Postdoctoral General Dentistry Education: Dr. Miriam Robbins, Chair, Dr. Jayson Huber, Dr. Edward O’Connor, Dr. Sally Placa, Dr. Steven Rhodes, Dr. Frank Romano, Dr. Eric Sung, Mr. Glenn Unser, and Dr. Michelle Ziegler.

A. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Advanced Education in General Dentistry (p. 200)
B. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Advanced Education in General Dentistry (p. 201)
C. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in General Practice Residency (p. 202)
D. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in General Practice Residency (p. 203)
E. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 204)

Policy Report

Review Committee Minutes

IX. Report of the Review Committee on Dental Assisting Education: Ms. Martha McCaslin, Chair, Ms. Julie Bera, Ms. Kimberly Bland, Ms. Dorothea Cavallucci, Ms. Heather Ferris, Ms. Christy Ross, Dr. Preeti Sahasi, Dr. Debra Schneider, Ms. Melissa Siegel, and Ms. Diana Williams.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs (p. 300)
B. Consideration of Proposed Revisions to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs (p. 301)

Policy Report

Review Committee Minutes and New Business

X. Report of the Review Committee on Dental Hygiene Education: Dr. Monica Nenad, Chair, Ms. Denise Avrutik, Dr. Linda Boyd, Ms. Mara Crow, Dr. Marcia Ditmyer, Ms. Patricia Guenther, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Dr. Barbara Krieg-Menning, Dr. Nancy Rosenthal, Dr. Paul Francis Tayag Ayson, and Ms. Maiga Van Haalen.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 400)
B. Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs (p. 401)
C. Consideration of the Report of the Ad Hoc Committee to Develop Dental Hygiene Enrollment Guidelines and Review Accreditation Standards for Dental Hygiene Education Programs (p. 402)

Policy Report

Review Committee Minutes

XI. Report of the Review Committee on Dental Laboratory Technology Education: Ms. Lonnie Thompson, Chair, Ms. LaShun James, Ms. Sandra Kotowske, Mr. Steven Pigliacelli, and Dr. Arpana Verma.

A. Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs (p. 500)
B. Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs (p. 501)

Policy Report

Review Committee Minutes and New Business

XII. Report of the Review Committee on Dental Public Health Education: Dr. Victor Badner, Chair, Dr. Bruce Dye, Dr. Maya Popova, Dr. Shannon Smith-Stephens, and Dr. Robert Weyant.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (p. 600)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 601)

Policy Report

Review Committee Minutes

XIII. Report of the Review Committee on Endodontics Education: Dr. Garry Myers, Chair, Dr. Carolyn Brown, Dr. Linda Casser, Dr. Gerald Glickman, Dr. Scott McClanahan, and Dr. Josanne O’Dell.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Endodontics (p. 700)
B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Endodontics (p. 701)
C. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 702)

Policy Report

Review Committee Minutes
IX. **Report of the Review Committee on Oral and Maxillofacial Pathology Education:** Dr. Neel Bhattacharyya, Chair; Dr. Ashley Clark, Dr. Kathryn Korff, Dr. Renee Reich, and Ms. Lisa Mayer.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in Oral and Maxillofacial Pathology (p. 800)

B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in Oral and Maxillofacial Pathology (p. 801)

C. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 802)

**Policy Report**

**Review Committee Minutes**

XV. **Report of the Review Committee on Oral and Maxillofacial Radiology Education:** Dr. Sanjay Mallya, Chair, Dr. Boris Bacanurschi, Dr. KC Chan, Dr. Karen Parker-Davidson, and Dr. Sindhura Anamali Reddy.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in Oral and Maxillofacial Radiology (p. 900)

B. Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (p. 901)

C. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 902)

**Policy Report**

**Review Committee Minutes**

XVI. **Report of the Review Committee on Oral and Maxillofacial Surgery Education:** Dr. George Kushner, Chair, Dr. Vasiliki Karlis, Dr. John Manahan, Dr. Pushkar Mehra, Dr. Jan Mitchell, and Dr. Faisal Quereshy.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1000)

B. Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (p. 1001)

C. Consideration of Proposed Revisions to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organizations and Authority to Operate (p. 1002)

D. Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1003)

**Policy Report**

**Review Committee Minutes and New Business**

XVII. **Report of the Review Committee on Orthodontics and Dentofacial Orthopedics Education:** Dr. Brent Larson, Chair, Mr. David Cushing, Dr. Sarandeep Huja, Dr. Howard Lieb, Dr. Steven Lindauer, and Dr. Emile Rossouw.
A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (p. 1100)
B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (p. 1101)
C. Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1102)
D. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1103)

Policy Report

Review Committee Minutes

XVIII. Report of the Review Committee on Pediatric Dentistry Education: Dr. Joel Berg, Chair, Dr. James Boynton; Dr. Kevin Haubrick; Dr. Ana Keohane; Dr. Tad Mabry; and Dr. Anupama Tate.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1200)
B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1201)
C. Consideration of Proposed Revisions to Anesthesia Standards of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1202)
D. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1203)

Policy Report

Review Committee Minutes

XIX. Report of the Review Committee on Periodontics Education: Dr. Paul Luepke (Chair), Dr. Wayne Kye, Dr. A.C. Liles, III, Dr. Angela Palaiologou-Gallis, Dr. Vishal Shah, and Dr. Dimitris Tatakis.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Periodontics (p. 1300)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1301)

Policy Report

Review Committee Minutes

XX. Report of the Review Committee on Prosthodontics Education: Dr. Evanthia Anadioti, Chair; Dr. Scott DeVito; Dr. Joseph Hagenbruch; Dr. Sang Lee; Dr. Dean Morton; and Dr. David Felton.

A. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Prosthodontics (p. 1400)
B. Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Prosthodontics (p. 1401)
C. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1402)

Policy Report

Review Committee Minutes

XXI. Report of the Review Committee on Dental Anesthesiology Education: Dr. Joseph Giovannitti, Chair, Ms. LaShun James, Dr. Gerard Kugel, Dr. Mana Saraghi, and Dr. Philip Yen.

A. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Dental Anesthesiology (p. 1500)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1501)

Policy Report

Review Committee Minutes

XXII. Report of the Review Committee on Oral Medicine Education: Dr. Scott DeRossi, Chair, Ms. Jennifer Barber, Dr. Michael DeBellis, Dr. Lina Mejia, and Dr. Thomas Sollecito.

A. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Oral Medicine (p. 1600)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1601)

Policy Report

Review Committee Minutes

XXIII. Report of the Review Committee on Orofacial Pain Education: Dr. Joseph Cohen, Chair, Dr. Steve Bender, Dr. Reny de Leeuw, Dr. Bessie Katsilometes, and Dr. Robert Windsor.

A. Informational Report on Frequency of Citings of Accreditation Standards For Advanced Dental Education Programs in Orofacial Pain (p. 1700)
B. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain Related to Patients With Special Needs (p. 1701)
C. Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs Related to Sponsoring Organization and Authority to Operate (p. 1702)

Policy Report

Review Committee Minutes

XXIV. Miscellaneous Affairs – Consideration of Matters Relating to More than One Review Committee
XXV. Miscellaneous Affairs – Matters for the Commission as a Whole

A. Report of the Standing Committee on Finance (p. 1900)
   
   Commission Report
   Dr. Mallya

B. Report of the Standing Committee on Quality Assurance and Strategic Planning (p. 1901)
   
   Commission Report
   Dr. Mallya

   
   Commission Report
   Dr. DeVito

D. Report of the Standing Committee on Communication and Technology (p. 1903)
   
   Commission Report
   Dr. Berg

E. Report of the Standing Committee on Nominations (p. 1904)
   
   Commission Report
   Dr. Kushner

F. Report of the Ad Hoc Committee on Faculty to Student Ratios in Accreditation Standards (p. 1905)
   
   Commission Report
   Ms. Mayer

G. Report of the Ad Hoc Committee on Volunteerism (p. 1906)
   
   Commission Report
   Dr. Krieg-Menning

H. Report of the Ad Hoc Committee on Alternative Site Visit Methods (p. 1907)
   
   Commission Report
   Dr. Licari

I. Report of the Ad Hoc Committee on Professional Development and Mega Issues (p. 1908)
   
   Commission Report
   Dr. DeRossi

J. Informational Report of the Standing Committee on International Accreditation (p. 1909)
   
   Commission Report
   Dr. Licari
K. Report on Appointment of Commissioners and Appeal Board Members (p. 1910)

Commission Report Dr. Mallya

L. Election of Chair and Vice Chair of the Commission (p. 1911)

Commission Report Dr. Mallya

M. Report of the Commission on Dental Accreditation of Canada (CDAC) (p. 1912)

CDAC Report Dr. Matthews & Mr. Duguay

N. Update on USDE and Higher Education Accreditation Issues Dr. Tooks

O. Survey of Meeting (verbal) Dr. Tooks

XXVI. New Business

XXVII. Adjourn
CONSENT AGENDA

Mail Ballots Approved Since the Last Commission Meeting:

- None

Review Committee Reports:

- None
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS

Background: The Accreditation Standards for Dental Education Programs were adopted by the Commission on Dental Accreditation at its August 6, 2010 meeting with implementation July 1, 2013. From the July 1, 2013 adoption date of these Standards through October 31, 2022, 96 site visits were conducted by visiting committees of the Commission using these Standards. It should be noted that during the period of August 6, 2010 through July 1, 2013, eight (8) dental education program (DDS/DMD) site visits were conducted, five (5) of which were evaluated based upon the new Standards, before the date of implementation, at the programs’ request. If international predoctoral dental, special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

At the time of this report, the Standards include 65 “must” statements addressing 94 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits during the period of August 6, 2010 through October 31, 2022.

Analysis: Appendix 1 summarizes the cumulative frequency of citings during the analysis period. The total number of citings is 183. The standards with the highest number of citings overall are: Standard 2 on Educational Program (110 citings) and Standard 5 on Patient Care Services (42 citings). The highest number of citings for a single area of compliance (with 13 citings) was Standard 2-24 h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Standard 2-19, which requires graduates to be competent in practice management received 11 citings. Standard 2-9, which requires availability of adequate patient experiences received 10 citings. Overall, Standard 2-24.a-o totaled 44 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 32 citings total) was Standard 5-3.a-e, which requires programs to conduct a formal system of continuous quality improvement for patient care. There were 17 citings for Standard 1-Institutional Effectiveness, six (6) citings for Standard 3-Faculty and Staff, six (6) citings for Standard 4-Educational Support Services, and two (2) citings for Standard 6-Research Program. Of the 96 site visits conducted since the adoption of the current Accreditation Standards, 50 programs were in compliance with all requirements at the time of the site visit.

Summary: The frequency of citing suggests that a majority of dental education programs are compliant with all the Accreditation Standards at the time of a site visit. However, trends are noted with regard to Standards 2 and 5, as noted above.

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

Prepared by: Ms. Kelly Stapleton
# ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS

## Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 96  
August 6, 2010 through October 31, 2022

### STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 11 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-1</td>
<td>The dental school <strong>must</strong> develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.</td>
</tr>
<tr>
<td>5</td>
<td>1-2</td>
<td>Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school <strong>must</strong> be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.</td>
</tr>
<tr>
<td>5</td>
<td>1-3</td>
<td>The dental education program <strong>must</strong> have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.</td>
</tr>
<tr>
<td>1</td>
<td>1-4</td>
<td>The dental school <strong>must</strong> have policies and practices to:</td>
</tr>
<tr>
<td></td>
<td>a.</td>
<td>Achieve appropriate levels of diversity among its students, faculty and staff.</td>
</tr>
<tr>
<td>2</td>
<td>c.</td>
<td>Systematically evaluate comprehensive strategies to improve the institutional climate for diversity</td>
</tr>
<tr>
<td>2</td>
<td>1-5</td>
<td>The financial resources <strong>must</strong> be sufficient to support the dental school’s stated purpose/mission, goals and objectives.</td>
</tr>
<tr>
<td>1</td>
<td>1-6</td>
<td>The sponsoring institution <strong>must</strong> ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.</td>
</tr>
</tbody>
</table>
STANDARD 2- EDUCATIONAL PROGRAM - 44 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2-1</td>
<td>In advance of each course or other unit of instruction, students <strong>must</strong> be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.</td>
</tr>
<tr>
<td>9</td>
<td>2-5</td>
<td>The dental education program <strong>must</strong> employ student evaluation methods that measure its defined competencies.</td>
</tr>
<tr>
<td>3</td>
<td>2-6</td>
<td>Students <strong>must</strong> receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.</td>
</tr>
<tr>
<td></td>
<td>2-8</td>
<td>The dental school <strong>must</strong> have a curriculum management plan that ensures:</td>
</tr>
<tr>
<td>2</td>
<td>a.</td>
<td>an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;</td>
</tr>
<tr>
<td>1</td>
<td>c.</td>
<td>elimination of unwarranted repetition, outdated material, and unnecessary material;</td>
</tr>
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<td>1</td>
<td>d.</td>
<td>incorporation of emerging information and achievement of appropriate sequencing.</td>
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<tr>
<td>10</td>
<td>2-9</td>
<td>The dental school <strong>must</strong> ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<tr>
<td>1</td>
<td>2-10</td>
<td>Graduates <strong>must</strong> be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.</td>
</tr>
<tr>
<td>1</td>
<td>2-15</td>
<td>Graduates <strong>must</strong> be competent in the application of biomedical science knowledge in the delivery of patient care.</td>
</tr>
<tr>
<td>3</td>
<td>2-16</td>
<td>Graduates <strong>must</strong> be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.</td>
</tr>
<tr>
<td>4</td>
<td>2-17</td>
<td>Graduates <strong>must</strong> be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.</td>
</tr>
<tr>
<td>3</td>
<td>2-18</td>
<td>Graduates <strong>must</strong> be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.</td>
</tr>
<tr>
<td>11</td>
<td>2-19</td>
<td>Graduates <strong>must</strong> be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.</td>
</tr>
<tr>
<td>7</td>
<td>2-20</td>
<td>Graduates <strong>must</strong> be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.</td>
</tr>
<tr>
<td>1</td>
<td>2-21</td>
<td>Graduates <strong>must</strong> be competent in the application of the principles of ethical decision making and professional responsibility.</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td><strong>Required Areas of Compliance</strong></td>
</tr>
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<td>------------------------</td>
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<tr>
<td>3</td>
<td>2-23</td>
<td>Graduates <strong>must</strong> be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.</td>
</tr>
<tr>
<td></td>
<td>2-24</td>
<td>At a minimum, graduates <strong>must</strong> be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:</td>
</tr>
<tr>
<td>3</td>
<td>a.</td>
<td>patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;</td>
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<tr>
<td>2</td>
<td>b.</td>
<td>screening and risk assessment for head and neck cancer;</td>
</tr>
<tr>
<td>2</td>
<td>c.</td>
<td>recognizing the complexity of patient treatment and identifying when referral is indicated;</td>
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<td></td>
<td>d.</td>
<td>health promotion and disease prevention;</td>
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<td>2</td>
<td>e.</td>
<td>local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;</td>
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<tr>
<td>2</td>
<td>f.</td>
<td>restoration of teeth;</td>
</tr>
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<td>1</td>
<td>g.</td>
<td>communicating and managing dental laboratory procedures in support of patient care;</td>
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<tr>
<td>13</td>
<td>h.</td>
<td>replacement of teeth including fixed, removable and dental implant prosthodontic therapies;</td>
</tr>
<tr>
<td></td>
<td>i.</td>
<td>periodontal therapy;</td>
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<tr>
<td>2</td>
<td>j.</td>
<td>pulpal therapy;</td>
</tr>
<tr>
<td>2</td>
<td>k.</td>
<td>oral mucosal and osseous disorders;</td>
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<tr>
<td>1</td>
<td>l.</td>
<td>hard and soft tissue surgery;</td>
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</tbody>
</table>
### Appendix 1

#### Subpage 4

**Frequency of Citings**

**Predoctoral Dental Education RC**

**CODA Summer 2023**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>m.</td>
<td>dental emergencies;</td>
</tr>
<tr>
<td>4</td>
<td>n.</td>
<td>malocclusion and space management; and</td>
</tr>
<tr>
<td>7</td>
<td>o.</td>
<td>evaluation of the outcomes of treatment, recall strategies, and prognosis.</td>
</tr>
<tr>
<td>2-25</td>
<td></td>
<td>Graduates <strong>must</strong> be competent in assessing the treatment needs of patients with special needs.</td>
</tr>
</tbody>
</table>

**STANDARD 3- FACULTY AND STAFF** – 5 Required Areas of Compliance.

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3-1</td>
<td>The number and distribution of faculty and staff <strong>must</strong> be sufficient to meet the dental school’s stated purpose/mission, goals and objectives.</td>
</tr>
<tr>
<td>1</td>
<td>3-2</td>
<td>The dental school <strong>must</strong> show evidence of an ongoing faculty development process.</td>
</tr>
<tr>
<td>1</td>
<td>3-3</td>
<td>Faculty <strong>must</strong> be ensured a form of governance that allows participation in the school’s decision-making processes.</td>
</tr>
</tbody>
</table>
STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 18 Required Areas of Compliance.

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4-5</td>
<td>The dental school <strong>must</strong> provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.</td>
</tr>
<tr>
<td></td>
<td>4-7</td>
<td><strong>Student services must</strong> include the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. personal, academic and career counseling of students;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. assuring student participation on appropriate committees;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. providing appropriate information about the availability of financial aid and health services;</td>
</tr>
<tr>
<td>1</td>
<td>d.</td>
<td>developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;</td>
</tr>
<tr>
<td></td>
<td>e.</td>
<td>student advocacy;</td>
</tr>
<tr>
<td></td>
<td>f.</td>
<td>maintenance of the integrity of student performance and evaluation records; and</td>
</tr>
<tr>
<td></td>
<td>g.</td>
<td>instruction on personal debt management and financial planning.</td>
</tr>
</tbody>
</table>
### STANDARD 5- PATIENT CARE SERVICES  – 13 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-3</td>
<td></td>
<td>The dental school <strong>must</strong> conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:</td>
</tr>
<tr>
<td>4</td>
<td>a.</td>
<td>standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;</td>
</tr>
<tr>
<td>6</td>
<td>b.</td>
<td>an ongoing review and analysis of compliance with the defined standards of care;</td>
</tr>
<tr>
<td>6</td>
<td>c.</td>
<td>an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;</td>
</tr>
<tr>
<td>8</td>
<td>d.</td>
<td>mechanisms to determine the cause(s) of treatment deficiencies; and</td>
</tr>
<tr>
<td>8</td>
<td>e.</td>
<td>implementation of corrective measures as appropriate.</td>
</tr>
<tr>
<td>5-5</td>
<td></td>
<td>The dental school <strong>must</strong> ensure that active patients have access to professional services at all times for the management of dental emergencies.</td>
</tr>
<tr>
<td>5-6</td>
<td></td>
<td>All students, faculty and support staff involved in the direct provision of patient care <strong>must</strong> be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.</td>
</tr>
<tr>
<td>5-8</td>
<td></td>
<td>The dental school <strong>must</strong> establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.</td>
</tr>
</tbody>
</table>
STANDARD 6- RESEARCH PROGRAM – 3 Required Areas of Compliance.

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6-2</td>
<td>The dental school faculty, as appropriate to meet the school’s purpose/mission, goals and objectives, <strong>must</strong> engage in research or other forms of scholarly activity.</td>
</tr>
<tr>
<td>1</td>
<td>6-3</td>
<td>Dental education programs <strong>must</strong> provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.</td>
</tr>
</tbody>
</table>
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS

Background: The Accreditation Standards for Dental Therapy Education Programs were adopted by the Commission on Dental Accreditation at its February 6, 2015 meeting with implementation August 7, 2015. From the August 7, 2015 implementation of these Standards through October 31, 2022, there have been three (3) site visits for Dental Therapy Education Programs. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits are conducted, citings from those visits will be included in this report.

At the time of this report, the Standards include 80 “must” statements addressing 158 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits.

Analysis: Appendix 1 presents the individual “must” statements and required areas of compliance. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited. Once there are four (4) or more site visits of Dental Therapy Education Programs, the non-compliance citings will be analyzed and summarized accordingly.

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

Prepared by: Ms. Kelly Stapleton
ACCREDITATION STANDARDS FOR DENTAL THERAPY EDUCATION PROGRAMS

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 3
August 7, 2015 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available in disciplines where a limited number (three or less) of programs have been site visited.

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance.

STANDARD 2- EDUCATIONAL PROGRAM - 77 Required Areas of Compliance.

STANDARD 3- FACULTY AND STAFF – 20 Required Areas of Compliance.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance.

STANDARD 5- HEALTH, SAFETY, AND PATIENT CARE PROVISIONS – 14 Required Areas of Compliance.
CONSIDERATION OF PROPOSED REVISION TO STANDARD 2-24 OF THE ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS

Background: On January 31, 2023, the Commission on Dental Accreditation (CODA) received a request from Dr. Amid Ismail, Dean of Temple University Kornberg School of Dentistry to consider a proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The request is found in Appendix 1.

Dr. Ismail believes that Standard 2-24h of the Dental Education Standards should be revised to represent the current demand for restoration of missing teeth using implant-supported crowns versus fixed partial dentures. Additionally, Dr. Ismail believes that Standard 2-24h should define and clarify the experiences that graduates must complete with patients to be competent in each procedure.

In a separate communication, on May 25, 2023, CODA received a request from Dr. Hong Chen, co-chair of the American Academy of Orofacial Pain (AAOP) Resident and Academic Training Committee to consider a proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The request is found in Appendix 2.

The AAOP believes that Standard 2-24k of the Dental Education Standards should add the phrase “orofacial pain” to ensure graduates of dental education programs demonstrate minimal clinical competency in managing dental patients with orofacial pain.

Summary: The Predoctoral Dental Education Review Committee and Commission are requested to consider the proposed revision to Standard 2-24h (Appendix 1) submitted by Dr. Amid Ismail of Temple University Kornberg School of Dentistry and Standard 2-24k (Appendix 2) submitted by Dr. Hong Chen on behalf of the American Academy of Orofacial Pain. If proposed changes are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Ms. Kelly Stapleton
Proposal to revise Standard 2-24 h

Submitted by Dean Amid Ismail, Temple University Kornberg School of Dentistry January 31, 2023

I propose that CODA considers revising and explicitly stating the requirements to achieve Standard 2-24h. The current standard is:

(CURRENT) Standard 2-24 h (revised): replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

Be revised to:

(REVISED) 2-24-h Graduates must be competent in selecting and designing of appropriate prostheses to replace missing tooth/teeth, with consideration of patients’ preferences and current evidence, using removable partial or complete dentures, and either implant-supported crowns or natural-tooth-retained fixed partial dentures.

Graduates should have at least one experience with patients or simulated experiences in providing tooth-retained fixed partial denture(s).

Rationale for the change:

The current standard does not specify the number of procedures that graduates must complete to achieve competency in all treatment modalities of missing teeth.

The demand for restoration of missing tooth/teeth using implant-supported crowns versus fixed partial dentures is high among patients. Implant-supported crowns are now widely accepted as the best conservative and effective treatment for missing teeth. Patients, where implants are contraindicated, represent a small percentage of the population of patients with single or multiple missing teeth, hence, the requirement that each student be competent to replace a missing tooth space using FPD represents a statistical improbability in dental education and practice. The current evidence indicate that single tooth implants have better outcomes than FPDs. CODA should be clear in defining the experiences with patients that each graduate must have as well as competency status for the procedures covered in this standard.
May 25, 2023

Sherin Tooks, Ed.D, M.S.
Director, Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Tooks,

My name is Dr. Hong Chen and I am Co-Chair of the American Academy of Orofacial Pain (AAOP) Resident and Academic Training Committee. I am writing on behalf of AAOP to propose a revision to section 2-24k of the CODA Accreditation Standards for Predoctoral Dental Education to include minimal clinical competency requirements for orofacial pain (OFP) disorders.

The major rationale for this includes:

1. Pain is the most common reason for which patients seek dental care. Although odontogenic pain is the most common source of dental pain, other sources of pain in the orofacial region may also result in pain in or around teeth. Over 40% of general dentistry patients seeking care for pain had pain NOT related to teeth (Horst et al. JADA 2015)[1]. Therefore, awareness of other sources of orofacial pain is crucial for appropriate dental diagnosis and management, and to avoid harmful, irreversible, and unwarranted dental interventions in an attempt to address orofacial pain of non-dental origin (Kohli & Thomas, JADA 2021)[2].

2. The prevalence of chronic pain disorders is high (over 20%) in general population [3]. Dental patients with chronic pain tend to have higher levels of dental pain and a higher chance of developing co-morbid non-dental orofacial pain conditions. For safe general dentistry practice, minimal clinical competency in managing dental patients with chronic pain disorders is as important as managing dental patients with other chronic medical conditions, such as cardiovascular diseases [4] and diabetes [5].

3. As the science of pain advances, evidence-based pain diagnosis and management are critical for best practice and outcomes. Current dental education mostly focuses on managing procedure-related trauma and inflammatory type of pain (i.e., nociceptive type of pain, most commonly found in acute dental pain). However, dental students lack training and competency in other types of pain, such as neuropathic pain, myofascial, and nociplastic pain that are common in chronic pain conditions [6]. Not having a minimal clinical competency in identifying,
preventing, and managing dental patients with these other types of pain may pose significant risk for a dental practice.

4. Pain conditions including orofacial pain often result in missed work, long-term disability, opioid dependence, and significantly higher costs of care. Persistent and uncontrolled orofacial pain after dental procedures may result in opioid overuse, addiction, and chronic pain. Preventing chronic pain is the responsibility of all health professionals including dentists.

5. Because orofacial structures also have close associations with functions of eating, communication, sight, and hearing as well as form the basis for appearance, self-esteem and personal expression, orofacial pain can deeply affect an individual’s function and quality of life.

6. Improving access to care for patients with orofacial pain disorders is a priority for our healthcare system but is often not available because the lack of awareness and training about these conditions. All dentists need to be familiar with orofacial pain disorders.

We much appreciate CODA updating the Accreditation Standards for Predoctoral Dental Education to include Temporomandibular Disorders (TMD) in 2022. However, this change did not include reference to orofacial pain disorders that often present to dentists in addition to dental and TMD pain.

Therefore, we propose to add the following phrase to the predoctoral CODA Standard 2-24k to ensure minimal clinical competency in managing dental patients with orofacial pain:

**Current standard 2-24k.** oral mucosal, temporomandibular, and osseous disorders.

**Proposed standard 2-24k.** oral mucosal, temporomandibular, orofacial pain, and osseous disorders.

**Intent:** Graduate should have minimal clinical competency in screening orofacial pain disorders, making appropriate clinical decisions regarding referral and/or treatment, and preventing chronic pain after dental procedures.

We are happy to provide further assistance and rationale regarding this issue. Please feel free to contact me at [redacted] or contact Dr. Rich Cohen at [redacted].

Thank you for your consideration.

Best regards,

Hong Chen, DDS, MS

Co-Chair, AAOP Residency and Academic Training Committee
Fellow, American Academy of Orofacial Pain
Assistant Professor
Dept. of Preventive and Community Dentistry, University of Iowa College of Dentistry

Office phone: [redacted]
Cc:
Dr. James Hawkins
Co-Chair, AAOP R&AT Committee

AAOP R&AT Committee, Predoctoral Education Subcommittee
Dr. James R. Fricton
Dr. Joseph (Rich) Cohen
Dr. John Dinan
Dr. Seema Kurup
Dr. Shawn McMahon
Dr. Dennis R Bailey
Dr. Jeffry R. Shaefer

References


REPORT OF THE STANDING COMMITTEE ON
INTERNATIONAL ACCREDITATION

Background: The Standing Committee on International Accreditation (Predoctoral only) has
the following charge:

- Provide international consultation fee-based services to international predoctoral dental
  education programs, upon request.
- Develop and implement international consultation policies and procedures to support the
  international consultation program.
- Monitor and make recommendations to the Commission regarding changes that may
  affects its operations related to international issues.

April 7, 2023 Meeting: The Standing Committee on International Accreditation met via
conference call on Friday, April 7, 2023.

The following members were present for the meeting: Dr. Terry Fiddler (ADA, Chair), Dr. Carol
Anne Murdoch-Kinch (CODA), Dr. Perry Tuneberg (ADA), and Dr. Frank Licari (CODA). Dr.
Lawrence Wolinsky, Standing Committee on International Accreditation Consultant. Dr. Bryan
Edgar (ADA), was unable to attend. CODA Commissioner: Dr. Maxine Feinberg, vice chair,
Commission on Dental Accreditation. CODA Staff: Dr. Sherin Tooks, senior director, CODA,
and Ms. Kelly Stapleton, manager, Predoctoral Dental Education, CODA. ADA Staff: Dr.
Anthony Ziebert, senior vice president, Education and Professional Affairs, ADA, and Ms.
Cathryn Albrecht, senior associate general counsel, ADA/CODA, as available.

The Standing Committee considered the following program during its meeting:
- Saveetha Institute of Medical and Technical Sciences, Chennai, India (PACV Survey)
- Instituto Tecnológico y de Estudios Superiores de Monterrey, Monterrey, Nuevo Leon,
  Mexico (PACV Survey)

Standing Committee Actions: The Standing Committee on International Accreditation
directed that formal letters be sent to the programs reviewed, as applicable, in accordance
with the actions taken by the Committee.

Commission Action: This report is informational in nature and no action is required.

Prepared by: Dr. Sherin Tooks
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.

Prepared by: Ms. Peggy Soeldner
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)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1-5</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>1-7</td>
<td>Dental residents must have the same privileges and responsibilities provided residents in other professional education programs.</td>
</tr>
<tr>
<td>3</td>
<td>1-9</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

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

Non-Non-Compliance Citings | Accreditation Standard | Required Areas of Compliance |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Compliance Citings</td>
<td>Standard</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1) providing emergency and multidisciplinary comprehensive oral health care;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) obtaining informed consent;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) functioning effectively within interdisciplinary health care teams, including consultation and referral;</td>
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<tr>
<td></td>
<td>4) providing patient-focused care that is coordinated by the general practitioner;</td>
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<td></td>
<td>5) directing health promotion and disease prevention activities; and</td>
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<tr>
<td></td>
<td>b) Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.</td>
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</tr>
<tr>
<td></td>
<td>c) Manage the delivery of patient-focused oral health care.</td>
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</tr>
<tr>
<td></td>
<td><strong>2-2</strong> 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) operative dentistry;</td>
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</tr>
<tr>
<td></td>
<td>b) restoration of the edentulous space;</td>
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</tr>
<tr>
<td></td>
<td>c) periodontal therapy;</td>
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</tr>
<tr>
<td></td>
<td>d) endodontic therapy;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e) oral surgery;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f) evaluation and treatment of dental emergencies; and</td>
<td></td>
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<tr>
<td></td>
<td>g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.</td>
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</tr>
</tbody>
</table>

**Non-Compliance Accreditation Standard**

**Required Areas of Compliance**
Citings

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

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.
<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6</td>
<td></td>
<td>The program must provide formal instruction in physical evaluation and medical assessment, including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) taking, recording, and interpreting a complete medical history;</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>c) understanding the relationship between oral health care and systemic diseases; and</td>
</tr>
<tr>
<td>1</td>
<td>2-7</td>
<td>d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.</td>
</tr>
<tr>
<td>1</td>
<td>2-15</td>
<td>The program <strong>must</strong> provide instruction in the principles of practice management.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>The program’s resident evaluation system <strong>must</strong> assure that, through the director and faculty, each program:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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;</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions <strong>must</strong> be taken; and</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.</td>
</tr>
</tbody>
</table>
Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

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

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

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

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5-3</td>
<td>The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.</td>
</tr>
<tr>
<td>1</td>
<td>5-4</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.

Prepared by: Ms. Peggy Soeldner
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)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-2</td>
<td></td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) operative dentistry;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) restoration of the edentulous space;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) periodontal therapy;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) endodontic therapy;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) oral surgery;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f) evaluation and treatment of dental emergencies; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.</td>
</tr>
</tbody>
</table>

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.

Prepared by: Ms. Peggy Soeldner
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)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-1</td>
<td>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).</td>
</tr>
<tr>
<td>3</td>
<td>1-5</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>1-8</td>
<td>The program must develop overall program goals and objectives that emphasize:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) general dentistry,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) resident education,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) patient care, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) community service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and include training residents to provide oral health care in a hospital setting.</td>
</tr>
<tr>
<td>2</td>
<td>1-9</td>
<td>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.</td>
</tr>
</tbody>
</table>
Standard 2 – Educational Program (68 Required Areas of Compliance)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-2</td>
<td>2-2</td>
<td>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:</td>
</tr>
<tr>
<td>1</td>
<td>a)</td>
<td>operative dentistry;</td>
</tr>
<tr>
<td>1</td>
<td>b)</td>
<td>restoration of the edentulous space;</td>
</tr>
<tr>
<td>3</td>
<td>c)</td>
<td>periodontal therapy;</td>
</tr>
<tr>
<td>2</td>
<td>d)</td>
<td>endodontic therapy;</td>
</tr>
<tr>
<td>1</td>
<td>e)</td>
<td>oral surgery;</td>
</tr>
<tr>
<td>1</td>
<td>f)</td>
<td>evaluation and treatment of dental emergencies; and</td>
</tr>
<tr>
<td>1</td>
<td>g)</td>
<td>pain and anxiety control utilizing behavioral and/or pharmacological techniques.</td>
</tr>
<tr>
<td>2-5</td>
<td></td>
<td>Residents must be assigned to an anesthesia rotation with supervised practical experience in the following:</td>
</tr>
<tr>
<td>1</td>
<td>a)</td>
<td>preoperative evaluation;</td>
</tr>
<tr>
<td></td>
<td>b)</td>
<td>assessment of the effects of behavioral and pharmacologic techniques;</td>
</tr>
<tr>
<td>1</td>
<td>c)</td>
<td>venipuncture technique;</td>
</tr>
<tr>
<td></td>
<td>d)</td>
<td>patient monitoring;</td>
</tr>
<tr>
<td></td>
<td>e)</td>
<td>airway management;</td>
</tr>
<tr>
<td></td>
<td>f)</td>
<td>understanding the use of pharmacologic agents;</td>
</tr>
<tr>
<td></td>
<td>g)</td>
<td>recognition and treatment of anesthetic emergencies; and</td>
</tr>
<tr>
<td></td>
<td>h)</td>
<td>assessment of patient recovery from anesthesia.</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>2-7</td>
<td>The program must provide formal instruction in physical evaluation and medical assessment, including:</td>
<td>a) taking, recording, and interpreting a complete medical history;</td>
</tr>
<tr>
<td>1</td>
<td>b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;</td>
<td>c) understanding the relationship between oral health care and systemic diseases; and</td>
</tr>
<tr>
<td>1</td>
<td>d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.</td>
<td></td>
</tr>
<tr>
<td>2-11</td>
<td>Residents <strong>must</strong> receive training and experience in the management of inpatients or same-day surgery patients, including:</td>
<td>a) reviewing medical histories and physical examinations;</td>
</tr>
<tr>
<td>1</td>
<td>b) prescribing treatment and medication;</td>
<td>c) providing care in the operating room; and</td>
</tr>
<tr>
<td>1</td>
<td>d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>2-12</strong></td>
<td>Formal patient care conferences <strong>must</strong> be held at least twelve (12) times a year.</td>
</tr>
</tbody>
</table>
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

1 | 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)

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

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

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5-3</td>
<td>The program <strong>must</strong> conduct and involve residents in a structured system of continuous quality improvement for patient care.</td>
</tr>
<tr>
<td>1</td>
<td>5-4</td>
<td>All residents, faculty and support staff involved in the direct provision of patient care <strong>must</strong> be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.</td>
</tr>
</tbody>
</table>
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.

Prepared by: Ms. Peggy Soeldner
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)

<table>
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<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2-12</td>
<td>Formal patient care conferences <strong>must</strong> be held at least twelve (12) times a year.</td>
</tr>
<tr>
<td>1</td>
<td>2-17</td>
<td>The goals and objectives or the competencies for resident didactic and clinical training in the optional second year of training <strong>must</strong> be at a higher level than those of the first year of the program.</td>
</tr>
<tr>
<td></td>
<td>2-19</td>
<td>The program’s resident evaluation system <strong>must</strong> assure that, through the director and faculty, each program:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions <strong>must</strong> be taken; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.</td>
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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)

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<tbody>
<tr>
<td>2</td>
<td>5-4</td>
<td>All residents, faculty and support staff involved in the direct provision of patient care <strong>must</strong> be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.</td>
</tr>
</tbody>
</table>
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 Bhattarcharya (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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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
**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS**

**Background:** The Accreditation Standards for Dental Assisting Education Programs were approved by the Commission on Dental Accreditation at its August 2, 2019 meeting and were implemented on July 1, 2020. Since that date, 61 dental assisting site visits have been conducted by visiting committees of the Commission using the July 2020 Standards. At the time of this report, the Standards include 101 “must” statements addressing 233 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2020 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 361 citings of non-compliance were made. Of these, 39 (10.8%) were related to Standard 1–Institutional Effectiveness; 247 (68.42%) were related to Standard 2–Educational Programs; 33 (9.14%) were related to Standard 3–Administration, Faculty and Staff; 26 (7.2%) were related to Standard 4–Educational Support Services; 15 (4.16%) were related to Standard 5–Health and Safety Provisions; and 1 (0.28%) was related to Standard 6–Patient Care Services.

Analysis of the data indicates the most frequently cited areas of non-compliance are within Standard 2-Educational Programs. Standard 2-7, e, requiring written documentation of each course in the curriculum be provided to students at the start of each course and include specific criteria for final course grade calculation, was cited most frequently and represents 4.9% (12) of all Standard 2 citations. Second most cited is Standard 2-9, o, related to the skills/functions that students demonstrate knowledge of, in a laboratory/preclinical setting prior to performing these skills/functions in a clinical setting, to include identify and respond to dental and medical emergencies, was cited 10 times (4.05%). The subset of citations within Standard 1–Institutional Effectiveness were most frequent in Standard 1-7 (11) related to the dentists and dental assistants being equally represented on the advisory committee, and represent 28.2% all of Standard 1–Institutional Effectiveness citations.

**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.

Prepared by: Ms. Jamie Asher Hernandez
### ACCREDITATION STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS

**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 61  
July 1, 2020 through October 31, 2022

**STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td>The program <strong>must</strong> demonstrate its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated. This process <strong>must</strong> include the following:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>a. Dental assisting program goals that include, but are not limited to student outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>b. Time-table for implementation that indicates roles and responsibilities of all participants;</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>c. Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>d. Review and analysis of compiled data obtained from assessment methods, and related conclusions</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>e. Findings and conclusions are used for program improvement, and for revisions to the overall planning and outcomes assessment process.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>The institution <strong>must</strong> demonstrate stable financial resources to ensure support of the dental assisting program’s stated mission, goals and objectives on a continuing basis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resources <strong>must</strong> be sufficient to ensure adequate and qualified faculty and staff, clinical and laboratory facilities, equipment, supplies, reference materials and teaching aids that reflect technological advances and current professional standards.</td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>The sponsoring institution <strong>must</strong> ensure that support from</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequency of Citings</td>
<td>Dental Assisting RC CODA Summer 2023</td>
</tr>
<tr>
<td>---</td>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>1-4</td>
<td>The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters <strong>must</strong> rest within the sponsoring institution.</td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>Programs <strong>must</strong> be sponsored by institutions of post-secondary education which are accredited by an agency recognized by the United States Department of Education.</td>
<td></td>
</tr>
<tr>
<td>1-6</td>
<td>All arrangements with co-sponsoring or affiliated institutions <strong>must</strong> be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1-7</td>
<td>There <strong>must</strong> be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community.</td>
</tr>
<tr>
<td>11</td>
<td>Dentists and dental assistants <strong>must</strong> be equally represented.</td>
<td></td>
</tr>
</tbody>
</table>
STANDARD 2- EDUCATIONAL PROGRAMS – 130 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2-1</td>
<td>Admission of students <strong>must</strong> be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post-secondary degree.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Previous academic performance or other predictors of scholastic aptitude and ability <strong>must</strong> be utilized as criteria in selecting students with the potential to successfully complete the program.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Applicants <strong>must</strong> be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants.</td>
</tr>
<tr>
<td>1</td>
<td>2-2</td>
<td>Admission of students with advanced standing <strong>must</strong> be based on the same criteria required of all applicants admitted to the program.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>The program <strong>must</strong> ensure that advanced standing credit awarded is based on equivalent didactic, laboratory and preclinical content and student achievement.</td>
</tr>
<tr>
<td>7</td>
<td>2-3</td>
<td>The program <strong>must</strong> demonstrate that student enrollment numbers are proportionate to the number of faculty, availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments, and supplies.</td>
</tr>
<tr>
<td>3</td>
<td>2-4</td>
<td>The curriculum <strong>must</strong> be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours.</td>
</tr>
<tr>
<td>5</td>
<td>2-5</td>
<td>The curriculum <strong>must</strong> be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice.</td>
</tr>
<tr>
<td>5</td>
<td>Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences.</td>
<td></td>
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<tr>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>7</td>
<td>Content must be integrated with continued elevation throughout the program.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Curriculum must demonstrate sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum’s defined competencies and program’s goals and objectives.</td>
<td></td>
</tr>
<tr>
<td>2-6</td>
<td>The dental assisting program must have a formal, written curriculum management plan, which includes:</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>a. at minimum, an annual curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>b. evaluation of the effectiveness of all courses as they support the program’s goals and competencies;</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>c. a defined mechanism for coordinating instruction among dental assisting program faculty.</td>
<td></td>
</tr>
<tr>
<td>2-7</td>
<td>Written documentation of each course in the curriculum must be provided to students at the start of each course and include:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>a. The course title, number, description, faculty presenting course and contact information</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>b. Course objectives including competency statements</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>c. Content outline including topics to be presented</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>d. Course schedule including learning and evaluation mechanisms for didactic, laboratory, and clinical learning experiences</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>e. Specific criteria for final course grade calculation</td>
<td></td>
</tr>
<tr>
<td>2-8</td>
<td>Objective student evaluation methods must be utilized to measure all defined course objectives to include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Didactic, laboratory, preclinical and clinical content</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>b. Specific criteria for measuring levels of competence for each component of a given procedure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2-9</th>
<th>Curriculum content <strong>must</strong> include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior to performing these skills/functions in a clinical setting, students <strong>must</strong> demonstrate knowledge of, and laboratory/preclinical competence in the program facility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>a. Take/review and record medical and dental histories</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>b. Take and record vital signs</td>
</tr>
<tr>
<td>4</td>
<td>c. Assist with and/or perform soft tissue extra/intra oral examinations</td>
</tr>
<tr>
<td>1</td>
<td>d. Assist with and/or perform dental charting</td>
</tr>
<tr>
<td>2</td>
<td>e. Manage infection and hazard control protocol consistent with published professional guidelines</td>
</tr>
<tr>
<td>4</td>
<td>f. Prepare tray set-ups for a variety of procedures and specialty areas</td>
</tr>
<tr>
<td>2</td>
<td>g. Seat and dismiss patients</td>
</tr>
<tr>
<td>1</td>
<td>h. Operate oral evacuation devices and air/water syringe</td>
</tr>
<tr>
<td>2</td>
<td>i. Maintain clear field of vision including isolation techniques</td>
</tr>
<tr>
<td>1</td>
<td>j. Perform a variety of instrument transfers</td>
</tr>
<tr>
<td>4</td>
<td>k. Utilize appropriate chairside assistant ergonomics</td>
</tr>
<tr>
<td>3</td>
<td>l. Provide patient preventive education and oral hygiene instruction</td>
</tr>
<tr>
<td>5</td>
<td>m. Provide pre-and post-operative instructions prescribed by a dentist</td>
</tr>
<tr>
<td>2</td>
<td>n. Maintain accurate patient treatment records</td>
</tr>
<tr>
<td>10</td>
<td>o. Identify and respond to medical and dental emergencies</td>
</tr>
</tbody>
</table>

| 2-10 | Curriculum content **must** include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. |
Prior to performing these skills/functions in a clinical setting, students **must** demonstrate knowledge of, and laboratory/preclinical competence in the program facility.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Assist with and/or apply topical anesthetic and desensitizing agents</td>
</tr>
<tr>
<td>1</td>
<td>b. Assist with and/or place and remove rubber dam</td>
</tr>
<tr>
<td>1</td>
<td>c. Assist with and/or apply fluoride agents</td>
</tr>
<tr>
<td>1</td>
<td>d. Assist with and/or apply bases, liners, and bonding agents</td>
</tr>
<tr>
<td>2</td>
<td>e. Assist with and/or place, fabricate, and remove provisional restorations</td>
</tr>
<tr>
<td>1</td>
<td>f. Assist with and/or place and remove matrix retainers, matrix bands, and wedges</td>
</tr>
<tr>
<td>2</td>
<td>g. Assist with and/or remove excess cement or bonding agents</td>
</tr>
<tr>
<td>2</td>
<td>h. Assist with a direct permanent restoration</td>
</tr>
<tr>
<td>2</td>
<td>i. Fabricate trays, e.g., bleaching, mouthguard, custom</td>
</tr>
<tr>
<td>1</td>
<td>j. Preliminary impressions</td>
</tr>
<tr>
<td>3</td>
<td>k. Clean removable dental appliances</td>
</tr>
</tbody>
</table>

Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, and the program has chosen to include those functions in the program curriculum, the program **must** include content at the level, depth, and scope required by the state.

Further, curriculum content **must** include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions.

Students **must** demonstrate laboratory/preclinical competence in performing these skills in the program facility prior to clinical practice.

Students **must** be informed of the duties for which they are trained in the educational program.

Students **must** demonstrate competence in the knowledge at the familiarity level in dental practice management:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Computer and dental software</td>
</tr>
<tr>
<td>b. Business ethics and jurisprudence</td>
</tr>
<tr>
<td>c. Business oral and written communications</td>
</tr>
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<td>---</td>
</tr>
</tbody>
</table>
|   | d. Inventory systems and supply ordering  
e. Maintenance and retention of business records  
f. Management of patient information  
g. Recall systems  

2-13 | The biomedical science aspect of the curriculum **must** include content at the in-depth level in bloodborne pathogens and hazard communications standards  
and content **must** be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum.

2-14 | The dental science aspect of the curriculum **must** include content at the familiarity level in:  
a. Oral pathology  
b. General anatomy and physiology  
c. Microbiology  
d. Nutrition  
e. Pharmacology to include:  

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</table>
| 4 | i. Drug requirements, agencies, and regulations  
| 3 | ii. Drug prescriptions  
| 1 | iii. Drug actions, side effects, indications and contraindications  
| 1 | iv. Common drugs used in dentistry  
| 1 | v. Properties of anesthetics  
| 1 | vi. Drugs and agents used to treat dental-related infection  
| 5 | vii. Drug addiction including opioids and other substances.  
|   | f. Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.

1 | 2-15 | The dental science aspect of the curriculum **must** include content at the in-depth level in oral anatomy.

1 | 2-16 | The curriculum **must** include content at the in-depth level in dental materials.
Students **must** demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include:

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Gypsum</td>
</tr>
<tr>
<td>1</td>
<td>b. Restorative materials</td>
</tr>
<tr>
<td></td>
<td>c. Dental cements</td>
</tr>
<tr>
<td></td>
<td>d. Impression materials</td>
</tr>
<tr>
<td></td>
<td>e. Acrylics and or thermoplastics</td>
</tr>
<tr>
<td>1</td>
<td>f. Waxes</td>
</tr>
<tr>
<td>2</td>
<td>g. Fabrication of casts, temporary crown and/or bridge</td>
</tr>
<tr>
<td>3</td>
<td>h. Abrasive agents used to polish coronal surfaces and appliance</td>
</tr>
<tr>
<td>2</td>
<td>i. Study casts/occlusal registrations</td>
</tr>
</tbody>
</table>

**2-17** The curriculum **must** include content at the in-depth level in dental radiology.

Students **must** demonstrate knowledge and skills to produce diagnostic dental image surveys on manikins.

Prior to exposing dental images on patients, students **must** demonstrate competence in:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Radiation health protection techniques</td>
</tr>
<tr>
<td>1</td>
<td>b. Processing procedures</td>
</tr>
<tr>
<td>4</td>
<td>c. Anatomical landmarks and pathologies</td>
</tr>
<tr>
<td></td>
<td>d. Mounting survey of dental images</td>
</tr>
<tr>
<td>1</td>
<td>e. Placing and exposing dental images on manikins</td>
</tr>
</tbody>
</table>

**8 2-18** Prior to exposing dental images during extramural clinical assignments, students **must** demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility.

**2-19** The curriculum **must** include didactic content at the in-depth level to include:

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>a. General dentistry</td>
</tr>
<tr>
<td>2</td>
<td>b. Dental specialties</td>
</tr>
<tr>
<td></td>
<td>c. Chairside assisting</td>
</tr>
<tr>
<td></td>
<td>d. Dental-related environmental hazards</td>
</tr>
<tr>
<td></td>
<td>e. Preventive dentistry</td>
</tr>
</tbody>
</table>
### Frequency of Citings

#### Dental Assisting RC

**2-20** The program **must** demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include:

<p>| | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a.</td>
<td>Psychology of patient management and interpersonal communication</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>Legal and ethical aspects of dentistry</td>
</tr>
</tbody>
</table>

**2-21** The dental assisting program **must** provide opportunities and encourage students to engage in service and/or community-based learning experiences.

**2-22** Clinical experience assisting a dentist **must** be an integral part of the educational program designed to perfect students’ competence in performing chairside assisting functions, rather than to provide basic instruction.

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<tbody>
<tr>
<td>1</td>
<td>Students <strong>must</strong> have a minimum of 300 hours of clinical experience</td>
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</tbody>
</table>

**2-23** Each student **must** be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-24</td>
<td>The major portion of the students’ time in clinical assignments <strong>must</strong> be spent assisting with, or participating in, patient care.</td>
</tr>
</tbody>
</table>

**2-25** The dental assisting faculty **must** plan, approve, supervise, and evaluate the student’s clinical experience, and the following conditions **must** be met:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>A formal agreement exists between the educational institution and the facility providing the experience</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>The program administrator retains authority and responsibility for the student</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>The facility accommodates the scheduling needs of the program</td>
<td></td>
</tr>
</tbody>
</table>
### Frequency of Citings

#### Dental Assisting RC

<table>
<thead>
<tr>
<th>1</th>
<th>e.</th>
<th>Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>f.</td>
<td>Expectations and orientation are provided to all parties prior to student assignment</td>
</tr>
</tbody>
</table>

- **2-26** Students **must** maintain a record of their activities in each clinical assignment.

- **3-27** During the clinical phase of the program, program faculty **must** conduct seminars periodically with students for discussion of clinical experiences.

- **1-28** When clinical experience is provided in extramural facilities, dental assisting faculty **must** visit each facility to assess student progress. Budgetary provisions **must** be made to support faculty travel.

- **8-29** Objective evaluation criteria **must** be utilized by faculty and office or clinical personnel to evaluate students’ competence in performing specified procedures during clinical experience.

#### STANDARD 3 - Administration, Faculty and Staff – 25 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-1</td>
<td>The program <strong>must</strong> be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.</td>
</tr>
<tr>
<td></td>
<td>3-2</td>
<td>The program administrator <strong>must</strong> have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. The program administrator <strong>must</strong> have the authority and responsibilities for:</td>
</tr>
<tr>
<td></td>
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<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>1</td>
<td>a.</td>
<td>Budget preparation</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>Fiscal administration</td>
</tr>
<tr>
<td></td>
<td>c.</td>
<td>Curriculum development and coordination</td>
</tr>
<tr>
<td>2</td>
<td>d.</td>
<td>Selection and recommendation of individuals for faculty appointment and promotion</td>
</tr>
<tr>
<td>3</td>
<td>e.</td>
<td>Supervision and evaluation of faculty</td>
</tr>
<tr>
<td>1</td>
<td>f.</td>
<td>Determining faculty teaching assignments and schedules</td>
</tr>
<tr>
<td></td>
<td>g.</td>
<td>Determining admissions criteria and procedures</td>
</tr>
<tr>
<td></td>
<td>h.</td>
<td>Scheduling use of program facilities</td>
</tr>
<tr>
<td></td>
<td>i.</td>
<td>Development and responsibilities to maintain CODA accreditation compliance and documentation</td>
</tr>
</tbody>
</table>

3-3 The program administrator **must** be a Dental Assisting National Board “Certified Dental Assistant” or dentist licensed to practice in the state of the program location, with occupational experience in the application of four-handed dentistry principles, either as a dental assistant or working with a chairside assistant.

3-4 The program administrator **must** have a minimum of a baccalaureate degree or higher. The program administrator **must** have had instruction in educational theory and methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

7 3-5 Dental assisting faculty **must** have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

3-6 Faculty providing didactic instruction **must** have earned at least a baccalaureate degree.

2 3-7 Laboratory, preclinical and clinical faculty **must** hold any current dental assisting credential required by the state in
addition to a Dental Assisting National Board “Certified Dental Assistant” credential.

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>3-8</td>
<td>The number of faculty positions <strong>must</strong> be sufficient to implement the program’s goals and objectives.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>The faculty/student ratio during clinical and radiography (clinical and laboratory) sessions <strong>must</strong> not exceed one instructor to six students.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio <strong>must</strong> not exceed one instructor for each twelve students.</td>
</tr>
<tr>
<td>3-9</td>
<td></td>
<td>Opportunities <strong>must</strong> be provided for program faculty to continue their professional development.</td>
</tr>
<tr>
<td>3-10</td>
<td></td>
<td>Faculty <strong>must</strong> be ensured a form of governance that allows participation in the program and institution’s decision-making process.</td>
</tr>
<tr>
<td>3-11</td>
<td></td>
<td>A defined evaluation process <strong>must</strong> exist that ensures objective measurement of the performance of each faculty member.</td>
</tr>
<tr>
<td>1</td>
<td>3-12</td>
<td>Institutional support personnel <strong>must</strong> be assigned to facilitate program operation.</td>
</tr>
</tbody>
</table>

**STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 46 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-1</td>
<td>The program <strong>must</strong> provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.</td>
</tr>
<tr>
<td></td>
<td>4-2</td>
<td>A clinical facility <strong>must</strong> be available for students to obtain required experience with faculty supervision.</td>
</tr>
<tr>
<td>4-3</td>
<td>Each treatment area <strong>must</strong> contain functional equipment including:</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Power-operated chair(s) for treating patients in a supine position</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>b. Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Air and water syringe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Adjustable dental light</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. High and low speed handpieces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Oral evacuating equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Work surface for the chairside assistant</td>
<td></td>
</tr>
</tbody>
</table>

| 4-4 | Each treatment area **must** accommodate an operator and a patient as well as the student and faculty. |

| 2   | 4-5 | The sterilizing area **must** include sufficient space for preparing, sterilizing and storing instruments. |

<table>
<thead>
<tr>
<th>4-6</th>
<th>Instruments and appropriate models and armamentaria <strong>must</strong> be provided to accommodate students’ needs in learning to identify, exchange, prepare procedural trays and assist in procedures including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Diagnostic</td>
</tr>
<tr>
<td>1</td>
<td>b. Operative</td>
</tr>
<tr>
<td>3</td>
<td>c. Surgical</td>
</tr>
<tr>
<td>3</td>
<td>d. Periodontal</td>
</tr>
<tr>
<td>3</td>
<td>e. Orthodontic</td>
</tr>
<tr>
<td>2</td>
<td>f. Removable and fixed prosthodontics</td>
</tr>
<tr>
<td>3</td>
<td>g. Endodontic</td>
</tr>
</tbody>
</table>

| 1   | 4-7 | A radiography facility **must** accommodate initial instruction and practice required for students to develop competence in exposing and processing dental images with faculty supervision. |

<p>| 1   | 4-8 | Each radiography area <strong>must</strong> provide equipment for faculty supervision and effective instruction to accommodate several students simultaneously that include: |</p>
<table>
<thead>
<tr>
<th></th>
<th>Frequency of Citings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental Assisting RC</td>
</tr>
<tr>
<td></td>
<td>CODA Summer 2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>a. Dental radiography units which meet applicable regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Radiographic teaching manikins</td>
</tr>
<tr>
<td></td>
<td>c. Radiographic view boxes and/or monitors</td>
</tr>
<tr>
<td>1</td>
<td>d. Processing units with darkroom capacity or digital equipment</td>
</tr>
<tr>
<td></td>
<td>e. Multiple sets of image receptor holding devices</td>
</tr>
<tr>
<td></td>
<td>f. Radiation-monitoring devices are provided for students and faculty (according to state regulations)</td>
</tr>
<tr>
<td></td>
<td>g. Lead aprons and cervical collars for each unit</td>
</tr>
<tr>
<td></td>
<td>h. Counter with sink</td>
</tr>
<tr>
<td></td>
<td>i. Dental chair or unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2</th>
<th>4-9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A sufficient multipurpose laboratory facility <strong>must</strong> be provided for effective instruction which allows for required laboratory activities and can accommodate all scheduled students simultaneously.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There <strong>must</strong> be an appropriate number of student stations, equipment, supplies, instruments and space for individual student performance of laboratory procedures with faculty supervision.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>4-10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program’s objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions <strong>must</strong> be met in addition to all existing standards.</td>
</tr>
<tr>
<td></td>
<td>a. There is a formal agreement between the educational institution and agency or institution providing the facility</td>
</tr>
<tr>
<td></td>
<td>b. The program administrator retains authority and responsibility for instruction</td>
</tr>
<tr>
<td></td>
<td>c. All students receive instruction and practice experience in the facility</td>
</tr>
<tr>
<td></td>
<td>d. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program</td>
</tr>
<tr>
<td></td>
<td>e. Availability of the facility accommodates the scheduling needs of the program</td>
</tr>
</tbody>
</table>
f. Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.

g. Instruction is provided and evaluated by calibrated dental assisting program faculty.

4-11 Classroom space **must** be provided for, and be readily accessible to, the program.

4-12 Office space **must** be provided for the program administrator and faculty.

4-13 The program **must** provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.

4-14 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.

1 4-15 The program **must** provide a mechanism to facilitate student remediation when indicated.

**STANDARD 5 - HEALTH AND SAFETY PROVISIONS** – 12 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-1</td>
<td><strong>must</strong> document its compliance with institutional policy and applicable local, state and federal regulations and/or guidelines related to health and safety.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Policies <strong>must</strong> include:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i) radiation hygiene and protection,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ii) ionizing radiation,</td>
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<tr>
<td></td>
<td>iii) hazardous materials, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv) bloodborne and infectious diseases</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>b. Policies <strong>must</strong> be provided to all students, faculty and appropriate support staff and continuously monitored for compliance.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>5-2</td>
<td>Policies on bloodborne and infectious disease(s) <strong>must</strong> be made available to applicants for admission and patients.</td>
</tr>
<tr>
<td>-----</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>5-2</td>
<td>Students, faculty and appropriate support staff <strong>must</strong> be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.</td>
</tr>
<tr>
<td>1</td>
<td>5-3</td>
<td>The program <strong>must</strong> establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols <strong>must</strong> be provided to all students, faculty and appropriate staff.</td>
</tr>
<tr>
<td>2</td>
<td>5-4</td>
<td>All students, faculty and support staff <strong>must</strong> be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.</td>
</tr>
</tbody>
</table>
STANDARD 6- PATIENT CARE SERVICES – 6 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-1</td>
<td>The program <strong>must</strong> conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided</td>
<td></td>
</tr>
<tr>
<td>6-2</td>
<td>The program <strong>must</strong> develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients’ rights.</td>
<td></td>
</tr>
<tr>
<td>6-3</td>
<td>Patients accepted for dental care <strong>must</strong> be advised of the scope of dental care available at the dental assisting program facilities. Patients <strong>must</strong> also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program.</td>
<td></td>
</tr>
</tbody>
</table>
CONSIDERATION OF PROPOSED REVISIONS TO STANDARD 3-6 OF THE ACCREDITATION STANDARDS FOR DENTAL ASSISTING EDUCATION PROGRAMS

**Background:** At its Winter 2023 meeting, the Review Committee on Dental Assisting Education (DA RC) and Commission on Dental Accreditation (CODA) reviewed the August 11, 2022 request from Ms. Marcy Owens, dental assisting program director, Tennessee College of Applied Technology at Knoxville, to consider a proposed revision to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs. The proposed revision suggested that Dental Assisting Standard 3-6 be revised or repealed to eliminate the baccalaureate degree requirement for faculty providing didactic instruction. If not repealed, Ms. Owens believed Standard 3-6 should be revised to require that dental assisting faculty have three (3) years of chairside experience in the dental assisting field, a current state professional license as either a Dental Assistant, Dentist, or Dental Hygienist, and that dental assistants and dental hygienists teaching in dental assisting programs hold the Certified Dental Assistant (CDA) credential through the Dental Assisting National Board (DANB).

At its Winter 2023 meeting, the DA RC reviewed the proposed revisions to Dental Assisting Standard 3-6 and engaged in a discussion related to faculty qualifications. The DA RC determined that Standard 3-6 warranted revision to require that faculty providing didactic instruction obtain a baccalaureate degree within two (2) years of the date of initial hire as a didactic faculty. The DA RC believed that there should be a defined period to obtain the degree, rather than an open-ended deadline to ensure that faculty obtain degrees within a reasonable timeframe. For example, a faculty who is initially hired as a clinical instructor and subsequently becomes a didactic instructor must obtain the baccalaureate degree within two (2) years of the date of initial re-assignment as a didactic instructor. Likewise, a faculty who is initially hired as a didactic instructor must have earned the baccalaureate degree within two (2) years of hire; further, if this faculty leaves and returns to a teaching position in the institution later, the faculty must earn the baccalaureate degree within two (2) years from their initial appointment date as a didactic faculty at that institution. Following discussion, the DA RC recommended the proposed revision to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs (Appendix 1) be circulated to the communities of interest for six (6) months, for review and comment, with a Hearing conducted in conjunction with the March 2023 American Dental Education Association (ADEA) Annual Session, with comments reviewed at the Commission’s Summer 2023 meetings. At its Winter 2023 meeting, the Commission concurred with the DA RC recommendation and directed circulation of the proposed revision to Dental Assisting Standard 3-6 for a period of six (6) months.

As directed by the Commission, the proposed revision to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs (Appendix 1) was circulated for comment through June 1, 2023. No (0) comments were received at the Spring 2023 Virtual Hearing on Standards (Appendix 2). Additionally, the Commission office received 46 written comments.
Consideration of Proposed Revisions to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs

Dental Assisting RC
CODA Summer 2023

prior to the June 1, 2023 deadline via the Comment Portal (Appendix 3). One (1) comment was incorrectly submitted through a different Standards Comment Portal but has been included in Appendix 3. In addition, there were two (2) comments received in the Commission office via email, and the senders were informed they must use the Comment Portal; therefore, those comments were resubmitted via the Comment Portal subsequent to the June 1, 2023 deadline (Appendix 4). There were also two (2) written comments received via the Comment Portal after the June 1, 2023 deadline (Appendix 4).

Summary: At this meeting, the Dental Assisting Education Review Committee and the Commission are asked to consider the proposed revisions to Standard 3-6 of the Accreditation Standards for Dental Assisting Education Programs (Appendix 1) and the comments received prior to the June 1, 2023 deadline (Appendices 2 and 3). The Review Committee and Commission may also determine whether consideration should be given to comments received after the June 1, 2023 deadline (Appendix 4). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:
At its Winter 2023 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Dental Assisting Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2023, for review at the Summer 2023 Commission meeting.

Written comments will only be accepted through the Commission’s Electronic Comment Submission Portal at this link: https://surveys.ada.org/jfe/form/SV_5iIRyXgQqT2ydK

Additions are Underlined; Strikethroughs indicate Deletions
STANDARD 3 – ADMINISTRATION, FACULTY AND STAFF

Faculty

3-6 Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.

Intent:
*Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt.

Examples of evidence to demonstrate compliance may include:

• Transcript(s)
Commission on Dental Accreditation (CODA)
Hearing on Accreditation Standards

Spring 2023 CODA Hearing on Standards
Thursday, March 30, 2023, 6:00pm - 7:00pm* Central Time
Virtual Hearing

Commissioners in Attendance: Dr. Sanjay Mallya (chair), Dr. Maxine Feinberg (vice chair), Ms. Lisa Mayer, and Ms. Martha McCaslin.

Staff: Dr. Sherin Tooks, senior director, CODA; Ms. Jamie Asher Hernandez, Ms. Katie Navickas, Ms. Peggy Soeldner, and Ms. Kelly Stapleton, managers, CODA; Ms. Marjorie Hooper, coordinator, CODA.

*The Hearing on Standards concluded at 6:30pm, in accordance with Commission policy, since limited comments were received and the agenda was completed during that time.

Accreditation Standards for Dental Assisting Education Programs (Appendix 5)

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

**Download as PDF**

**URL to view Results**  [Click Here]

**Response Summary:**

At its **Winter 2023** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Assisting Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](https://coda.ada.org/accreditation/open-hearings-comments-due):

https://coda.ada.org/accreditation/open-hearings-comments-due

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

**Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.**

**Click next to submit a comment.**

**Q2. Please complete the requested information.**
Q3. Please select one of the following options that best describes you or your organization:
  • College/University

Q4. Is this an official comment from your organization?
  • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3 - 6

Q6. Do you agree with the proposed revision?
  • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I disagree that a faculty member needs to obtain a BS degree within 2 years of appointment. If one is working FT it will be very difficult to have a FT academic load as well, making this a difficult requirement to achieve. I believe if the faculty member is a CDA, and in good standing with all credentialing, working on their degree, they should be eligible to teach. The school can decide how many years of experience the faculty member needs to obtain the position.

Q8. Do you have additional comment?
  • I have NO additional comment and ready to submit.

---

Scoring

• Score: 0
Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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[Click Here]

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   CODA’S ACCREDITATION STANDARD 3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I absolutely do not agree with the proposed revision. For example, I have been a Dental Assistant, CDA, RDA for over 20 years. I have been over OSHA at the offices I have worked at for 19 of those years. I understand and am very comfortable in standing in front of a crowd and speaking. I would say my communication skills are great. I have been a Dental Assisting Instructor before but it was not CODA accredited. I would never imagine that someone with a bachelor's degree in Art, Accounting, Criminal Justice, etc. could teach dental assisting better than I could. Just because you have a "degree" in particular fields does not make you an instructor for a program you know nothing about. I have, over the past 20 years completed all of my CE courses, kept up with my certifications and my license. I go to seminars and conferences yearly to insure I am up to date on the field I love. It is easy to teach a class on courses you deal with daily in the real dental field. I have taken accredited college classes such as; microbiology, medical terminology, expository writing, medical emergencies, psychology, human anatomy & physiology I & II, chemistry, medical ethics & jurisprudence, public speaking, communications and composition. I feel that with the courses I've taken plus the extensive experience I
have in the dental field more than qualifies me to be an instructor in my field. I believe experience is not something you can buy or get a degree in.
I feel like if this standard is not changed, then there will be less and less CODA accredited programs. I love the CODA accreditations but the simple truth is that you don't have to have a bachelor's degree to teach it. By keeping the standard 3-6 the way it is, I'm afraid it is going to make it impossible to get new instructors.
In conclusion, I would greatly appreciate it if CODA would reconsider the accreditation standard 3-6.
I would hate to have to leave a CODA accredited program and teach at a different college that is not accredited by CODA guidelines. This could happen, simply because I don't have a piece of paper saying I have a bachelor's degree in some field that has nothing to do with dental.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

## URL to view Results

[Click Here]

### Response Summary:

At its **Winter 2023** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Assisting Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website](https://coda.ada.org/accreditation/open-hearings-comments-due):

https://coda.ada.org/accreditation/open-hearings-comments-due

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

**Comments are due June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Emily  
--- | ---  
Last Name | Boge  
Email | emily.boge  
Title | Dental Administrative Chair  

Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- Yes. Please enter the name of your organization below:
  - Hawkeye Community College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- Standard 3-6, Page 2, Line 9

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
- I appreciate the commission providing a clear timeline for degree completion for those we hire.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
- N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The revision to Standard 3-6 as proposed by CODA (“Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.”) changes the language of the standard but does not resolve the nationwide issue of CODA accredited program or those wishing to become accredited of having a pool of qualified potential didactic instructors for the Dental Assisting Programs. To meet the requirements of this proposed revision as stated by CODA, potential faculty members would need to be nearing completion of a baccalaureate degree before appointment to the didactic instructor position to feasibly meet the two-year deadline. The majority of dental assistants that went through a CODA accredited program, typically hold a diploma in dental assisting. For them to obtain a baccalaureate degree, it would take them a minimum of 4 years to obtain. The majority of Dental Hygienists posses a 2-year degree, and to expect a candidate to complete a baccalaureate within 2 years, would require them to take a FT student course load all while teaching dental assisting courses. Additionally, the timing or schedule would be subject to course availability required for the degree. The 2 year window still does not solve the issue that was brought to the Commission. This still limits the amount of available
qualified instructors to teach didactics in a CODA accredited Dental Assisting Program.

This all comes back to a credentialing issue, which in turn is causing compliance issues within Dental Assisting programs in regard to this particular standard. CODA established this standard in 2015-2016 for non-administrative didactic faculty, therefore I believe it is under the Commission's purview to consider action. In regards to this being due to a staffing shortage, that is a result of the change in this standard to require a baccalaureate degree for a diploma level program. The evidence presented in the original submission for this revision is illustration of the rationale to not diminish the case or reasoning for an appropriate revision of this standard.

As the standard currently reads and as the proposal reads, the following points are something to take into consideration:
- creates an unnecessary hardship or impossibility for the institution/program to remain in or come into compliance,
- has no justification as it is written,
- bars quality and appropriate professionals from being eligible to hold the position of faculty didactic instructor (without administrative duties),
- and prevents institutions/programs from offering their students the best resources for education and training.

Q8. Do you have additional comment?
  - I have NO additional comment and ready to submit.

Scoring
  - Score: 0

Embedded Data:
  N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

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Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Liza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Charlton</td>
</tr>
<tr>
<td>Email</td>
<td>lcharlton</td>
</tr>
<tr>
<td>Title</td>
<td>Dental Assisting Program Director</td>
</tr>
</tbody>
</table>

Q3. Please select one of the following options that best describes you or your organization:
  - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
  - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
  3-6

Q6. Do you agree with the proposed revision?
  - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.

Q8. Do you have additional comment?
  - I have NO additional comment and ready to submit.

### Scoring
- Score: 0

### Embedded Data:
- N/A
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Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Gwinnett Technical College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - 3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Requiring a baccalaureate degree for an instructor in Dental Assisting is not needed. This requirement has put an undo hardship on our program with finding qualified applicants. We have had a job posting for over 2 years and we have not had a single qualified applicant. We also surveyed 50 local dentist offices, of those 50, there was not a single dental assistant that had a baccalaureate degree or one that could finish within 2 years. The dental assisting program is a diploma program that should have faculty with that diploma or an associate degree plus 5 years of experience or more. This standard would make it to where every dental assisting program would be able to find qualified people to teach in the program without having any hardships in finding qualified applicants.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
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Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     College Of Southern Nevada

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I feel the instructors need to have a certain amount of education to be able to teach properly. They need to be able to make critical decisions and have experience of some sort to teach didactic classes. Most CODA schools are community colleges and all the didactic faculty have a BA.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6, page 2, line 9-10

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   If a didactic instructor has earned a Bachelor's Degree, and has maintained teaching competence through CODA required methodology courses and CE courses in their area of teaching, there is NO reason to mandate that they have earned the degree recently! This would prevent SO many dental assistants from teaching. If they already have a bachelor's degree they could not apply to teach, because they couldn't/wouldn't get a second Bachelor's Degree that is more recent. It does not make sense. And what about experienced DA faculty that have moved to another area and want to be hired in the new area? If their degree was not within two years they can not be hired in the new area? This would prevent experienced educators from teaching in a different college. We value teaching experience, we don't want only "green" instructors, we want those who have been teaching and are proven to be excellent educators teaching in our programs. It is so difficult now to find dental assistants that have Bachelor's Degrees. This will handicap Dental Assisting programs further and ultimately reduce the number of students that can be accommodated in programs (due to CODA required student-faculty ratios). Please reconsider and remove this proposed revision, as it will be
an obstacle to the mobility of faculty from one college to another when they are relocating, prevent experienced dental assisting faculty who now are employed as lab instructors from advancing to teaching didactic courses later, and further hinder the ability to find qualified faculty for CODA programs. This change would be a detriment to CODA Dental Assisting programs!

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
• Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Member of the Public

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standards 3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I would do not agree that the education standards for dental assisting instructors should be lowered. Instructors should have an undergraduate and masters degree to teach.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
Consideration of Proposed Revisions to Standard 3-6 of the Accreditation Standards for Dental Assisting Programs
Dental Assisting RC
CODA Summer 2023
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

Q2. Please complete the requested information.
**Q3.** Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

**Q4.** Is this an official comment from your organization?

- Yes. Please enter the name of your organization below:
  
  Coastal Carolina Community College

**Q5.** Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

3-6, 27, 1

**Q6.** Do you agree with the proposed revision?

- Agree

**Q7.** Enter your comment. Type or copy and paste in the text box below.

Thank you for proposing this change. We are in a crisis situation trying to find dental assisting instructors who already have a, or have completed fully a bachelor's degree.

**Q8.** Do you have additional comment?

- I have NO additional comment and ready to submit.

---

**Scoring**

- Score: 0

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**Embedded Data:**
N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

Q2. Please complete the requested information.
First Name: Evelyn
Last Name: Harry
Email: eharry
Title: Professor

Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I agree with the proposed changes to the standard.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Chanin  
---|---  
Last Name | Hartnett  
Email | Chanin.hartnett  
Title | Dental Assisting Program Director  

Q3. Please select one of the following options that best describes you or your organization:  
- College/University

Q4. Is this an official comment from your organization?  
- Yes. Please enter the name of your organization below.:  
  Western Dakota Technical College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.  
  3-6, appendix 5, page 2, lines 9-10

Q6. Do you agree with the proposed revision?  
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.  
  Agree with the proposed changes

Q8. Do you have additional comment?  
- I have NO additional comment and ready to submit.

Scoring  
- Score: 0

Embedded Data:  
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Wendy
Last Name | Herndon
Email | mikewendyherndon
Title | Department Head for Dental Assisting

Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Standard 3-6 Dental Assisting

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
I agree with the concept that there are very few Dental Assistants will obtain a higher degree as this is not necessary for advancement in this profession and in fact is not required for most positions that a dental assistant would be fully qualified for. It is true that Dental Assistants should decide as a profession whether upgrading their education to a degree vs. a diploma is necessary for performance of this very highly technically skilled job. Experience in the profession should be taken into consideration.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Elaine  
---|---
Last Name | Holmes  
Email | elaineholmes@example.com  
Title | Program Director

Q3. Please select one of the following options that best describes you or your organization:
- College/University

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Standard 3-6

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
I think this will give us opportunities to fill a faculty position.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
N/A
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Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     College of Western Idaho

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6 Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I am in favor of this due to the challenge of hiring dental assistants with a Bachelors Degree. I feel this is realistic to require 2 years for an individual to acquire a Bachelors Degree upon hire as a didactic faculty.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Allison
---|---
Last Name | Hopkins
Email | allison.hopkins
Title | Program Coordinator

Q3. Please select one of the following options that best describes you or your organization:
- College/University

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Standard 3-6, page 2, lines 8-10.

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
I support this revision. As my college awards a Diploma in Dental Assisting, the next highest degree would be an Associate Degree, which is also the highest degree awarded at my college. When hiring, it is very difficult to find a candidate with the current Bachelor's Degree requirement as most interested applicants have an Associate Degree (along with the Certified Dental Assistant certification). By revising this standard, it will greatly improve applicant pools and provide a pathway for those hired to earn their Bachelor's Degree in a timely manner. This will greatly benefit my program!

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:
N/A
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I do think 3 years is more appropriate, as an employee would not be able to attend college full time and teach. I believe all faculty should have a minimum of an associate degree when they begin teaching! Having on job experience alone is not sufficient, as the sciences taught in the program are not current with on job alone.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • College/University

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   • Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   The ability to become an instructor while working on a Bachelors would certainly improve our communities and allow for further quality education opportunities for training while addressing the attrition in the dental field that we are experiencing as well. I support this.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring

• Score: 0
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Middlesex Community College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3–6 appendix 5 page 2

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   This will lead to lowering of overall educational level, reputation and pay of dental assistants. In the long run will ultimately reduce the number of CODA accredited DA programs

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
**First Name**  Wilhemina  
**Last Name**  Leeuw  
**Email**  wrleeuw[redacted]  
**Title**  Clinical Assistant Professor  

Q3. Please select one of the following options that best describes you or your organization:  
- College/University  

Q4. Is this an official comment from your organization?  
- No. This is a personal comment.  

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.  
Standard 3-6 - revision to allow a CDA 2 years from hire date to receive a BS degree if teaching any didactic course.  

Q6. Do you agree with the proposed revision?  
- Agree  

Q7. Enter your comment. Type or copy and paste in the text box below.  
I can accept the revision as I know that several programs are finding it hard to obtain BS qualified CDA's for immediate didactic teaching. I believe that COVID-19 left a lasting effect on the population of CDA didactic instructors in that many veteran educators retired. Additionally, many CDA's chose work in offices versus teaching to meet their community access-to-care needs. Many DA programs are back to that process of "growing their own" in terms of turning clinicians into educators. HOWEVER, I would prefer it even more if there was a qualifying statement with it to require the "in-process" faculty member to undergo semester/term teaching review with a seasoned member of the institution after each course taught to evaluate that the didactic teaching knowledge and methods used are of sufficient depth and scope and meet the intended course objectives.  

Q8. Do you have additional comment?  
- I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - Standard 3.6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   - I agree with:
     "baccalaureate degree within 2 years of the date of initial hire as a didactic faculty".

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Member of the Public

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   standard 3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   no to lowering the educational requirement of dental assisting educators

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring

   - Score: 0

Embedded Data:

N/A
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6, Appendix 5, page 2, line 9/10

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I responded to this survey a bit ago. Upon further reflection, I think removing the baccalaureate requirement would give even less respect to the profession of Dental Assisting. Perhaps extending the time limit would be better.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6, Appendix 5, page 2, line 9/10

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   A baccalaureate degree requirement to teach didactic courses places undue hardship on the pool of qualified instructional faculty. The two year requirement also seems unreasonable to think that someone can get it done in that time while teaching.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3, 3-6, Page 2, Line 8-10

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I am currently employed at an accredited dental assisting program as the lab instructor. I have my associates degree and am in the progress of obtaining my bachelor's degree. This revision would be a fantastic revision for our program as the way the current standard has set limits for me to teach laboratory sessions only. Implementation of the revised standard will remove that limit and will benefit our program, the current faculty, and the students.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   Score: 0
Embedded Data:

N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name  | Maci  
Last Name  | Miller  
Email  | macimiller2003  
Title  | Ms  

Q3. Please select one of the following options that best describes you or your organization:
- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Page 2

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
I think this would be a fantastic revision for the WKCTC Dental Assisting Program.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6

Q6. Do you agree with the proposed revision?
   • Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I feel that allowing the newly hired didactic instructor to have 2 years to achieve the Bachelor's will give the educational program a bigger pool of applicants and increase diversity within the Dental educational system. would give opportunities to those wanting to advance their education, yet struggle with finances they can use a variety of programs to assist them.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0
Embedded Data:

N/A
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   This will definitely allow us to have a more robust candidate pool for full time and adjunct faculty.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Alejandra  
Last Name | Nava  
Email | Anava0704  
Title | Ms.  

Q3. Please select one of the following options that best describes you or your organization:  
- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?  
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.  
Standards 3-6

Q6. Do you agree with the proposed revision?  
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.  
NO to lowering the educational requirement of dental assisting educators.

Q8. Do you have additional comment?  
- I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:  
N/A
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Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6, lines 8-14

Q6. Do you agree with the proposed revision?
   • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Original intent in proposing a revision to Standard 3-6:
   When I originally proposed that Standard 3-6 be revised, with the support of my college employer and professional peers, my hope was that an appropriate revision would allow for more Dental Assisting programs nationally to remain in compliance with, come into compliance with, or meet requirements for the CODA standards until such time as a substantial number of state Dental Boards create laws or regulations requiring a minimum standard of education & training to become a dental assistant. In my original proposal, I requested that this standard eliminate the bachelor’s degree requirement and, instead, require a sufficient and appropriate combination of training and experience in the profession with CDA credentials. A degree requirement for non-administrative faculty can still be left to individual college institutions to set as a minimum qualification for this position. The alternative, requiring a 4-year degree, will ultimately result in fewer programs who become CODA-accredited initially or retain their CODA accreditation (voluntarily or involuntarily). The CODA Survey of Allied Dental Education reports show a steady decline of dental assisting programs accredited through CODA from 2015-16 report with a total of 264 dental assisting programs, to the 2021-22 report with 240
dental assisting programs. It should be noted that 2015-16 is the period in which Standard 3-6 went into full effect. I would be interested to see program numbers prior to this.

Feedback on the revision to Standard 3-6 as proposed by CODA:
Language change versus practical execution:
The revision to Standard 3-6 as proposed by CODA ("Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.") changes the language of the standard but doesn’t really alter the outcome or impact. To meet the requirements of this proposed revision as stated by CODA, any faculty member would essentially need to already be nearly finished with a baccalaureate degree before appointment to the instructor position to even hope to meet the deadline. It does not appear reasonable for someone to begin a four-year degree pathway with a two-year window to do so. Even if the newly appointed instructor already had a 2-year degree, he or she could not hope to accomplish a FT workload of coursework to complete the 4-year degree while also meeting their faculty obligations. Additionally, the timing or schedule would be subject to course availability required for the degree. So, in practical execution, ultimately the standard still requires faculty to essentially already have a degree upon appointment or almost immediately after. This excludes a majority of prospective, highly qualified applicants for such a position.

Lack of intent:
The intent section following a standard customarily would provide reasoning, explanation, or justification for a standard’s implementation. There still remains no such reasoning or justification for this standard even with the new proposed revision requiring a faculty member with no administrative duties to have a 4-year degree in 2 years from appointment. Further, the proposed revision for Standard 3-6 still does not identify or require a specific area or field of study for the baccalaureate degree creating a more acute incongruity for why there is no justification or reasoning provided for this degree requirement.

Exemptions already permitted by CODA:
The intent following Standard 3-6 still only lists equivalent military service, stating ""Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt."" CODA has consistently made exemption for military program faculty who do not have a baccalaureate degree, and this has not been changed with this proposed revision, with no explanation. I can assure you that less than half of any military body that has members meeting these ranks has a earned a bachelor’s degree. You can review articles on military-ranks.org, speak with recruiters for different military bodies, refer to the 2018 Demographics Report: Profile of the Military Community, or other resources to confirm this. Such a degree is not a requirement for promotion to these ranks. Of those that do have a
bachelor’s degree, only a minute percentage are in healthcare-related concentrations. This exemption appears to undermine the standard. Why is it that military faculty are granted exemption by CODA from meeting this standard to be accredited, but this requirement is imposed on civilian education programs? Illustrative scenario:
The very first course of our CODA-accredited program curriculum is Professional Orientation. This course has no laboratory, pre-clinical, or clinical skills required, thus, it is considered a “didactic” course. The course in summary educates the student on the following: the history of dentistry; the areas of a basic dental practice; the different members of the dental healthcare team; the roles, duties, and responsibilities of the dental assistant including expanded functions; agencies, organizations, and credentials such as ADA, ADAA, DANB, CODA, CDA, and RDA; and where to find the Dental Practice Act for our state. This is the most basic and standard knowledge that any dental assistant would know to practice the profession no matter how he or she came to be a dental assistant. If I have a faculty instructor with no administrative duties, who has 20 years of chairside experience as a dental assistant, a state license as an RDA in good standing, and her CDA credential since 2005, as well as experience as an instructor, why is she not considered by CODA as appropriately qualified to teach the Professional Orientation course? How does a baccalaureate degree in Accounting, Music, or Criminal Justice make her more qualified to teach the Professional Orientation course (about the history of dentistry, the dental healthcare team, and the dental assisting profession) simply because of its didactic delivery? What if this same faculty member also has completed accredited college courses with a B or higher including microbiology, chemistry, human anatomy & physiology I & II, psychology, medical ethics & jurisprudence, public speaking and communication, medical terminology, medical emergencies, expository writing, and composition? Per the existing standard and proposed revision as stated, why is she not considered to be amply qualified to deliver such a course and others like it on the premise that is “didactic” and she doesn’t have a degree (in Art History, Construction Technology, or Real Estate)?
This is a credentialing issue:
I, and many professional peers, were permitted to register as “observers” at the Winter meeting in February 2023. One speaker suggested that my original proposal was trying to address Standard 3-6 as a staffing shortage issue, and this was outside the purview of CODA. I, and many others disagree. We believe, and my proposal was actually intended to address, the matter of a credentialing issue, as established by CODA’s Standard 3-6 for Allied Education Dental Assisting programs. It is a credentialing requirement that was established by CODA and, therefore, is within the Commission’s
purview to consider action. Staffing shortages that may be created as an outcome of the standard’s requirements presented previously as evidence to illustrate the rationale of my original proposal does not diminish the case or reasoning for appropriate revision in line with the current educational requirements (or lack thereof) for this profession across the majority of states to preserve CODA accreditation or encourage the adoption of this accreditation amongst dental assisting programs.

Conclusion:
The consensus of my institution’s administration, the majority of my professional peers in academia as well as the field of dentistry, and myself has been that an instructor who is not the program administrator should not be required to have a bachelor’s degree, and Standard 3-6:

• creates an unnecessary hardship or impossibility for the institution/program to remain in or come into compliance,
• has no justification as it is written,
• bars quality and appropriate professionals from being eligible to hold the position of faculty didactic instructor (without administrative duties),
• and prevents institutions/programs from offering their students the best resources for education and training.

I feel that a dental healthcare professional with no less than 3 years of chairside experience in the field of dentistry, current state licensure in good standing, and CDA credentials for successful completion of the Dental Assisting National Board exams (for dental assistants or dental hygienists) should qualify to provide didactic instruction in a CODA-accredited dental assisting program.

Standards 3-5 and 3-7 cover my proposed minimum qualifications for non-administrative didactic instructor. Standard 3-5 already addresses the necessary faculty requirements for background and current knowledge of dental assisting as well as educational methodologies, curriculum development, measurement and evaluation, and so on. And Standard 3-7 already addresses the areas of instruction that require appropriate state licensure or CDA certification for laboratory, preclinical and clinical faculty. I, and the many other program administrators I have spoken with from both CODA-accredited programs and programs planning to apply for accreditation, feel that these standards are sufficient to screen appropriate, quality instructors for a CODA Dental Assisting program.

Perhaps Standard 3-6 could be revised to read as follows:

Faculty providing didactic instruction must have a minimum of three (3) years chairside experience in the dental assisting field, hold current state professional licensure as either a Dental Assistant, Dentist, or Dental Hygienist. A dental assistant or dental hygienist must also hold CDA certification through DANB.*

Intent:
Faculty members must possess sufficient knowledge, skills, and necessary chairside experience to be an effective and appropriate instructor of the subjects they teach. Dental hygienists should have a background as a chairside assistant in addition to hygiene experience. Maintaining current state licensure ensures all instructors remain current on evolving topics, materials, techniques, technology, and laws for the dental assisting professional. CDA credentials demonstrate a professional commitment to the value of specific knowledge, skills, and formal education as a competent practitioner meeting state and/or national professional requirements. By passing the DANB, faculty will hold the same credentials they promote to students. State-licensed dentists are not required to obtain additional certification through DANB.*

Please contact me if you have questions or require further clarification regarding my feedback. Thank you for your time and consideration in advance.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

**Response Summary:**

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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • College/University

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   DA Standard 3-6; Appendix 5; Page 2; Lines 9-10

Q6. Do you agree with the proposed revision?
   • Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Although I recognize that it will be easier for DA Programs to hire didactic faculty if we go back to a Standard such as this (as the CODA Standards for DA faculty credentials were historically similar), I have concerns about how a program/college might take advantage of faculty hires with no explanation in the Intent statement and the limited verbiage of the Standard.
   I fear that the potential exists for programs to "rotate" faculty into and out of "didactic teaching assignments", as long as they are not in that role for more than 2 years without the BA/BS degree; and then rotate them back in, or "re-hire" them, and stave off the requirement of achieving the baccalaureate degree; or "drop" faculty as they approach a site visit, etc.
   Although every Standard has room for abuse, I wonder if some verbiage to explain the "Intent" and that the faculty be demonstrating continual progress toward acquiring the degree ("continual progress" intentionally not defined) might strengthen the Standard without altering expressed time limits.
   Here is a suggested verbiage:
   Standard 3-6
   Faculty providing didactic instruction must have earned at least a baccalaureate degree. If hired as didactic faculty without the degree,
faculty must earn it within two years of the date of initial hire.

Intent:
Full-time and part-time faculty who teach didactic courses to dental assisting students are to possess a baccalaureate degree within two years of their hire date as didactic faculty. Faculty should demonstrate a continual progress toward acquisition of the baccalaureate degree if hired without one.

*Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt.

Examples of evidence to demonstrate compliance may include:
- Transcript(s)

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Peter  
---|---  
Last Name | Jenny  
Email | mr.p.jenny  
Title | Network Engineer  

Q3. Please select one of the following options that best describes you or your organization:
- Member of the Public  

Q4. Is this an official comment from your organization?
- No. This is a personal comment.  

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Standard 3-6, appendix 5, Page 2  

Q6. Do you agree with the proposed revision?
- Disagree  

Q7. Enter your comment. Type or copy and paste in the text box below.
I don't support lowering the educational standards. Faculty should continue to complete their degree BEFORE being hired as instructors. If you change to ~"must earn baccalaureate degree within two years of the initial hire date" not only will students be getting inferior teachers, but I'd bet a large percentage of the people you hire never get their degree, and then you'll be in the difficult position of having to fire them (or would you just lower standards further and waive the requirement?).  

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.  

Scoring  
- Score: 0
Embedded Data:

N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Kimberly  
---|---  
Last Name | Plate  
Email | kplate@  
Title | Director of Dental Assisting Program  

Q3. Please select one of the following options that best describes you or your organization:
- College/University

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- Standard 3-6

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
I believe the timeframe for completion of a baccalaureate degree should be changed to 3 years. Given that most CODA DA programs are certificate programs of approx. one year in length. A potential faculty member with a CDA, might need 1 year to complete an Associate's degree and then 2 years to complete a bachelor's degree.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:

N/A
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[Download as PDF]

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6, page 2, lines 9-10

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I appreciate the nature of this proposed revision to give some flexibility in hiring didactic faculty. However, completing a baccalaureate degree within two years is not practical for many. I suggest changing the language to match what CODA allows for military faculty, sufficient experience and a CDA credential. I am in full support of comments submitted by Marcy Owens. To make a real difference in the hiring crisis, I hope that CODA is open to allowing didactic faculty to have a baccalaureate degree or at least 3 years experience and a CDA. The various institutions will have their own degree requirements for faculty. In order to be a bit less prescriptive on this standard, I hope that CODA will consider Marcy Owen's proposed language, "However, if the Commission feels revision to include a minimum standard for education and training of all faculty delivering didactic instruction is what is needed, then perhaps Standard 3-6 should read as follows: Faculty providing didactic instruction must have a minimum of three (3) years chairside experience in the dental assisting field, hold current state professional licensure as either a Dental Assistant, Dentist, or Dental Hygienist. A dental assistant or dental hygienist must also hold CDA certification through DANB."
Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring

- Score: 0

Embedded Data:

N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
First Name | Annette  
Last Name | Puzan  
Email | puzana***  
Title | Manager, Dental Education & Licensure  

Q3. Please select one of the following options that best describes you or your organization:
- Other (Please specify):
  Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?
- Yes. Please enter the name of your organization below:
  Council on Dental Education and Licensure (CDEL)

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Accreditation Standards for Dental Assisting Education Programs, Standard 3-6

Q6. Do you agree with the proposed revision?
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
The following comment is being submitted on behalf of Dr. James D. Nickman, chair, and the members of the ADA Council on Dental Education and Licensure: A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, via an April 2023 electronic ballot, Council members considered and supported the proposed revision to the Accreditation Standards for Dental Assisting Education Programs. The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

**Q2. Please complete the requested information.**
Q3. Please select one of the following options that best describes you or your organization:
   • College/University

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6 Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty.

Q6. Do you agree with the proposed revision?
   • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   In States, where no formal education/training or certification is required, the proposed change to this Standard still makes it difficult to meet. It should be a preferred, but not a requirement or be dependent on the type of degree awarded at institutions. For example, if a program issues a Certificate only, than the highest level of education for faculty teaching didactic should be an AAS degree. This is more achievable than requiring a baccalaureate degree.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
Embedded Data:
N/A
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Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • College/University

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6 page 2 appendix 5

Q6. Do you agree with the proposed revision?
   • Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   The proposed standard will help hire prospective dental assistant faculty teaching didactic portions of the curriculum.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
   N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   ● College/University

Q4. Is this an official comment from your organization?
   ● Yes. Please enter the name of your organization below.
     Illinois Valley Community College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   ● Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   As the number of accredited dental assisting programs dwindles, the number of graduates with the necessary education to achieve a Bachelors degree within 2 years is limited. There are only 4 programs in Illinois that are an accredited program, and only 3 offer an AAS in Dental Assisting. Dental Assisting faculty wishing to teach didactically will essentially need to complete an entire 4-year degree to achieve a bachelors degree within two years as the standard is currently written. Faculty teaching didactically do not have administrative duties, and therefore the degree requirement should be determined by the institution itself, provided that the faculty member has the relevant training to teach in this manner. A bachelors degree does not instruct someone how to teach effectively, unless that degree is in education. Requiring coursework in instruction or methodology would be more beneficial to the institution, program and students. There are several well-qualified, knowledgeable dental clinicians that are more than capable of providing an exceptional educational experience to students.
Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Robert Morgan Technical College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3-6, pg. 8

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I completely agree that faculty must hold at least a Baccalaureate degree to teach the dental assisting students since we do not only teach hands-on skills but also customer service and to do so, we must be able to teach them communication skills such as reading, writing, listening and properly communicate instructions to patients.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • Member of the Public

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standards 3-6

Q6. Do you agree with the proposed revision?
   • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I do not think educational requirements for dental assisting instructors should be lowered. Instructors should have a baccalaureate degree.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
Consideration of Proposed Revisions to Standard 3-6 of the Accreditation Standards for Dental Assisting Programs
Dental Assisting RC
CODA Summer 2023
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Two years is not enough time to achieve a baccalaureate degree as a full-time instructor. This rule requires the instructor to be within 12-18 credit hours of graduation before they begin as an instructor. If I have a faculty instructor with no administrative duties, who has 20 years of chairsde experience as a dental assistant, a state license as an RDA in good standing, and her CDA credential since 2005, as well as experience as an instructor, why is she not considered by CODA as appropriately qualified to teach the Professional Orientation course? How does a baccalaureate degree in Accounting, Music, or Criminal Justice make her more qualified to teach the Professional Orientation course (about the history of dentistry, the dental healthcare team, and the dental assisting profession) simply because of its didactic delivery? What if this same faculty member also has completed accredited college courses with a B or higher including microbiology, chemistry, human anatomy & physiology I & II, psychology, medical ethics & jurisprudence, public
speaking and communication, medical terminology, medical emergencies, expository writing, and composition? Per the existing standard and proposed revision as stated, why is she not considered to be amply qualified to deliver such a course and others like it on the premise that is “didactic” and she doesn’t have a degree (in Art History, Construction Technology, or Real Estate)?

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - 3-6 Dental Assisting Standard

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   We feel the revised standard gives the college an opportunity to hire faculty with professional development in completing a degree within the two year time frame. Thank you

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
N/A
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Click next to submit a comment.

Q2. Please complete the requested information.
**First Name** | Hema  
---|---  
**Last Name** | Udupa  
**Email** | Hema.Udupa  
**Title** | Program Director  

Q3. Please select one of the following options that best describes you or your organization:  
- College/University

Q4. Is this an official comment from your organization?  
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.  
3-6, page 2, lines 9-10

Q6. Do you agree with the proposed revision?  
- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.  
The proposed revision of Standard 3-6 provides an opportunity for the faculty to complete the baccalaureate degree.

Q8. Do you have additional comment?  
- I have NO additional comment and ready to submit.

**Scoring**  
- Score: 0

**Embedded Data:**  
N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

URL to view Results  [Click Here]

Response Summary:

At its **Winter 2023** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Assisting Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:

https://coda.ada.org/accreditation/open-hearings-comments-due

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   • College/University

Q4. Is this an official comment from your organization?
   • No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3-6

Q6. Do you agree with the proposed revision?
   • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Any instructor teaching didactic courses must have already earned a baccalaureate degree. I am not in favor of the proposed revision.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
Q1. At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Oral and Maxillofacial Radiology Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/en/current-accreditation-standards/proposed-accreditation-standards

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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name: Josh
Last Name: Berry
Email: truffles090909
Title: Mr

Q3. Please select one of the following options that best describes you or your organization:

- College/University
- Dental or Dental-Related Education Program
- Federal Agency
- Dental Organization/Dental Association
- Dental/Healthcare Professional
- State Licensing Board
- Certifying Board/Organization
- Student (dental, allied dental or advanced dental)
- Member of the Public
- Other (Please specify)

Q4. Is this an official comment from your organization?
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standards 3-6

Q6. Do you agree with the proposed revision?

- Agree
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Educational requirements for dental assisting instructors should not be lowered. Instructors should have at least a baccalaureate degree upon hiring.

Q8. Do you have additional comment?

- YES, I have additional comment.
- I have NO additional comment and ready to submit.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

This question was not displayed to the respondent.

Q10. Do you agree with the proposed revision?

This question was not displayed to the respondent.

Q11. Enter your comment. Type or copy and paste in the text box below.

This question was not displayed to the respondent.

Q12. Do you have additional comment?

This question was not displayed to the respondent.
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

**URL to view Results**

[Click Here]

**Response Summary:**

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https://coda.ada.org/accreditation/open-hearings-comments-due

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Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3, Appendix 5 page 2, lines 9 and 10

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I believe the revision should be clear when stating that a "Faculty providing didactic instruction must have earned at least a baccalaureate degree within two years of the date of initial hire as a didactic faculty." This could be interpreted that a faculty hired who has a baccalaureate degree that is from 5 years ago does not qualify. Should clarify that faculty hired with an associates degree must earn a baccalaureate within 2 years...

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

**URL to view Results**

[Click Here]

**Response Summary:**

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https://coda.ada.org/accreditation/open-hearings-comments-due

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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental Organization/Dental Association

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Ohio Dental Association

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standards 3-6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Dear Commission Members:
   I am writing on behalf of the 5,300 member dentists of the Ohio Dental Association to encourage you to revise CODA’s Dental Assisting Standards 3-6 to remove the requirement that faculty providing didactic instruction must have earned at least a baccalaureate degree. Most dental assistants do not possess a baccalaureate degree but are still very skilled and capable of presenting didactic instruction. Dental Assisting Programs are having difficulty recruiting faculty and this change will help address that issue.
   The profession of dentistry relies on a steady supply of trained dental assistants to provide care to our patients. Addressing this issue will enhance the ability of CODA Accredited Dental Assisting Programs to meet the demand for trained dental assistants.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

Download as PDF

**Response Summary:**

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Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Choffin Career Center

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 3.6 Page 28

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

Advisory Committee Members
Choffin Career and Technical Center CODA Dental Assisting Program

May 4, 2023
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
Dear Dr. Sanjay Mallya and Committee Members,
This letter is in regards to the proposed revisions to Dental Assisting Education Programs 3-6 which is for consideration at the Summer 2023 meeting. As Advisory Committee Members who serve as liaisons between the program and local allied dental professionals and the community, we are aware in 2018 that standard 3-6 changed to state all faculty members must have a baccalaureate degree for didactic instruction. We are aware of the many challenges and delays finding Dental Assistants with these qualifications. In our meetings, mutual exchange of information has taken place regarding this topic and the committee believes and agrees with
removing standard 3-6.

Standard 3-6 really handcuffed our faculty. We had very capable teachers who had handled the curriculum load with efficiency and dedication, removed from the classroom due to 3-6. This resulted in additional workload for other faculty members, because, finding experienced dental assistants with a bachelor's degree is a very difficult task, and frankly, we were unable to find replacements. So, our program suffered because we had to place experienced classroom teachers on the sidelines. Although our students passed their boards and got on with their careers, we know that they could have had a richer experience at our school without 3-6.

We are requesting that Dental Assisting Standard 3-6 be removed completely. Faculty members providing didactic instruction have the qualifications as stated in 3.5 only. Any consideration with this matter will be greatly appreciated. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

Dr. Rudolph Braydich
Advisory Committee Chairperson and Committee Members.
Choffin Career and Technical Center
CODA Accredited Dental Assisting Program

Letter 2
Paul M. Bertolasio D.D.S.
President, Corydon Palmer Dental Society
26 E. Wilson Ave
Girard, OH 44420

Dear Commission Members,

I am writing in regards to the proposed revisions to Dental Assisting Education Programs 3-6 which is being considered for change at the summer 2023 meeting. Although my opinion may or may not reflect the views of our Dental Society, as President I hear the concerns of our member Dentists and among the most common issues is the difficulty in finding quality Dental Assistants in this post-pandemic era. I have employed presently, as well in the past, several assistants from various educational institutions and I can attest that the Choffin graduates are among the most well-trained employees we have had.

I understand that a baccalaureate degree may be an advantage for didactic instructors to have, however as you know most people who choose a career in Dental Assisting have not attended college. I do not believe that a lack of instructors with Bachelors degrees have negatively impacted the education of these highly trained graduates of Choffin that we have historically employed.

I am requesting the recommendation of the addition of standard 3-6 be removed and the standards set in 3-5 stand in its place.

Paul M. Bertolasio D.D.S.
Address: 26 E. Wilson Ave. • Girard, OH 44420 • Phone: (330) 545-2000
www.BertolasioDental.com
Philip Leone, DDS
Dental Assisting Program
200 East. Wood St.
Youngstown, Ohio 44503
330-744-8749
Fax-330-744-8705
e-mail: paula.oliver(youngstown,kt2.oh.us
April 27, 2023
Commission on Dental Accreditation
11 East Chicago Avenue
Chicago, Illinois 60611
Dear Commission Members,
This letter is in regards to the proposed revisions to Dental Assisting Education Program standard 3-6, which is for consideration at the Summer 2023 meeting. I have been a faculty member over 20 years at Choffin Career and Technical Center CODA Accredited Dental Assisting program. Over the years I have worked with numerous dental assistants that were faculty members whom exhibited mastery skills in their field. Before the standard 3.6 was changed in 2018 they had didactic responsibilities. I have seen the frustrations and delays that continue to create struggles and disruptions finding Dental Assisting Faculty Members with a Baccalaureate Degree. I have seen the Program Director fill these faculty positions (very few assistants in the field acquired baccalaureate degrees) with Dental Hygienists who do not have a background, knowledge or experience in dental assisting procedures which has had a direct negative impact on student learning.
I believe the Dental Assisting Standard 3.6 should be revised to state that a Baccalaureate Degree is not a necessary tool to teach in an accredited Dental Assisting Program and the requirements in Standard 3-5 remain the same.
Philip Leone, DDS
Dental Assisting Program Faculty
Choffin Career and Technical Center CODA Accredited Dental Assisting Program
LORI A. FITZGERALD, DDS
2023 President
Phone,c: 614-486-2100 I Toll Free: 800-282-1526 Fax: 614-846 0381 I
www.oda.org
1370 Dublin Road
Columbus, Ohio 43215-1098
April 25, 2023
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611
Dear Commission Members:
I am writing on behalf of the 5,300 member dentists of the Ohio Dental Association to
encourage you to revise CODA's Dental Assisting Standards 3-6 to remove the requirement that faculty providing didactic instruction must have earned at least a baccalaureate degree. Most dental assistants do not possess a baccalaureate degree but are still very skilled and capable of presenting didactic instruction. Dental Assisting Programs are having difficulty recruiting faculty and this change will help address that issue.

The profession of dentistry relies on a steady supply of trained dental assistants to provide care to our patients. Addressing this issue will enhance the ability of CODA Accredited Dental Assisting Programs to meet the demand for trained dental assistants.

Sincerely,
Lori A. Fitzgerald, DDS President
4/25/23
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
Dr. Sherry Cross
Director of Choffin CTC Adult Education Program
200 E. Wood St.
Youngstown, Ohio, 445
Dear Commission Members,
This letter is in regards to the proposed revisions to Dental Assisting Education Programs 3-6, which is being considered for changes during the Summer 2023 meeting. As a Director of Adult Education Director at an Ohio Technical Center, we are aware of the challenges within the workforce to fill much needed positions within the field of Dental Assisting. In fact, the Annual Survey on Allied Health reports a -21.3% downward trend from 2018-2022 http://www.ada.org. In order to meet the needs of the in-demand field of dental assisting, we must provide instructors of the highest quality who are skilled within the field. Most people within the field do not possess a baccalaureate degree. However, this Jack of degree has not impacted the great instruction that is given at Choffin CTC under the supervision of a program supervisor that meets CODA requirements.

I am requesting the recommendation of the addition of Dental Assisting Standard 3.6 be removed completely from the agenda. Faculty members providing didactic instruction have the qualifications as stated in 3.5 only. Any consideration with this matter will be greatly appreciated. If you have any questions or concerns, please do not hesitate to contact me.
Dr. Sherry Cross
Tina Davis
Program Director
Choffin Career and Technical Center Dental Assisting Program
200 E. Wood St.
Youngstown, Ohio 44503
April 4, 2023
Commission on Dental Accreditation
211 East Chicago Avenue  
Chicago, Illinois 60611  
Dear Commission Members,  
This letter is in reference to revisions for Dental Assisting Education  
Programs Standard 3-6.  
I have been a Registered Dental Hygienist with an AAS in Dental Hygiene  
for 41 years and a  
Dental Assistant for 46 years. I am currently an instructor at Choffin Career  
and Technical  
Center in the CODA Accredited Dental Assisting Program and have been  
for over 18 years. I was a didactic instructor for many years until 2018  
when CODA changed the standard to all  
didactic instructors must possess a BS Degree. I was no longer permitted to  
teach didactic  
courses. Over the years, this has created a hardship for this Program which  
has been running for 33 years. It is difficult to find Dental Assistants with a  
BS Degree. Many Hygienists do not have a Dental Assisting background or  
possess a CDA certificate which is required. Possessing a BS Degree does  
always ensure the capabilities to instruct certain chairside procedures or  
didactic  
instructions. More CODA Accredited Dental Assisting Programs are  
needed to produce qualified professionals.  
I am requesting that CODA remove Standard 3-6 completely and that  
faculty members are  
required to comply with Standard 3-5.  
Tina Davis, RDH, CDA  
Faculty  
Choffin Career and Technical Center  
CODA Accredited Dental Assisting Program  
Paula J. Oliver  
Program Director  
Choffin Career and Technical Center Dental Assisting Program  
200 East. Wood St.  
Youngstown, Ohio 44503  
April 27, 2023  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611  
Dear Commission Members,  
This letter is in regards to the proposed revisions to Dental Assisting  
Education Programs  
3-6 which is for consideration at the Summer 2023 meeting. As a Dental  
Assisting Program  
Director I have had many challenges filling faculty positions for didactic  
instruction since the standard was changed in 2018. Most Dental Assistants  
working in the field do not possess a baccalaureate degree. However, I have  
worked with many individuals over the years and they were highly skilled  
and very capable of presenting didactic instructions. This problem is
compounded with the current tight labor market for Dental Assistants throughout the country. It also appears that CODA Dental Assisting Programs are slowly decreasing in numbers which is evident on Annual Survey on Allied Health ( -21.3% trendline from 2018-2022 http://www.acla.org ). The dental profession needs more CODA programs so students have well developed competencies to enter the workforce and play a vital role within the dental profession while maintaining the quality of dental assisting education.

I am requesting that Dental Assisting Standard 3.6 be removed completely. Faculty members providing didactic instruction have the qualifications as stated in 3.5 only. Any consideration with this matter will be greatly appreciated. If you have any questions or concerns, please do not hesitate to contact me.

Respectfully,
Paula J. OHDA., CDPMA., CODA., BA. Program Director
Choffin Career and Technical Center
CODA Accredited Dental Assisting Program

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - Member of the Public

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standards 3-6

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   no to lowering the educational requirements of dental assistant educators

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
Thank you for your interest in the Commission on Dental Accreditation (CODA). Your comment has been successfully submitted. Below, please find a copy of your comment as recorded.

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URL to view Results

[Click Here]

Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.
Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Ozarks Technical Community College

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   3.6

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   It would be helpful to extend time to earn a Baccalaureate degree for dental assisting educators.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
N/A
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

**Background:** The Accreditation Standards for Dental Hygiene Education Programs were approved by the Commission on Dental Accreditation at its July 26, 2007 meeting and were implemented on January 1, 2009. Since that date, 611 dental hygiene site visits have been conducted by visiting committees of the Commission utilizing the January 2009 Standards. At the time of this report, the Standards included 99 “must” statements addressing 190 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2009 through June 30, 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 2,363 citings of non-compliance were made. Of these, 178 (7.5%) were related to Standard 1–Institutional Effectiveness; 1,216 (51.4%) were related to Standard 2–Educational Program; 431 (18.2%) were related to Standard 3–Administration, Faculty and Staff; 205 (8.7%) were related to Standard 4–Educational Support Services; 102 (4.3%) were related to Standard 5–Health and Safety Provisions; and 231 (9.8%) were related to Standard 6–Patient Care Services.

Analysis of the data indicates the most frequently cited areas of non-compliance are within Standard 2–Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total of 304 citations. Standard 2-12 requires graduate competence in providing dental hygiene care for various patient types including patients with special needs. Citations within Standard 2-12 patient types were distributed as follows: child (60), adolescent (73), adult (43), geriatric (64), and special needs patients (64). Continued monitoring of Standard 2-12 and standards related to patient care and tracking is indicated and future revisions may be warranted. Standard 2-7, which describes the course documentation components provided to students, was cited a total of 192 times. Within Standard 3–Administration, Faculty and Staff, Standard 3-7, a) requiring current knowledge of the specific subject(s) faculty are teaching, and b) requiring educational methodology for faculty, received 63 and 79 citations, respectively.

**Summary:** The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards. The revised Accreditation Standards for Dental Hygiene Education Programs was implemented on July 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2009 Accreditation Standards for Dental Hygiene Education Programs.

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

Prepared by: Ms. Katie Navickas
**ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS**
*(January 2009 Standards)*

**Frequency of Citings Based on Required Areas of Compliance**

Total Number of Programs Evaluated: 611  
January 1, 2009 through June 30, 2022

**STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 13 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-1</td>
<td>The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>b. Implementing the plan</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>c. Assessing the outcomes, including measures of student achievement</td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>d. Using the results for program improvement</td>
</tr>
<tr>
<td>53</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2</td>
<td>The institution must have a strategic plan which identifies stable financial resources sufficient to support the program’s stated mission, goals and objectives.</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>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.</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-4</td>
<td>The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency recognized by the United States Department of Education for offering college-level programs.

All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

There must be an active liaison mechanism between the program and the dental professions in the community.

**STANDARD 2- EDUCATIONAL PROGRAMS – 94 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-1</td>
<td>The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>The scope and depth of the curriculum must reflect the objectives and philosophy of higher education.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>The college catalog must list the degree awarded and course titles and descriptions.</td>
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<tr>
<td>1</td>
<td></td>
<td>In a two-year college setting, the graduates of the program must be awarded an associate degree.</td>
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<td>2</td>
<td></td>
<td>In a four-year college or university, the graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.</td>
</tr>
<tr>
<td>5</td>
<td>2-2</td>
<td>A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed.</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Academic standards and institutional due process policies must be followed for remediation or dismissal.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>A college document must include institutional due process policies and procedures.</td>
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<td>2</td>
<td>2-3</td>
<td>Admission of students must be based on specific written</td>
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<td></td>
<td></td>
<td>criteria, procedures and policies. Applicants must be informed of the:</td>
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<tr>
<td>1</td>
<td>Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of:</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>criteria and procedures for selection</td>
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<tr>
<td>4</td>
<td>goals of the program</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>curricular content</td>
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</tr>
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<td>1</td>
<td>course transferability</td>
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</tr>
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<td>3</td>
<td>scope of practice</td>
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</table>

employment opportunities for dental hygienists

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program.</th>
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<tbody>
<tr>
<td>2</td>
<td>Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.</td>
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<tr>
<th></th>
<th></th>
<th>The number of students enrolled in the program must be proportionate to the resources available.</th>
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<tr>
<th></th>
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<th>The dental hygiene program must define and list the competencies needed for graduation.</th>
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<thead>
<tr>
<th></th>
<th></th>
<th>The dental hygiene program must employ student evaluation methods that measure all defined program competencies.</th>
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<td>37</td>
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<thead>
<tr>
<th></th>
<th></th>
<th>These competencies and evaluation methods must be written and communicated to the enrolled students.</th>
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<thead>
<tr>
<th></th>
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<th>Written documentation of the curriculum must be provided at the initiation of course instruction and include:</th>
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<table>
<thead>
<tr>
<th></th>
<th></th>
<th>a. Course descriptions</th>
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<thead>
<tr>
<th></th>
<th></th>
<th>b. Content outlines, including:</th>
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<tr>
<th></th>
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<th>c. Topics to be presented,</th>
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<tr>
<th></th>
<th></th>
<th>d. Specific instructional objectives;</th>
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<tr>
<th></th>
<th></th>
<th>e. Learning experiences;</th>
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<tr>
<th></th>
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<th>f. Evaluation procedures.</th>
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<td>47</td>
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<tr>
<td></td>
<td>Frequency of Citings</td>
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<td>5</td>
<td>2-8</td>
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</tbody>
</table>

The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science.

This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculums defined competencies.

A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

<table>
<thead>
<tr>
<th></th>
<th>2-8a</th>
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<tbody>
<tr>
<td>6</td>
<td>General education content must include:</td>
</tr>
<tr>
<td>3</td>
<td>Oral communication</td>
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<tr>
<td>6</td>
<td>Written communication</td>
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<tr>
<td>9</td>
<td>Psychology</td>
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<td></td>
<td>Sociology</td>
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<tr>
<th></th>
<th>2-8b</th>
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<tbody>
<tr>
<td>6</td>
<td>Biomedical science content must include content in</td>
</tr>
<tr>
<td></td>
<td>Anatomy</td>
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<td></td>
<td>Physiology</td>
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<tr>
<td>5</td>
<td>Chemistry</td>
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<td>1</td>
<td>Biochemistry</td>
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<td>1</td>
<td>Microbiology</td>
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<td>1</td>
<td>Immunology</td>
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<tr>
<td></td>
<td>General and maxillofacial pathology and/or pathophysiology</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
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<td></td>
<td>Pharmacology</td>
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<thead>
<tr>
<th></th>
<th>2-8c</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Dental sciences content must include:</td>
</tr>
<tr>
<td></td>
<td>Tooth morphology</td>
</tr>
<tr>
<td>1</td>
<td>Head, neck and oral anatomy</td>
</tr>
<tr>
<td></td>
<td>Oral embryology and histology</td>
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<tr>
<td></td>
<td>Oral pathology</td>
</tr>
<tr>
<td>1</td>
<td>Radiography</td>
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<tr>
<td></td>
<td>Periodontology</td>
</tr>
<tr>
<td>1</td>
<td>Pain management</td>
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<tr>
<td></td>
<td>Dental materials</td>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Dental hygiene science content must include:</td>
</tr>
<tr>
<td>2</td>
<td>Oral health education and preventive counseling</td>
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<tr>
<td>Frequency of Citings</td>
<td>Health promotion</td>
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</tr>
<tr>
<td>2</td>
<td>Provision of services for and management of patients with special needs</td>
</tr>
<tr>
<td>1</td>
<td>Medical and dental emergencies including basic life support</td>
</tr>
<tr>
<td>1</td>
<td>Legal and ethical aspects of dental hygiene practice</td>
</tr>
<tr>
<td>1</td>
<td>Infection and hazard control management</td>
</tr>
<tr>
<td></td>
<td>The provision of oral health care services to patients with bloodborne infectious diseases.</td>
</tr>
</tbody>
</table>

- **7** 2-9 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

- **29** 2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment.

- **4** Clinical practice must be distributed throughout the curriculum.

- **38** 2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

- **2-12** Graduates must be competent in providing dental hygiene care for:

  - **60** Child
  - **73** Adolescent
  - **43** Adult
  - **64** Geriatric
  - **64** Special needs patient populations.

- **2-13** Graduates must be competent in providing the dental hygiene process of care which includes:

  - **10** a. comprehensive collection of patient data to identify the physical and oral health status
<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>15</td>
<td></td>
<td>b. analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>c. establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>d. provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health</td>
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<tr>
<td>19</td>
<td></td>
<td>e. measurement of the extent to which goals identified in the dental hygiene care plan are achieved</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>f. complete and accurate recording of all documentation relevant to patient care</td>
</tr>
<tr>
<td>63</td>
<td>2-14</td>
<td>Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.</td>
</tr>
<tr>
<td>9</td>
<td>2-15</td>
<td>Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.</td>
</tr>
<tr>
<td>2-16</td>
<td></td>
<td>Graduates must be competent in:</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>a. assessing the oral health needs of community-based programs</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>b. planning an oral health program to include health promotion and disease prevention activities</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>c. implementing the planned program</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>d. evaluating the effectiveness of the implemented program</td>
</tr>
<tr>
<td>2-17</td>
<td></td>
<td>Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.</td>
</tr>
<tr>
<td>5</td>
<td>2-18</td>
<td>Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program’s state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state.</td>
</tr>
</tbody>
</table>
Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions.

Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Graduates must be competent in the application of self-assessment skills to prepare them for lifelong learning.

Graduates must be competent in the evaluation of current scientific literature.

Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

The dental hygiene program must have a formal, written curriculum management plan, which includes:

- an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
- evaluation of the effectiveness of all courses as they support the program’s goals and competencies;
- a defined mechanism for coordinating instruction among dental hygiene program faculty.
- a defined mechanism to calibrate dental hygiene faculty for student clinical evaluation.
# STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1</td>
<td></td>
<td>The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.</td>
</tr>
<tr>
<td>3-2</td>
<td></td>
<td>The dental hygiene program administrator must have a full-time appointment as defined by the institution, which provides time for operation, supervision, evaluation and revision of the program.</td>
</tr>
<tr>
<td>3-3</td>
<td></td>
<td>The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.</td>
</tr>
<tr>
<td>3-4</td>
<td></td>
<td>The program administrator must have the authority and responsibility necessary to fulfill program goals including:</td>
</tr>
<tr>
<td>3-5</td>
<td></td>
<td>The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program’s stated purpose, goals and objectives.</td>
</tr>
</tbody>
</table>

- a. curriculum development, evaluation and revision;
- b. faculty recruitment, assignments, supervision and evaluation;
- c. input into faculty evaluation;
- d. initiation of program or department in-service and faculty development;
- e. assessing, planning and operating program facilities;
- f. input into budget preparation and fiscal administration;
- g. coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.
<table>
<thead>
<tr>
<th>Frequency of Citings</th>
<th>Subpage</th>
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<tbody>
<tr>
<td>56</td>
<td>3-6</td>
</tr>
<tr>
<td></td>
<td>The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. In preclinical, clinical and radiographic clinical laboratory sessions, there must not be less than one faculty for every five students.</td>
</tr>
<tr>
<td>19</td>
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<tr>
<td></td>
<td>In laboratory sessions for dental materials courses, there must not be less than one faculty for every ten students to ensure the development of clinical competence and maximum protection of the patient, faculty and students.</td>
</tr>
<tr>
<td>24</td>
<td>3-7</td>
</tr>
<tr>
<td></td>
<td>The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.</td>
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<td></td>
<td>Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.</td>
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<td></td>
<td>All dental hygiene program faculty members must have:</td>
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<td>63</td>
<td>a.</td>
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<td></td>
<td>current knowledge of the specific subjects they are teaching</td>
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<td>79</td>
<td>b.</td>
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<tr>
<td></td>
<td>documented background in current educational methodology concepts consistent with teaching assignments.</td>
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<td></td>
<td>c.</td>
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<td></td>
<td>Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.</td>
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<td>2</td>
<td>3-8</td>
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<td></td>
<td>Opportunities must be provided for full-time faculty to continue their professional development.</td>
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<td>3-9</td>
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<td></td>
<td>A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.</td>
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<td>3-10</td>
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<td></td>
<td>Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.</td>
</tr>
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<td>32</td>
<td>3-11</td>
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<tr>
<td></td>
<td>Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.</td>
</tr>
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<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
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<td>4</td>
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<td>e.</td>
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<td>g.</td>
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<td>3</td>
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<tr>
<td>10</td>
<td>a.</td>
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<td>b.</td>
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<td>4</td>
<td>c.</td>
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<tr>
<td>4</td>
<td>d.</td>
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<td>1</td>
<td>Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.</td>
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<td>8</td>
<td>4-3</td>
</tr>
<tr>
<td>1</td>
<td>If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.</td>
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<td>a.</td>
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<td>9</td>
<td>b.</td>
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<td>sufficient ventilation</td>
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<td>lighting</td>
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<td>necessary utilities</td>
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<td>2</td>
<td>Storage space</td>
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<td>3</td>
<td>An adjustable, comfortable chair</td>
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<td>6</td>
<td>c.</td>
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<td>15</td>
<td>4-4</td>
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</table>
If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

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<tbody>
<tr>
<td>a.</td>
<td>a formal contract between the educational institution and the facility;</td>
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<td>6</td>
<td>b. a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted; or</td>
</tr>
<tr>
<td>4</td>
<td>c. a contingency plan developed by the institution should the contract be terminated;</td>
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<tr>
<td>1</td>
<td>d. a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;</td>
</tr>
<tr>
<td>1</td>
<td>e. the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;</td>
</tr>
<tr>
<td>3</td>
<td>f. clinical instruction is provided and evaluated by dental hygiene program faculty;</td>
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<td>2</td>
<td>g. all dental hygiene students receive comparable instruction in the facility;</td>
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<tr>
<td></td>
<td>h. the policies and procedures of the facility are compatible with the philosophy and goals of the educational program.</td>
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</tbody>
</table>

5  4-5 Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.

9  4-6 Office space which allows for privacy must be provided for the program administrator and faculty.

Student and program records must be stored to ensure confidentiality and safety.

2  4-7 Instructional aids and equipment must be provided for student learning.

2 Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.
There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tbody>
<tr>
<td>4</td>
<td>4-8</td>
<td>There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.</td>
</tr>
</tbody>
</table>

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 6 Required Areas of Compliance

<table>
<thead>
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<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>5-1</td>
<td>The program must document its compliance with institutional 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.</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.</td>
</tr>
<tr>
<td>3</td>
<td>5-2</td>
<td>Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis 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.</td>
</tr>
<tr>
<td>14</td>
<td>5-3</td>
<td>The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of emergencies.</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.</td>
</tr>
</tbody>
</table>
## STANDARD 6- PATIENT CARE SERVICES – 11 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6-1</td>
<td>The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs.</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.</td>
</tr>
<tr>
<td>2</td>
<td>6-2</td>
<td>The program must have a formal written system of patient care quality assurance with a plan that includes:</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>a. standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>b. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided;</td>
</tr>
<tr>
<td>56</td>
<td></td>
<td>c. mechanisms to determine the cause of treatment deficiencies;</td>
</tr>
<tr>
<td>57</td>
<td></td>
<td>d. patient review policies, procedure, outcomes and corrective measures.</td>
</tr>
<tr>
<td>4</td>
<td>6-3</td>
<td>The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.</td>
</tr>
<tr>
<td>6-4</td>
<td></td>
<td>The program must develop and distribute a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.</td>
</tr>
<tr>
<td>31</td>
<td>6-5</td>
<td>All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).</td>
</tr>
<tr>
<td>8</td>
<td>6-6</td>
<td>The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.</td>
</tr>
</tbody>
</table>
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

**Background:** The Commission on Dental Accreditation approved the Accreditation Standards for Dental Hygiene Education Programs on February 12, 2021, with implementation on July 1, 2022. Since that implementation date, 17 site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2022 Standards. At the time of this report, the Standards included 90 “must” statements addressing 153 required areas of compliance. The data provided in Appendix I are based on the areas of non-compliance cited by visiting committees during site visits conducted July 1, 2022 through October 31, 2022.

**Analysis:** The data in Appendix I indicates that a total of 54 areas of non-compliance were made during the period of reporting. Of these, 3 (5.6%) were related to Standard 1-Institutional Effectiveness; 23 (42.59%) were related to Standard 2-Educational Program; 12 (22.2%) were related to Standard 3-Administration, Faculty and Staff; 9 (16.7%) were related to Standard 4-Educational Support Services; 5 (9.3%) were related to Standard 5-Health and Safety Provisions; and 3 (5.6%) related to Standard 6-Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance are within Standard 2- Educational Program. The subsets of Standard 2-12 were cited most frequently and received a total 10 citations. Standard 2-12 requires graduate be competence in providing dental hygiene care for various patient types. Citations within Standard 2-12, patient types, were distributed as follows: child (2), adolescent (2), adult (1), geriatric (2), and special needs patients (3). Continued monitoring of Standard 2-12 and standards related to patient care is indicated. Within Standard 3–Administration, Faculty and Staff, Standard 3-6, d, evidence of faculty calibration for clinical evaluation received three (3) citations. Standard 3-2, the dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program, received two (2) citations.

**Summary:** Based on existing data, it appears that most dental hygiene programs are in compliance with the majority of the Accreditation Standards. The Commission will continue to receive reports annually summarizing the updated data on frequency of citings of individual Standards.

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

Prepared by: Ms. Katie Navickas
ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS  
(July 2022 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 17  
July 1, 2022 through October 31, 2022

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 14 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td></td>
<td>The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:</td>
</tr>
<tr>
<td></td>
<td>a.</td>
<td>developing a plan addressing teaching, patient care, research and service;</td>
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<tr>
<td></td>
<td>b.</td>
<td>an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;</td>
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<tr>
<td></td>
<td>c.</td>
<td>implementing the plan to measure program outcomes in an ongoing and systematic process;</td>
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<tr>
<td></td>
<td>d.</td>
<td>assessing and analyzing the outcomes, including measures of student achievement;</td>
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<tr>
<td></td>
<td>e.</td>
<td>use of the outcomes assessment results for annual program improvement and reevaluation of program goals.</td>
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<tr>
<td>1</td>
<td>1-2</td>
<td>The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.</td>
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<tr>
<td>1</td>
<td>1-3</td>
<td>The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.</td>
</tr>
<tr>
<td>1</td>
<td>1-4</td>
<td>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.</td>
</tr>
<tr>
<td>1-5</td>
<td>The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.</td>
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</tr>
<tr>
<td>1-6</td>
<td>Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.</td>
<td></td>
</tr>
<tr>
<td>1-7</td>
<td>All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.</td>
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<tr>
<td>1-8</td>
<td>There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.</td>
<td></td>
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</table>

**STANDARD 2- EDUCATIONAL PROGRAMS** – 60 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1</td>
<td>The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.</td>
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<td></td>
<td>In a two year college setting, the graduates of the program must be awarded an associate degree. In a four year college or university, graduates of the program must be awarded an associate or comparable degree, post-degree certificate, or baccalaureate degree.</td>
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<tr>
<td>2-2</td>
<td>A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.</td>
<td></td>
</tr>
</tbody>
</table>
Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

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

The number of students enrolled in the program must be proportionate to the resources available.

The dental hygiene program must:

1. define and list the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.

2. employ student evaluation methods that measure all defined graduation competencies.

3. document and communicate these competencies and evaluation methods to the enrolled students.

Course syllabi for dental hygiene courses must be available at the initiation of each course and include:

1. written course descriptions

2. content and topic outlines

3. specific instructional objectives

4. learning experiences

5. evaluation methods

The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

General education content must include oral and written communications psychology and sociology:

Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology,
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<td></td>
<td>general and maxillofacial pathology and/or pathophysiology, nutrition and pharmacology.</td>
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<tr>
<td>2-8c</td>
<td>Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.</td>
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</tr>
<tr>
<td>2-8d</td>
<td>Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.</td>
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</tr>
<tr>
<td>2-9</td>
<td>The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.</td>
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<tr>
<td>2-10</td>
<td>Clinical experiences must be distributed throughout the curriculum. The number of hours of preclinical practice and direct patient care must ensure that students attain clinical competence and develop appropriate judgment.</td>
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<tr>
<td>2</td>
<td>The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.</td>
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<tr>
<td>2-12</td>
<td>Graduates must be competent in providing dental hygiene care for all patient populations including:</td>
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<tr>
<td></td>
<td>1. Child</td>
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<td></td>
<td>2. Adolescent</td>
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<td></td>
<td>3. Adult</td>
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<td></td>
<td>4. Geriatric</td>
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<td></td>
<td>5. Special needs</td>
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<td>2-13</td>
<td>Graduates must be competent in providing the dental hygiene process of care which includes:</td>
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<td></td>
<td>a. comprehensive collection of patient data to identify the physical and oral health status;</td>
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<td></td>
<td>b. analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;</td>
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<td></td>
<td>c.</td>
<td>establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;</td>
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<td></td>
<td>d.</td>
<td>provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;</td>
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<td></td>
<td>e.</td>
<td>measurement of the extent to which goals identified in the dental hygiene care plan are achieved;</td>
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<tr>
<td></td>
<td>f.</td>
<td>complete and accurate recording of all documentation relevant to patient care.</td>
</tr>
<tr>
<td>2</td>
<td>2-14</td>
<td>Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.</td>
</tr>
<tr>
<td>2-15</td>
<td>Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.</td>
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</tr>
<tr>
<td>2-16</td>
<td>Graduates must demonstrate competence in:</td>
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<tr>
<td></td>
<td>a.</td>
<td>assessing the oral health needs of community-based programs</td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>planning an oral health program to include health promotion and disease prevention activities</td>
</tr>
<tr>
<td></td>
<td>c.</td>
<td>implementing the planned program, and,</td>
</tr>
<tr>
<td></td>
<td>d.</td>
<td>evaluating the effectiveness of the implemented program.</td>
</tr>
<tr>
<td>2-17</td>
<td>Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.</td>
<td></td>
</tr>
<tr>
<td>2-18</td>
<td>Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.</td>
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</tr>
<tr>
<td>2-19</td>
<td>Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.</td>
<td></td>
</tr>
</tbody>
</table>
Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Graduates must be competent in the evaluation of current scientific literature.

Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

The dental hygiene program must have a formal, written curriculum management plan, which includes:

1. an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
2. evaluation of the effectiveness of all courses as they support the program’s goals and competencies;
3. a defined mechanism for coordinating instruction among dental hygiene program faculty.

STANDARD 3- FACULTY AND STAFF – 24 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1</td>
<td>The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.</td>
<td></td>
</tr>
<tr>
<td>3-2</td>
<td>The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.</td>
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</tr>
<tr>
<td>3-3</td>
<td>The program administrator must be a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals. A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.</td>
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<tr>
<td>3-4</td>
<td>The program administrator must have the authority and responsibility necessary to fulfill program goals including:</td>
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</tr>
<tr>
<td>a.</td>
<td>curriculum development, evaluation and revision;</td>
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<tr>
<td>b.</td>
<td>faculty recruitment, assignments, supervision and evaluation;</td>
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<td>1</td>
<td>c. input into faculty evaluation;</td>
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<tr>
<td>d.</td>
<td>initiation of program or department in-service and faculty development;</td>
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<tr>
<td>e.</td>
<td>assessing, planning and operating program facilities;</td>
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<td>2</td>
<td>f. input into budget preparation and fiscal administration;</td>
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<tr>
<td>1</td>
<td>g. coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.</td>
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</tr>
<tr>
<td>3-5</td>
<td>The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public.</td>
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<tr>
<td>1</td>
<td>In preclinical and clinical sessions, the ratio must not exceed one (1) faculty to five (5) students.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2. In radiography laboratory sessions, the ratio must not exceed one (1) faculty to five (5) students.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>In other dental sciences laboratory sessions, the ratio must not exceed one (1) faculty to 10 students.</td>
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</tr>
<tr>
<td>3-6</td>
<td>Full-time and part-time faculty of a dental hygiene program must possess a baccalaureate or higher degree. All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.</td>
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<tr>
<td>3</td>
<td>All dental hygiene program faculty members must have:</td>
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<tr>
<td>a.</td>
<td>current knowledge of the specific subjects they are teaching.</td>
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<tr>
<td>b.</td>
<td>documented background in current educational methodology concepts consistent with teaching assignments.</td>
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<tr>
<td>c.</td>
<td>faculty who are dental hygienists or dentists must be graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.</td>
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<td>3</td>
<td>d. evidence of faculty calibration for clinical evaluation.</td>
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<td>3-7</td>
<td>Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.</td>
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<td>3-8</td>
<td>A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.</td>
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</tbody>
</table>
Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

### STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 33 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-9</td>
<td>4-1</td>
<td>The program must provide adequate and appropriately maintained facilities to support the academic and clinical purposes of the program that are in conformance with applicable regulations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The dental hygiene facilities must contain the following:</td>
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<td></td>
<td></td>
<td>a. sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;</td>
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<td></td>
<td></td>
<td>b. a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);</td>
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<td></td>
<td>c. a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;</td>
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<td>d. a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;</td>
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<td>e. sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;</td>
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<tr>
<td>f.</td>
<td>facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;</td>
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<td>g.</td>
<td>space and furnishings for patient reception and waiting provided adjacent to the clinic;</td>
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<td>h.</td>
<td>patient records kept in an area assuring safety and confidentiality.</td>
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</tbody>
</table>

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a. an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;

b. modern processing and/or scanning equipment;

c. an area for mounting and viewing radiographs;

d. documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

1 4-3 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities.

1

If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must conform to applicable local, state and federal regulations and contain the following:

2 a. placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;

b. student work areas that are designed and equipped for students to work with necessary utilities and storage space;

c. documentation of compliance with applicable local, state and federal regulations.

2

4-4 When the institution uses an additional facility for clinical education that includes program requirements then the following conditions must be met in addition to all existing Standards:
<table>
<thead>
<tr>
<th></th>
<th>a. a formal contract between the educational institution and the facility;</th>
<th>b. a contingency plan developed by the institution should the contract be terminated;</th>
<th>c. a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;</th>
<th>d. the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;</th>
<th>e. clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;</th>
<th>f. all dental hygiene students receive comparable instruction in the facility;</th>
<th>g. the policies and procedures of the facility are compatible with the goals of the educational program.</th>
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<tbody>
<tr>
<td>4-5</td>
<td>Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.</td>
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<td>4-6</td>
<td>Office space which allows for privacy must be provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.</td>
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<td>4-7</td>
<td>Instructional aids and equipment must be provided for student learning.</td>
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<td>Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.</td>
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There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 12 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5-1</td>
<td>The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies regarding infectious diseases and radiation management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A. Policies must include, but not be limited to:</td>
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<td></td>
<td></td>
<td>1. Radiation hygiene and protection,</td>
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<td></td>
<td></td>
<td>2. Use of ionizing radiation,</td>
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<td></td>
<td></td>
<td>3. Hazardous materials, and</td>
</tr>
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<td></td>
<td>1</td>
<td>4. Bloodborne and infectious diseases.</td>
</tr>
<tr>
<td>1</td>
<td>5-2</td>
<td>Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis 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.</td>
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<td></td>
<td></td>
<td>B. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.</td>
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<td></td>
<td></td>
<td>C. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.</td>
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</table>
The program must establish, enforce, and instruct students in preclinical/clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting. These program protocols must be provided to all students, faculty and appropriate staff.

Faculty, staff and students must be prepared to assist with the management of emergencies. All students, clinical faculty and clinical support staff must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6-1</td>
<td>The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.</td>
</tr>
<tr>
<td>6-2</td>
<td></td>
<td>The program must have a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards. The quality assurance plan must be applied at least annually and include:</td>
</tr>
<tr>
<td>1</td>
<td>a.</td>
<td>standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;</td>
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<td></td>
<td>b.</td>
<td>an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;</td>
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<tr>
<td></td>
<td>c.</td>
<td>mechanisms to determine the cause of treatment deficiencies;</td>
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<tr>
<td>1</td>
<td>d.</td>
<td>patient review policies, procedure, outcomes and corrective measures.</td>
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<tr>
<td>6-3</td>
<td></td>
<td>The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.</td>
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<tr>
<td><strong>6-4</strong></td>
<td>The program must develop and distribute a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.</td>
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<tr>
<td><strong>6-5</strong></td>
<td>The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.</td>
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</table>
CONSIDERATION OF THE REPORT OF THE AD HOC COMMITTEE TO DEVELOP DENTAL HYGIENE ENROLLMENT GUIDELINES AND REVIEW ACCREDITATION STANDARDS FOR DENTAL HYGIENE EDUCATION PROGRAMS

Background: At its Winter 2023 meeting, the Commission on Dental Accreditation (CODA) considered the Report of the Review Committee on Dental Hygiene Education (DH RC), which included a new business item related to the Committee’s discussion regarding the interpretation of dental hygiene Standard 2-8 and Standard 3-6, and discussion by the DH RC related to enrollment increases in dental hygiene education programs.

First, the Committee discussed Standard 2-8 related to general education courses, and specifically the intent statement that states: “General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.” The Committee noted that many states impose a cap on the total credits required to obtain a degree, resulting in dental hygiene programs eliminating required general education courses (for example, oral and written communication, psychology, sociology, etc.) from the curriculum, opting to instead include content in these topics within the dental hygiene core courses. Since the Standards indicate that a separate course is not required, the DH RC believed that the intent statement, noted above, and the Standards should be reviewed to ensure clarity in the expected level of foundational knowledge in general education and biomedical sciences content required within a dental hygiene curriculum.

Second, the Committee discussed Dental Hygiene Standard 3-6, specifically related to faculty documentation of current knowledge in the subjects they teach. The Committee noted that further review of this Standard is warranted due to the variability of information submitted to the Commission.

Third, the DH RC has seen significant growth in enrollment increase requests in the last year. The Committee noted that dental hygiene education programs submit enrollment increase requests using the Commission’s Guidelines for Reporting a Program Change. The Program Change Guidelines provide a general format and mechanics to report several types of changes within a CODA-accredited program but no specific guidance on reporting a request for enrollment increase. Following discussion, and in accordance with other disciplines within the Commission’s purview, the DH RC believed that dental hygiene-specific enrollment increase report guidelines should be developed to guide the CODA-accredited dental hygiene programs in the documentation that must be submitted to assurance the Commission that an increase in enrollment is well supported by the program and its sponsoring institution.

Following consideration, the DH RC recommended that the Commission direct an Ad Hoc meeting of the available members of the DH RC in Spring 2023 to further discuss these matters and, as appropriate, submit a report to the DH RC and Commission for further
consideration in Summer 2023. At its Winter 2023 meeting, the Commission concurred with the recommendation of the DH RC and directed the Ad Hoc Committee of the DH RC to further discuss the Dental Hygiene Standards related to general education courses and faculty qualifications, and reporting mechanisms related to enrollment increases, with a report for further consideration by the Dental Hygiene Review Committee and Commission in Summer 2023.

**Ad Hoc Committee Meeting, May 17, 2023:** The Ad Hoc Committee of the Dental Hygiene Review Committee met on Wednesday, May 17, 2023. The following members of the Ad Hoc Committee were in attendance: Dr. Monica Nenad, Chair, Dr. Linda Boyd, Dr. Marcia Ditmyer, Ms. Patricia Guenther, Ms. Carrie Hobbs, Dr. Lorie Holt, Dr. Tariq Javed, Dr. Nancy Rosenthal, Ms. Laura Scully, and Dr. Paul Francis Tayag Ayson. Ms. Denise Avrutik, Dr. Barbara Krieg-Menning and Ms. Maiga Van Haalen were unable to attend. Dr. Sherin Tooks, senior director, Ms. Katie Navickas, manager, and Ms. Jamie Asher-Hernandez, manager, Allied Dental Education, CODA, were in attendance. The Ad Hoc Committee reviewed its charge as well as the background information related to the DH RC new business report.

**Consideration of Standard 2-8:** The Committee began its discussion with a review of the current Dental Hygiene Standard 2-8, particularly related to the intent statement which states: “General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.” and the Standard 2-8b intent statement, which states: “The subjects are to be of the scope and depth comparable to college transferable liberal arts course work.” The Ad Hoc Committee noted that many states are reducing the number of credits that may be awarded for degrees. As such, programs are removing general education courses and incorporating this information into the dental hygiene curriculum. The Ad Hoc Committee discussed the intent statement of the Standards, related to the expectation that foundational knowledge should be of sufficient depth, scope, and instructional quality, regardless of whether the general education content is an individual course or embedded within a dental hygiene course. The Committee also reviewed annual survey data for dental hygiene curriculum clock hours in general education areas of instruction, and again emphasized that foundational knowledge in the required general education, social sciences, and biomedical sciences should be equivalent to college level offerings. It was also noted that learning outcomes related to general education content that is provided within dental hygiene program courses, should assure this foundation knowledge and be equivalent to college transferable courses. Further, Dental Hygiene Standard 2-3 requires programs to inform applicants of transferability of the courses taken within the dental hygiene curriculum.

Following discussion, the Ad Hoc Committee believed determined that changes to Dental Hygiene Standard 2-8 are not warranted at this time. The Committee concluded that whether provided as a separate course or within the dental hygiene curriculum, the learning outcomes of content in general education, social science and biomedical science should be equivalent to college transferable courses to assure foundation knowledge in these general education courses as applied to dental hygiene courses.
Consideration of Standard 3-6: The Ad Hoc Committee further considered current Dental Hygiene Standard 3-6, related to current knowledge in the subjects that faculty teach, noting that some courses may be difficult to show “current knowledge” (e.g., embryology or dental anatomy) since these subjects rarely change when compared to evolving areas like dental materials. The Committee also discussed the term “current” may be confusing to programs and site visitors. The Committee reviewed the Summer 2022 Frequency of Citings report noting 61 citings of current knowledge in the subjects taught and 77 citings related to educational methodology. In addition to current knowledge in the subjects they are teaching, the Committee reiterated that faculty must have education methodology background consistent with teaching assignments and teaching modality (i.e., didactic, hybrid, clinic, distance education).

Following discussion, the Ad Hoc Committee noted that further study of Standard 3-6 may be warranted to discuss how programs document compliance with the Standard, and how “current” is documented within the biosketch in relation to current knowledge of subjects a faculty is teaching and education methodology.

Consideration of Enrollment Increases in Dental Hygiene Education Programs: The Ad Hoc Committee concluded its meeting with a discussion about the growth in program requests for enrollment increases that are submitted to the DH RC and Commission for review. It was noted that the Report of Program Change Guidelines are currently used by dental hygiene education programs, and these guidelines do not provide specific instructions to programs on the process for submitting an increase in enrollment. The Committee also noted that discipline-specific enrollment increase Guidelines exist in advanced and predoctoral dental education. The Ad Hoc Committee reviewed the Predoctoral Dental Education Enrollment Increase Guidelines as a resource to aid in the development of a similar Enrollment Guidelines document for dental hygiene education programs.

It was the belief of the Ad Hoc Committee that an Enrollment Guidelines document, specific to dental hygiene, would provide programs with a streamlined approach to reporting this change to CODA and to provide the necessary information for Commission review to ensure program resources support the enrollment increase. Following discussion, the Ad Hoc Committee believed that the proposed new Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program (Appendix 1) should be considered by the DH RC and Commission for immediate adoption and implementation.

**Recommendations of the Ad Hoc Committee on Dental Hygiene:** It is recommended that the Commission on Dental Accreditation retain Standard 2-8 of the Accreditation Standards for Dental Hygiene Education Programs with no revision.

It is recommended that the Commission on Dental Accreditation retain Standard 3-6 of the Accreditation Standards for Dental Hygiene Education Programs with no revision.
It is recommended that the Review Committee on Dental Hygiene Education continue to review Standard 3-6 related to current knowledge of subjects a faculty is teaching and education methodology.

It is recommended that the Review Committee on Dental Hygiene Education and Commission adopt, with immediate implementation, the proposed new Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program (Appendix 1).

Prepared by: Dr. Sherin Tooks and Ms. Katie Navickas
Proposed New Guidelines for Requesting an Increase in Enrollment in a Dental Hygiene Education Program

(Additions are underlined)

**TIMING OF REQUESTS AND RESPONSE:** An increase in enrollment in dental hygiene education programs **must** be reported to the Commission. Upon submission of the enrollment increase report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require **prior** approval by CODA.

**RATIONALE FOR GUIDELINES:** These *Guidelines* were drafted to focus upon adequacy of programmatic resources in support of additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not exceed the resources of the program.

The Commission must review the request **prior** to implementation. It should be noted that the requirement for **prior** approval for an increase in enrollment is commensurate with the Commission’s Program Change policy under which previous enrollment increases were reported.

Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. The Commission will **not consider retroactive permanent requests. Additionally, the Commission will not consider inter-cycle requests unless there are documented extenuating circumstances.**

Requests should be sent to the Commission on Dental Accreditation (see Mechanics, below) for initial review by the Review Committee Chair and, as needed, by the Dental Hygiene Education Review Committee and subsequent review and approval by the Commission. The Dental Hygiene Education Review Committee will review the request at the next regularly scheduled meeting. Reports submitted by **May 1** will be considered at the Summer Commission meeting, and reports submitted by **November 1** will be considered at the Winter Commission meeting.

**POLICY ON MISSED DEADLINES:** So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with
the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/20; 8/15; 8/10, 7/07, 7/01, 5/88

**FORMAT:** The report must be clear and concise and must follow the “Required Documentation” and “Mechanics” sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

**REQUIRED DOCUMENTATION (10 areas):** Program directors must ensure that the proposed enrollment increases does not jeopardize the program’s ability to meet the Accreditation Standards.

In order to build and maintain calibration of evaluating requests for reportable enrollment increases, the following documentation must be submitted with the request for enrollment increase:

1. Date the program plans to increase enrollment.
2. Indicate the current enrollment in each year of the program and the projected enrollment in each year of the program.
3. Indicate whether the proposed increase in enrollment is temporary or a permanent increase.
4. The ratio of teaching faculty to students before and after the proposed increase, including changes in faculty assignments, hiring plans, and new faculty biosketches with teaching assignments, as applicable, including Dental Hygiene Self-Study Example Exhibit 8.
5. A schedule for all courses within the program, before and after the proposed increase is in effect documenting assignments of the faculty (didactic, preclinical, laboratory and clinical), including Dental Hygiene Self-Study Example Exhibit 11.
6. Support staff available to students after the proposed enrollment increase.
7. Financial resources to support the increased enrollment.
8. Facility resources: classroom, laboratory, preclinical and clinical space, faculty space, student work/study areas, computer access, etc.
9. A description of the availability of adequate patient experiences to ensure the program’s goals and objectives for training to competencies will be achieved following the increased enrollment. Submit current (past two years) and projected numbers of patients by procedure type, including an accounting for the increased

Guidelines for Requesting DH Enrollment Increases

Adopted DATE
student enrollment. Additionally, provide minimum, mean, and maximum patient experiences by procedure type, for the preceding graduating class.

10. Explanation of how any off-campus sites may be involved in the proposed enrollment increase. Note: If new off-campus sites may be involved in the enrollment increase being reported, the Policy and Guidelines for Off-Campus Sites must also be followed.

Supportive documentation must be submitted to demonstrate continued compliance with Standards following the change. A signed Verification Page must accompany the report. Omission of any of these ten (10) documentation areas may postpone Commission action on the request for increase in enrollment.

The Commission has directed that program materials be submitted electronically through a secure CODA electronic submission portal or by email, solely. Paper copies and/or electronic copies mailed to the Commission office will not be accepted.

MECHANICS: The following guidelines must be observed when preparing your report. Electronic Submission Guidelines are available and must be strictly followed. Failure to comply with these guidelines will constitute an incomplete report. Electronic Submission Guidelines are available on the CODA website at this link: https://coda.ada.org/policies-and-guidelines/electronic-submission-guidelines

1. Cover page must include
   a. date of report
   b. name and address of the institution;
   c. program title;
   d. name, title, telephone number, e-mail address, and signature of individual preparing the request (this is typically the program director);
   e. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission).

   The report must include a signed cover/verification page and must conform to the Commission’s electronic submission guidelines.

2. If documentation is extensive, a list of what is provided should be included. The actual items can be provided in one (1) separate document that conforms to the electronic submission guidelines.
Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at https://coda.ada.org/policies-and-guidelines/hipaa-compliance. Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.

POLICY ON PREPARATION AND SUBMISSION OF DOCUMENTS TO THE COMMISSION: All institutions offering programs accredited by the Commission are expected to prepare documents that adhere to guidelines set forth by the Commission on Dental Accreditation, including required verification signatures by the institution’s chief executive officer, the institution’s chief academic officer, and program director. These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of program change, and transfer of sponsorship and exhibits. The Commission’s various guidelines for preparing and submitting documents, including electronic submission, can be found on the Commission’s website or obtained from the Commission staff.

In addition, all institutions must meet established deadlines for submission of requested information. Any information that does not meet the preparation or submission guidelines or is received after the prescribed deadlines may be returned to the program, which could affect the accreditation status of the program.

Electronic Submission of Accreditation Materials: All institutions will provide the Commission with an electronic copy of all accreditation documents and related materials, which conform to the Commission’s Electronic Submission Guidelines. Electronic submission guidelines can be found on the Commission’s website or obtained from the Commission staff. Accreditation documents and related materials must be complete and comprehensive.

Documents that fail to adhere to the stated Guidelines for submission will not be accepted and the program will be contacted to submit a corrected document. In this case, documents may not be reviewed at the assigned time which may impact the program’s accreditation status.

Compliance with Health Insurance Portability and Accountability Act (HIPAA) (Excerpt): The program’s documentation for CODA must not contain any patient protected health information (PHI) or sensitive personally identifiable information (PII). If the program submits documentation that does not comply with the policy on PHI or PII, CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program’s...
resubmission that continues to contain PHI or PII will be assessed an additional $4,000 administrative processing fee.

Revised: 8/20; Adopted 1/20 (Formerly Policy on Electronic Submission of Accreditation Materials, Commission Policy and Procedure Related to Compliance with the Health Insurance Portability and Accountability Act [HIPAA] and Policy on Preparation and Submission of Reports to the Commission)

ANNOUNCEMENT OF REVIEW RESULTS: The Commission’s actions to approve or deny the request for reportable enrollment increases in predoctoral education programs, as are other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meetings.

DENIAL OF REQUESTS: Requests will be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Guidelines for Enrollment Increases in Predoctoral Dental Education Programs.

OTHER CHANGES IN ENROLLMENT: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require prior approval. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are approved.

ASSISTANCE: If you have questions, it is preferred that you contact staff via email. CODA staff emails can be found on the CODA website at the following link: https://coda.ada.org/about-coda/coda-staff

Staff can also be contacted at 312-440-2695.
Commission on Dental Accreditation
Privacy and Data Security Reminders

Protect sensitive personally identifiable information ("PII") such as social security numbers, drivers' license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:

- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA does not accept PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must thoroughly redact all 18 patient identifiers listed on the next page.

Examples of information about a patient:

- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If even one identifier is readable, do not submit the information to CODA.

CODA does not accept documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted

Guidelines for Requesting DH Enrollment Increases

Adopted DATE
on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on the scanned version is not visible/readable through the redaction.
Commission on Dental Accreditation
Privacy and Data Security Requirements for Institutions
(Rev.8/2021)

1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) prohibits all programs/institutions from disclosing in electronic or hard copy documents provided to CODA other than on-site during a site visit, any of the following information (“Sensitive Information” or “PII”):
   - Social Security number
   - Credit or debit card number or other information (e.g., expiration date, security code)
   - Drivers’ license number, passport number, or other government issued ID
   - Account number with a pin or security code that permits access
   - Health insurance information, such as policy number or subscriber I.D.
   - Medical information, such as information about an individual’s condition, treatment, or payment for health care
   - Mother’s maiden name
   - Taxpayer ID number
   - Full date of birth
   - Any data protected by applicable law (e.g., HIPAA, state data security law)
   - Biometric data, such as fingerprint or retina image
   - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution **must remove the following data elements** of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):
   
   1. Names, including initials
   2. Address (including city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
   4. Telephone numbers
   5. Fax numbers
   6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
   • that is derived from information about the individual
   • that is capable of being translated so as to identify the individual, or
   • if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. Redaction. When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall fully and appropriately remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.

4. Administrative fee. If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.
   • CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
     o Onsite during a site visit, and
     o That are necessary for conducting the accreditation site visit
   • CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.
NOTE: If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as “Fictitious Example”.

Guidelines for Requesting DH Enrollment Increases

Adopted DATE

Page 10 of 10
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL LABORATORY TECHNOLOGY EDUCATION PROGRAMS

**Background:** The Accreditation Standards for Dental Laboratory Technology Education Programs were approved by the Commission on Dental Accreditation at its August 9, 2013 meeting and were implemented on January 1, 2014. Since that date, 15 dental laboratory technology site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 62 “must” statements that address 161 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits January 1, 2014 through December 31, 2021. 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 23 citings of non-compliance were made. Of these, 4 (17.4%) were related to Standard 1–Institutional Effectiveness; 10 (43.5%) were related to Standard 2–Educational Program; 6 (26.1%) were related to Standard 3–Administration, Faculty and Staff; 1 (4.3%) was related to Standard 4–Educational Support Services; and 2 (8.7%) were related to Standard 5–Health and Safety Provisions. Due to the limited number of site visits and a total of 23 citings of non-compliance, a trend in the data cannot be identified.

**Summary:** The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards. The revised Accreditation Standards for Dental Laboratory Technology Education Programs was implemented on January 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2014 Accreditation Standards for Dental Laboratory Technology Education Programs.

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

Prepared by: Ms. Jamie Asher Hernandez
ACCREDITATION STANDARDS FOR DENTAL LABORATORY TECHNOLOGY
EDUCATION PROGRAMS
(January 2014 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 15
January 1, 2014 through December 31, 2021

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 11 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tr>
<td>1-1</td>
<td>1-1</td>
<td>The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented and includes:</td>
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<td>1</td>
<td>a.</td>
<td>A plan with program goals</td>
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<td></td>
<td>b.</td>
<td>An implementation plan</td>
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<td>1</td>
<td>c.</td>
<td>An assessment process with methods of assessment and data collection, including measures of student achievement</td>
</tr>
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<td>2</td>
<td>d.</td>
<td>Use of results for program improvement</td>
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<tr>
<td>1-2</td>
<td>1-2</td>
<td>The program must have a strategic plan which identifies stable financial resources sufficient to support the program’s stated mission, goals and objectives.</td>
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<td>1-3</td>
<td>1-3</td>
<td>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.</td>
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<td>1-4</td>
<td>1-4</td>
<td>The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.</td>
</tr>
<tr>
<td>1-5</td>
<td>1-5</td>
<td>Programs must be sponsored by educational institutions that are responsible for postsecondary education and accredited by an agency recognized by the United States Department of Education or an officially recognized state accrediting agency.</td>
</tr>
</tbody>
</table>
All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

There must be an active liaison mechanism between the program and the dental and allied dental professionals in the community.

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<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tbody>
<tr>
<td>1-6</td>
<td>2-1</td>
<td>Admission of students must be based on specific written criteria, procedures and policies.</td>
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<td>2-2</td>
<td>Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program.</td>
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<td></td>
<td></td>
<td>Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.</td>
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<td></td>
<td>2-3</td>
<td>The number of students enrolled in the program must be proportionate to the resources available.</td>
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<td>2-4</td>
<td>The curriculum must be structured on the basis of two academic years of full-time study or its equivalent at the postsecondary level.</td>
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<td></td>
<td>2-5</td>
<td>The curriculum must be designed to reflect the interrelationship of general studies, physical sciences, dental sciences and dental laboratory techniques to promote maximum application of basic concepts in the performance of dental laboratory techniques.</td>
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<td></td>
<td>2-6</td>
<td>Written documentation of each course in the curriculum must be provided to students and include:</td>
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<td></td>
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<td>Frequency of Citings</td>
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<tr>
<td></td>
<td></td>
<td>Dental Laboratory Technology RC</td>
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<td></td>
<td>CODA Summer 2023</td>
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<tr>
<th></th>
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<th>The course name and number</th>
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<tr>
<td></td>
<td>a</td>
<td>Course description</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Primary faculty and contact information</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Course outline including topics to be presented</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Specific instructional objectives</td>
</tr>
<tr>
<td></td>
<td>f</td>
<td>Learning experiences including time allocated for each experience</td>
</tr>
<tr>
<td></td>
<td>g</td>
<td>Specific criteria for course grade calculation</td>
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</table>

|   |   | The basic curriculum must include content in the subject areas: general studies; physical sciences; dental sciences; legal, ethical and historical aspects of dentistry and dental laboratory technology; infectious disease and hazard control management; and, basic laboratory techniques. |

|   |   | The curriculum must include content at the in-depth level in communication skills, mathematics and business principles relative to dental laboratory technology. |

|   |   | The curriculum must include content at the in-depth level in chemistry and physics relative to dental laboratory technology. |

|   |   | The curriculum must include content in dental materials, tooth morphology, oral anatomy and occlusion. |

|   |   | The curriculum must include content in the legal, ethical and historical aspects of dentistry and dental laboratory technology to include: |
|   | a | Organizations that advance certification and continuing education for dental technicians and certification of laboratories. |
|   | b | Work authorization/prescription of the dentist in accordance with the state dental practice act, consistent with current procedures in dental laboratory technology in the geographic area served by the program. |
|   | c | Federal regulations related to operating a dental laboratory and/or working as a dental laboratory technician. |
| 2-12 | Bloodborne infectious diseases: each program must present a curriculum that prepares its students to provide and/or support the provision of oral health care services to patients with bloodborne infectious diseases. |
| 2-13 | Appropriate content related to bloodborne infectious diseases must be integrated throughout the didactic and preclinical/clinical/laboratory components of the curriculum. |
| 2-14 | Each student must understand the ethical, legal and regulatory considerations related to bloodborne diseases. |
| 2-15 | The curriculum must include didactic as well as laboratory instruction in the following areas: general laboratory techniques, complete dentures, removable partial dentures, crown and bridge, dental ceramics and orthodontics. |
| 2-16 | Students must demonstrate competence in general laboratory techniques, including:  
  a. Evaluating impressions  
  b. Preparing and evaluating casts  
  c. Fabricating custom impression trays  
  d. Articulating casts, using non-adjustable and semi-adjustable articulators  
  e. Developing functional occlusion on articulated casts  
  f. Recognizing variables that affect materials  
  g. Various manufacturing methods |
| 2-17 | Students must demonstrate competence in the knowledge and skill required to fabricate complete denture prostheses, including:  
  a. Identifying various fabricating methods  
  b. Constructing base plates and occlusion rims  
  c. Arranging a balanced set-up using anatomical teeth  
  d. Contouring denture wax-ups prior to try-in and processing  
  e. Flasking, processing and recovery  
  f. Remounting  
  g. Equilibrating occlusal discrepancies  
  h. Finishing and polishing |
### Frequency of Citings

**Dental Laboratory Technology RC**  
**CODA Summer 2023**

| 1 | i. | Using and semi-adjustable articulator during fabrication |
|   | j. | Reclining and denture repairs |
| 1 | k. | Fabricating surgical templates |

| 2-18 | Students must demonstrate competence in the knowledge and skill required to fabricate removable partial dentures prostheses, including: |
|      | a. | Identification of the components of a removable partial denture, including various clasp designs |
|      | b. | Principles of surveying and design |
|      | c. | Performing blockout procedures |
|      | d. | Duplicating master casts |
|      | e. | Transferring the design |
|      | f. | Fabricating wax pattern |
|      | g. | Spruing and investing patterns |
|      | h. | Burnout and casting frameworks utilizing recognized alloys |
|      | i. | Finishing and polishing frameworks |
|      | j. | Evaluating the fit of the frameworks to the master cast |
|      | k. | Arranging teeth on the frameworks |
|      | l. | Waxing, processing, recovering and finishing removable partial denture bases |
|      | m. | Various repair procedures |

| 2-19 | Students must demonstrate competence in the knowledge and skill required to fabricate fixed prostheses, including inlays, onlays, full crowns and bridgework, including: |
|      | a. | Preparing and evaluating casts with removable dies |
|      | b. | Recognizing variables that affect materials |
|      | c. | Identifying various fabricating methods |
|      | d. | Trimming dies and marking margins utilizing magnification |
|      | e. | Identifying various margin and preparation designs and their applications |
|      | f. | Developing wax patterns |
|      | g. | Spruing and investing patterns |
|      | h. | Burnout and casting restorations |
### Frequency of Citings

**Dental Laboratory Technology RC**  
**CODA Summer 2023**

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<tbody>
<tr>
<td>i.</td>
<td>Seating castings to dies utilizing magnification</td>
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<tr>
<td>j.</td>
<td>Adjusting occlusal and interproximal contacts</td>
</tr>
<tr>
<td>k.</td>
<td>Finishing and polishing restorations</td>
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</tbody>
</table>
l. | Fabricating multi-unit restorations |
m. | Fabricating restorations on various types of articulators |
n. | Developing functional occlusion on full-arch articulated casts |
o. | Soldering as a fabrication/repair procedure |

2-20 Students must demonstrate competence in the knowledge and skill required to fabricate ceramic prostheses, including:

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<tbody>
<tr>
<td>a.</td>
<td>Preparing and evaluating casts with removable dies</td>
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</table>
b. | Recognizing variables that affect materials |
c. | Identifying various fabricating methods |
d. | Trimming dies and marking margins utilizing magnification |
e. | Identifying various margin and preparation designs and their application |
f. | Designing and developing substructure patterns |
g. | Processing patterns |
h. | Seating ceramic restoration utilizing magnification |
i. | Preparing substructure to receive porcelain |
j. | Applying and firing porcelain to substructure |
k. | Contouring fired porcelain |
l. | Performing optical external characterization |
m. | Designing and fabricating porcelain margins |

1 Students must demonstrate competence in the knowledge and skill necessary to fabricate orthodontic appliances, including:

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<tbody>
<tr>
<td>a.</td>
<td>Recognizing variables that affect materials</td>
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</table>
b. | Preparing and evaluating study casts |
c. | Identifying the components of orthodontic appliances |
d. | Identifying and categorizing types of appliances |
e. | Fabricating retainers, space maintainers and tooth moving appliances |
f. | Contouring various types of arch wires, clasps and springs |

2-21 Students must demonstrate competence in the knowledge and skill necessary to fabricate orthodontic appliances, including:

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<tbody>
<tr>
<td>a.</td>
<td>Recognizing variables that affect materials</td>
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</table>
b. | Preparing and evaluating study casts |
c. | Identifying the components of orthodontic appliances |
d. | Identifying and categorizing types of appliances |
e. | Fabricating retainers, space maintainers and tooth moving appliances |
f. | Contouring various types of arch wires, clasps and springs |
2-22 The specialty portion of the curriculum must prepare students to competence in additional techniques in at least one or more of the following specialty areas: complete dentures, removable partial dentures, crown and bridge, dental ceramics and orthodontics.

2-23 Practical experiences to support the development of competency in performing laboratory procedures must be provided either in the program facilities or off-site facilities.

1 2-24 Student evaluation methods must include defined objective criteria that measure all defined course objectives.

STANDARD 3- FACULTY AND STAFF – 19 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tbody>
<tr>
<td>3-1</td>
<td>The administrative structure must ensure the attainment of program goals.</td>
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<tr>
<td>3-2</td>
<td>The program must be a recognized entity within the institution’s administrative structure.</td>
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<td>3-3</td>
<td>A program administrator who is employed full-time (as defined by the institution) and who is responsible for the day-to-day implementation of the program must be appointed and have the authority, responsibility and privileges necessary to manage the program.</td>
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<td>3-4</td>
<td>The program administrator must:</td>
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<td></td>
<td>a. have the educational background and occupational experience necessary to understand and fulfill the program goals</td>
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</tbody>
</table>
b. have attained a higher level of education than that presented in the program or be enrolled in a program progressing toward that degree

c. current background in educational theory and methodology

d. have practical experience as a dental technician

e. be certified by the National Board for Certification in Dental Laboratory Technology

3-5 The program administrator must have authority and responsibility necessary to fulfill program goals.

3-6 Dental laboratory technology faculty must have background in and current knowledge of dental laboratory technology and the specific subjects they are teaching.

2 3-7 Faculty providing instruction must have current educational theory and, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

   Faculty providing instruction via distance education technology must have instruction in distance education techniques and delivery.

3-8 Faculty providing didactic instruction must hold a degree equivalent to the degree to be granted to their students or show documented annual progress toward achieving that degree.

1 3-9 A dental laboratory technician who is appointed after January 1, 2000 and who has not previously served as a dental laboratory technology program faculty member, must be certified by the National Board for Certification in Dental Laboratory Technology or achieve certification within two years of appointment to the program.

3-10 The number of faculty positions must be sufficient to implement the program’s goals and objectives.

3-11 Opportunities must be provided for program faculty to continue their professional development.

1 3-12 Faculty must be ensured a form of governance that allows participation in the program and institution’s decision-making processes.
A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Services of institutional support personnel must be adequate to facilitate program operation.

**STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 20 Required Areas of Compliance**

<table>
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<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tr>
<td>4-1</td>
<td>The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.</td>
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<td>4-2</td>
<td>An adequate multipurpose laboratory facility must be provided for effective instruction and include:</td>
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<tr>
<td></td>
<td>a. Sufficient storage space for instructional equipment, supplies, instruments and materials</td>
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<td></td>
<td>b. Policies and procedure for safe operation and maintenance of laboratory equipment</td>
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<td></td>
<td>c. An appropriate number of work stations for simultaneously engaged students</td>
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<td>4-3</td>
<td>Although it is preferable and therefore recommended that the educational institution provide physical facilities and equipment which are adequate to permit achievement of program objectives, the institution may contract for use of an existing laboratory facility if the conditions stipulated by the Commission are met. If a clinic and/or laboratory in the community is used as a primary facility for laboratory instruction, the standards specified for program facilities and the following provisions must be met:</td>
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<td></td>
<td>a. There is a formal agreement between the educational institution and agency or institution providing the facility.</td>
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<td></td>
<td>b. The program administrator retains authority and responsibility for instruction and student assignments.</td>
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</table>
c. All students receive instruction and practical experience in the facility.

d. Policies and procedures for operation of the facility are consistent with the philosophy and goals of the educational program.

e. A two-year notification of termination of the contract is required to ensure that instruction will not be interrupted.

f. A contingency plan is developed by the institution should the contract terminate.

g. The location and time available for use of the facility are compatible with the instructional needs of the program.

h. Clinical or laboratory instruction is provided and evaluated by program faculty.

i. All students receive comparable instruction in the facility.

4-4 Classroom space must be provided for, and be readily accessible to, the program.

4-5 Office space must be provided for the program administrator and faculty.

1 4-6 The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.

4-7 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.

4-8 Distance education programs must meet the parent program’s stated mission, goals, objectives, and standards.

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 7 Required Areas of Compliance
The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies, including, but not limited to: hazardous materials, and bloodborne and infectious diseases.

Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance.

Additionally, policies on bloodborne infectious diseases must be available to applicants for admission.

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

The program must establish and enforce laboratory protocols and mechanisms to ensure the management of emergencies.

These protocols must be provided to all students, faculty and appropriate staff.

Faculty, staff and students must be prepared to assist with the management of emergencies.
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR DENTAL LABORATORY TECHNOLOGY EDUCATION PROGRAMS

**Background**: The Accreditation Standards for Dental Laboratory Technology Education Programs were approved by the Commission on Dental Accreditation at its February 12, 2021 meeting and were implemented on January 1, 2022. Since that date, no (0) dental laboratory technology site visits have been conducted by visiting committees of the Commission utilizing the January 2022 Standards. At the time of this report, the Standards include 62 “must” statements that address 161 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits January 1, 2022 through October 31, 2022. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citations from those visits are also included.

**Analysis**: The distribution of citations is presented in Appendix 1. There are no (0) citations presented as there were no (0) dental laboratory technology site visits conducted by visiting committees of the Commission utilizing the January 2022 Standards. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

**Summary**: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citations of individual Standards.

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

Prepared by: Ms. Jamie Asher Hernandez
ACCREDITATION STANDARDS FOR DENTAL LABORATORY TECHNOLOGY EDUCATION PROGRAMS
(January 2022 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 0
January 1, 2022 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available in disciplines where a limited number (three or less) of programs have been site visited.

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 11 Required Areas of Compliance

STANDARD 2- EDUCATIONAL PROGRAMS – 92 Required Areas of Compliance

STANDARD 3- FACULTY AND STAFF – 19 Required Areas of Compliance

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 20 Required Areas of Compliance

STANDARD 5- HEALTH AND SAFETY PROVISIONS – 7 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL PUBLIC HEALTH

Background: The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were approved by the Commission on Dental Accreditation on August 3, 2018 with immediate implementation. Since that date, ten (10) dental public health site visits have been conducted by a visiting committee of the Commission utilizing the August 2018 Standards. At the time of this report, the Standards include 71 “must” statements addressing 99 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 3, 2018 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 distribution of citings is presented in Appendix 1. At the time of this report, there were no (0) areas of non-compliance cited.

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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN DENTAL PUBLIC HEALTH

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 10
August 3, 2018 through October 31, 2022

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 26 Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 8 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 8 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION –31 Required Areas of Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS – 21 Required Areas of Compliance

STANDARD 6- RESEARCH – 5 Required Areas of Compliance
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 Delivery 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDOdontICS, ORAL AND MAXilloFACIAL PATHOLOGY, ORAL AND MAXilloFACIAL RADIOLOGY, ORTHodontICS AND DENToFACIAL ORTHOpEDICS, ORAL AND MAXilloFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONtics, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ENDOdontICS

Background: The Accreditation Standards for Advanced Dental Education Programs in Endodontics were approved by the Commission on Dental Accreditation in January 2013, with implementation on January 1, 2014. Since the implementation date, 69 site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 77 “must” statements addressing 143 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2014, through June 30, 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 distribution of citings is presented in Appendix 1. There has been one (1) citing during the period covered by this report, which was in the area of non-surgical and surgical endodontic treatment and retreatment. Due to the limited number of citings, no analysis can be performed at this time.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards. The revised Accreditation Standards for Advanced Dental Education Programs in Endodontics was adopted February 12, 2021 and implemented July 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2014 Accreditation Standards for Advanced Dental Education Programs in Endodontics.

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

Prepared by: Ms. Yesenia Ruiz
### ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ENDODONTICS (January 2014 Standards)

#### Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 69  
January 1, 2014, through June 30, 2022

<table>
<thead>
<tr>
<th>STANDARDS</th>
<th>Required Areas of Compliance</th>
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<tr>
<td>STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS</td>
<td>23 Required Areas of Compliance</td>
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<tr>
<td>STANDARD 2 – PROGRAM DIRECTOR &amp; TEACHING STAFF</td>
<td>27 Required Areas of Compliance</td>
</tr>
<tr>
<td>STANDARD 3 – FACILITIES AND RESOURCES</td>
<td>15 Required Areas of Compliance</td>
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<tr>
<td>STANDARD 4 – CURRICULUM AND PROGRAM DURATION</td>
<td>60 Required Areas of Compliance</td>
</tr>
<tr>
<td>STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS</td>
<td>15 Required Areas of Compliance</td>
</tr>
<tr>
<td>STANDARD 6 – RESEARCH</td>
<td>3 Required Areas of Compliance</td>
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<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The educational program <strong>must</strong> provide in-depth instruction and clinical training so that students/residents are competent in:</td>
</tr>
<tr>
<td>1</td>
<td>4-8.b</td>
<td>Non-surgical and surgical endodontic treatment and retreatment</td>
</tr>
</tbody>
</table>

The educational program **must** provide in-depth instruction and clinical training so that students/residents are competent in:

- Non-surgical and surgical endodontic treatment and retreatment

---

The educational program must provide in-depth instruction and clinical training so that students/residents are competent in:

1. Non-surgical and surgical endodontic treatment and retreatment

---

The educational program must provide in-depth instruction and clinical training so that students/residents are competent in:

1. Non-surgical and surgical endodontic treatment and retreatment

---

The educational program must provide in-depth instruction and clinical training so that students/residents are competent in:

1. Non-surgical and surgical endodontic treatment and retreatment
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ENDODONTICS

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Endodontics were approved by the Commission on Dental Accreditation on February 12, 2021, with implementation on July 1, 2022. Since the implementation date, five (5) site visits have been conducted by visiting committees of the Commission utilizing the July 2022 Standards. At the time of this report, the Standards include 79 “must” statements addressing 133 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 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 distribution of citings is presented in Appendix 1. There has been three (3) citings during the period covered by this report, in the areas of hours devoted in clinical care (Standard 4-6), active participation in endodontics interdisciplinary seminars and conferences (Standard 4-13), and eligible applicants to the advanced dental education program (Standard 5). Due to the limited number of citings, no analysis can be performed at this time.

**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.

Prepared by: Ms. Yesenia Ruiz
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ENDODONTICS (July 2022 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 5
July 1, 2022, through October 31, 2022

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 18 Required Areas of Compliance

STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF – 26 Required Areas of Compliance

STANDARD 3 – FACILITIES AND RESOURCES – 15 Required Areas of Compliance

STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 59 Required Areas of Compliance

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<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
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<tr>
<td>1</td>
<td>4-6</td>
<td>A minimum of 40% and a maximum of 60% of the total clock hours in a two year (24 months) program must be devoted to clinical care.</td>
</tr>
<tr>
<td>1</td>
<td>4-13</td>
<td>Students/Residents must actively participate in endodontic and interdisciplinary seminars and conferences evaluating diagnostic data, treatment plans, treatment procedures, and outcomes assessment.</td>
</tr>
</tbody>
</table>

STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 12 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:</td>
</tr>
<tr>
<td></td>
<td>5b</td>
<td>Predoctoral dental programs in Canada accredited by the</td>
</tr>
<tr>
<td>Commission on Dental Accreditation of Canada; or</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STANDARD 6 – RESEARCH** – 3 Required Areas of Compliance
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 Delivery 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Additions are underlined; Deletions are struck

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 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology were approved by the Commission on Dental Accreditation on January 31, 2013, with implementation on January 1, 2014. Since that date, 14 oral and maxillofacial pathology site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 87 “must” statements addressing 95 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2014 through August 5, 2021. 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 distribution of citings is presented in Appendix 1. One (1) area of non-compliance was cited during the reporting period, which was under Standard 4-5.3 related to trainees actively participating in the gross and microscopic examination of surgical and necropsy specimens.

**Summary:** This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology implemented on January 1, 2014. Revised Accreditation Standards were adopted August 6, 2021 with immediate implementation. Citings related to site visits occurring August 6, 2021 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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 14
January 1, 2014 through August 5, 2021

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24 Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF – 7 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 18 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 31 Required Areas of Compliance

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<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<td>1</td>
<td>4-5.3</td>
<td>Trainees must actively participate in the gross and microscopic examination of surgical and necropsy specimens and must attend and participate in other conferences and activities of the pathology department or laboratory. Experience in both surgical pathology and dermatopathology must be provided.</td>
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STANDARD 5- ADVANCED EDUCATION STUDENTS – 13 Required Areas of Compliance

STANDARD 6- RESEARCH – 2 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology were approved by the Commission on Dental Accreditation on August 6, 2021 with immediate implementation. Since that date, two (2) oral and maxillofacial pathology site visits have been conducted by visiting committees of the Commission utilizing the August 2021 Standards. At the time of this report, the Standards include 87 “must” statements addressing 95 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 6, 2021 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 distribution of citings is presented in Appendix 1. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

**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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL PATHOLOGY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 2
August 6, 2021 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24 Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF – 7 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 18 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 31 Required Areas of Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS – 13 Required Areas of Compliance

STANDARD 6- RESEARCH – 2 Required Areas of Compliance
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 Delivery 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Additions are underlined; Deletions are struck

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 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL RADIOLOGY

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology were approved by the Commission on Dental Accreditation at its August 2, 2019 meeting with immediate implementation. Since that date, two (2) oral and maxillofacial radiology site visit has been conducted by visiting committees of the Commission utilizing the August 2019 Standards. At the time of this report, the Standards include 80 “must” statements addressing 98 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2, 2019 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 distribution of citings is presented in Appendix 1. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL RADIOLOGY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 2
August 2, 2019 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available in disciplines where a limited number (three or less) of programs have been site visited.

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 19
Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF – 8 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 14 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 41 Required Areas of Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS/RESIDENTS – 13 Required Areas of Compliance

STANDARD 6- RESEARCH – 3 Required Areas of Compliance
CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL RADIOLOGY

Background: At its Summer 2022 meeting, the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) considered a proposed revision to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology submitted by the American Association of Oral and Maxillofacial Radiologists (AAOMR) related to assurance that graduates are familiar with intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging (Appendix 1). The OMR RC discussed artificial and augmented intelligence (AI), noting that it is a growing field with applications in dentistry and oral and maxillofacial radiology. Further, the committee considered the potential uses of AI including clinical data-driven decision making, identification of radiologic anatomy and disease manifestations, as well as image enhancement to reduce artifacts and noise. In addition, the OMR RC noted that as the use of AI-based systems increases, oral and maxillofacial radiologists will need to be familiar with the basic principles of artificial intelligence (AI)/machine learning (ML), the accuracy and performance of AI-based systems and models, the common training errors and evaluation methods for these systems, and the liabilities associated with detection and identification of dentomaxillofacial pathoses.

The OMR RC concluded that the addition of this concept within the Accreditation Standards is appropriate and determined that graduates of oral and maxillofacial radiology programs must have an understanding of the intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging. In doing so, the Committee believed that programs would receive additional clarity from an intent statement indicating that graduates “will be prepared to serve as a resource to the referring clinician with respect to guiding and discussing optimal application of artificial and augmented intelligence-based approaches in radiology practice.” The OMR RC noted that the addition of a new Standard 4-16 would necessitate renumbering of the subsequent standard, as found in Appendix 1.

The OMR RC recommended the proposed addition of a new Standard 4-16 to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (Appendix 1) be circulated to the communities of interest for review and comment for a period of one (1) year, with Hearings conducted in conjunction with the October 2022 American Dental Association and March 2023 American Dental Education Association meetings, with comments reviewed at the Commission’s Summer 2023 meetings.

As directed by the Commission, the new Standard 4-16 within the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (Appendix 1) was circulated for comment through June 1, 2023. No (0) comments were received at the ADA
Virtual Hearing and no (0) comments were received at the ADEA Virtual Hearing. The Commission office received one (1) written comment prior to the June 1, 2023 deadline (Appendix 2).

**Summary:** At this meeting, the Oral and Maxillofacial Radiology Review Committee and the Commission are asked to consider the proposed new Standard 4-16 within the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (Appendix 1) and the comment received prior to the June 1, 2023 deadline (Appendix 2). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revision is adopted, the Commission may wish to consider an implementation date.

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
At its Summer 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2023, for review at the Summer 2023 Commission meeting.

Written comments will only be accepted through the Commission’s Electronic Comment Submission Portal at this link: [https://surveys.ada.org/jfe/form/SV_6lBISpSsAiRyJy5](https://surveys.ada.org/jfe/form/SV_6lBISpSsAiRyJy5)

Additions are Underlined; Strikethroughs indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology
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. Evidence-based 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.

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 The duration of an advanced oral and maxillofacial radiology program must be a minimum of 24 months full-time or its equivalent.

4-2 Students/residents must be enrolled on, at least, a half-time basis.

ETHICS AND PROFESSIONALISM

4-3 Graduates must 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, and practice management.

Intent: Graduates should 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.

CLINICAL ORAL AND MAXILLOFACIAL RADIOLOGY

4-4 Students/Residents must assume major responsibility for interpretations and consultative reports on an adequate number of imaging studies of sufficient variety to be competent, as graduates, in clinical oral and maxillofacial radiology.

4-5 Clinical oral and maxillofacial radiology case conferences must be held an average of, at least, once every two weeks.

Intent: The intent is to ensure that graduates understand and can explain the underlying principles of interpretation of disease processes.

4-6 Students/residents must participate in regularly scheduled literature reviews.

Intent: Graduates will have an in-depth knowledge of the current literature in oral and maxillofacial radiology.

ORAL AND MAXILLOFACIAL DIAGNOSTIC IMAGING TECHNIQUES

Oral and Maxillofacial Radiology Standards
**Consideration of Proposed Revisions to Oral and Maxillofacial Radiology Standards**

**Oral and Maxillofacial Radiology RC CODA Summer 2023**

4-7 Training in oral and maxillofacial diagnostic imaging techniques **must** be provided to the students/residents with adequate instruction and supervision.

4-8 Graduates **must** be competent in the procedures performed in oral and maxillofacial radiology including, but not limited to: (a) intraoral, (b) panoramic, (c) cephalometric and other skull projections, and (d) cone-beam computed tomography/volumetric imaging.

4-9 Graduates **must** have an in-depth knowledge of other imaging techniques applicable to oral and maxillofacial radiology, including, but not limited to: (a) multi-slice/detector computed tomography, (b) magnetic resonance imaging, (c) diagnostic ultrasonography, and (d) nuclear medicine imaging techniques.

**Intent:** Programs will provide students/residents with an in-depth knowledge of the technical procedures to acquire these studies but not necessarily experience in independent acquisition of these studies.

4-10 Graduates **must** understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility.

**Intent:** Graduates of oral and maxillofacial radiology programs will be prepared to assume the administrative responsibilities to direct a radiology facility.

**ASSOCIATED MEDICAL SCIENCES**

4-11 The program **must** provide advanced education in head and neck anatomy, and oral and maxillofacial pathology.

**EVALUATION AND RADIOLOGIC MANAGEMENT OF PATIENTS**

4-12 The program **must** provide students/residents with an understanding of and experience in the clinical manifestations of head and neck diseases and head and neck manifestations of systemic diseases as an important facet of the training and practice of oral and maxillofacial radiology.

4-13 Students/Residents **must** attend head and neck tumor board or a similar institutional interdisciplinary conference which includes radiology on a regular basis, but at least monthly.

4-14 Graduates **must** be competent in designing appropriate radiologic studies.

**Intent:** Graduates of oral and maxillofacial radiology programs will be prepared to serve as a resource to the referring clinician with respect to selecting the optimum examination.
4-15 The clinical training of oral and maxillofacial radiology students/residents in the routine activities of a screening/emergency or treatment planning clinics must be minimized.

4-16 Graduates must understand intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging.

**Intent:** Graduates of oral and maxillofacial radiology programs will be prepared to serve as a resource to the referring clinician with respect to guiding and discussing optimal application of artificial and augmented intelligence-based approaches in radiology practice.

**MEDICAL RADIOLOGY**

4-1617 The program must provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent.

**Intent:** The practice of oral and maxillofacial radiology calls for the association, cooperation and frequent consultation with medical radiologists (general, head and neck, and/or neuroradiology). An understanding of the broad scope of radiology is important.

**RADIATION AND IMAGING PHYSICS**

4-1718 Graduates must understand radiation physics including the basic imaging physics of: (a) analog and digital oral and maxillofacial radiography; (b) cone-beam computed tomography/volumetric imaging; (c) multi-slice computed tomography; (d) magnetic resonance imaging; (e) diagnostic ultrasonography; (f) nuclear medicine; and (g) image enhancement analysis concepts associated with diagnostic imaging.

**RADIATION BIOLOGY**

4-1819 Graduates must have an in-depth knowledge of the biological effects of ionizing radiations.

**Intent:** Graduates will be able to describe both the biological changes and the clinical consequences of exposure to ionizing radiations

**RADIATION PROTECTION**

4-1920 Graduates must have an in-depth knowledge of radiation protection and/or hygiene.
Intent: Gradsuates will be prepared to eliminate unnecessary exposure of patients, operators and the general public

TEACHING EXPERIENCE

4-2421 A program in oral and maxillofacial radiology must include an organized teaching experience for students/residents with formal evaluation.

4-2422 The amount of time devoted by the student/resident to teaching experience must be carefully evaluated and not exceed ten percent (10%) of the overall program.
Response Summary:

At its **Summer 2022** meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Oral and Maxillofacial Radiology Education programs be distributed to the communities of interest for review and comment. The document is available at the *Commission website*:


All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

**Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.**

**Click next to submit a comment.**

Q2. Please complete the requested information.

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<td>Title</td>
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Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
  Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below:
  Council on Dental Education and Licensure (CDEL)
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

Q6. Do you agree with the proposed revision?

◆ Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. James Nckman, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association matters related to the accreditation of dental, advanced dental, and advanced education programs. Accordingly, at its January 2023 meeting, the Council considered and supported the proposed addition of Standard 4-16 to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology.

The Council appreciates the opportunity to submit this important document.

Q8. Do you have additional comment?

◆ I have NO additional comment and ready to submit.

Scoring

◆ Score: 0

Embedded Data:

N/A
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).

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**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.

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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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGICAL, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery were adopted and implemented by the Commission on Dental Accreditation at its meeting on February 12, 2021. Since that date, 32 oral and maxillofacial surgery site visits have been conducted by visiting committees of the Commission utilizing the February 2021 Standards. At the time of this report, the Standards include 163 “must” statements addressing 225 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from February 12, 2021 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 distribution of citings is presented in Appendix 1. At the time of this report, there were sixteen (16) citings, in the areas of Standard 2 Program Director and Teaching Staff (four citings), and Standard 4 Curriculum and Program Duration (12 citings). The most frequently cited standard with four (4) citings occurs in Standard 4-11 related to Major Surgery. Due to the limited number of citings, no analysis can be performed at this time.

**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.

Prepared by: Ms. Yesenia Ruiz
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 32
February 12, 2021 through October 31, 2022

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 31 Required Areas of Compliance

STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF – 21 Required Areas of Compliance

<table>
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<tr>
<th>Noncompliance</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
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<tbody>
<tr>
<td>Citings</td>
<td>2-1</td>
<td>Program Director: The program <strong>must</strong> be directed by a single responsible individual who is a full time faculty member as defined by the institution. The responsibilities of the program director <strong>must</strong> include:</td>
</tr>
<tr>
<td>1</td>
<td>2-1.3</td>
<td>The responsibilities of the program director <strong>must</strong> include: Perform periodic, at least annual, written evaluations of the teaching staff.</td>
</tr>
<tr>
<td>1</td>
<td>2-1.6</td>
<td>Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.</td>
</tr>
<tr>
<td>1</td>
<td>2-2.2</td>
<td>In addition to the full time program director, the teaching staff <strong>must</strong> have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior resident position.</td>
</tr>
<tr>
<td></td>
<td>2-2.3</td>
<td>Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, <strong>must</strong> be diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. Foreign trained faculty <strong>must</strong> be comparably qualified.</td>
</tr>
</tbody>
</table>

STANDARD 3 – FACILITIES AND RESOURCES – 13 Required Areas of Compliance
### STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 125 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>4-3.3</td>
<td>Other Rotations: Eight additional weeks of clinical surgical or medical education <strong>must</strong> be assigned.</td>
</tr>
<tr>
<td>1</td>
<td>4-3.3</td>
<td>Other Rotations: These <strong>must</strong> be exclusive of all oral and maxillofacial surgery service assignments.</td>
</tr>
<tr>
<td>1</td>
<td>4-9.1</td>
<td>A minimum of 150 of the 300 cases <strong>must</strong> be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.</td>
</tr>
<tr>
<td>4</td>
<td>4-11</td>
<td>For each authorized final year resident position, residents <strong>must</strong> perform 175 major oral and maxillofacial surgery procedures on adults and children, documented by at least a formal operative note. For the above 175 procedures there <strong>must</strong> be at least 20 procedures in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Sufficient variety in each category, as specified below, <strong>must</strong> be provided.</td>
</tr>
<tr>
<td>1</td>
<td>4-11.3</td>
<td>In the orthognathic category, procedures <strong>must</strong> include correction of deformities in the mandible and the middle third of the facial skeleton</td>
</tr>
<tr>
<td>3</td>
<td>4-12</td>
<td>Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service <strong>must</strong> be maintained. These records must include a detailed account of the number and variety of procedures performed by each resident. Records of patients managed by residents must evidence thoroughness of diagnosis, treatment planning and treatment</td>
</tr>
</tbody>
</table>

### STANDARD 5 – ADVANCED DENTAL EDUCATION RESIDENTS – 31 Required Areas of Compliance

### STANDARD 6 – RESEARCH – 4 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY

Background: The Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery were adopted and implemented by the Commission on Dental Accreditation at its meeting on February 12, 2021. Since that date, four (4) site visits have been conducted by visiting committees of the Commission utilizing the February 2021 Standards. At the time of this report, the Standards include 62 “must” statements addressing 101 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from February 12, 2021 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: Since implementation of the February 12, 2021 Standards, there have been four (4) site visits. No citings were reported for these site visits.

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.

Prepared by: Ms. Yesenia Ruiz
ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN ORAL AND MAXILLOFACIAL SURGERY

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 4
February 12, 2021 through October 31, 2022

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 23 Required Areas of Compliance

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF – 13 Required Areas of Compliance

STANDARD 3 – FACILITIES AND RESOURCES – 7 Required Areas of Compliance

STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 11 Required Areas of Compliance

STANDARD 5 – FELLOW ELIGIBILITY AND SELECTION, EVALUATION, DUE PROCESS, RIGHTS AND RESPONSIBILITIES – 9 Required Areas of Compliance

STANDARD 6 – FELLOWSHIP PROGRAMS – 37 Required Areas of Compliance

STANDARD 7 – INVESTIGATIVE STUDY – 1 Required Area of Compliance
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 Delivery 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. Charting 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 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDOdontICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN
ORAL AND MAXILLOFACIAL SURGERY

Background: On October 7, 2022, the Commission on Dental Accreditation (CODA) received a request from Ms. Mary E. Allaire-Schnitzer, associate executive director, on behalf of the American Association of Oral and Maxillofacial Surgeons to consider proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery. At its Winter 2023 meeting, through review of the proposed revisions, the OMS RC discussed that some of the revisions conflict with Commission policy (e.g., international off-site rotations, authorized enrollment, and reporting educational activity sites) or may conflict with other requirements in the OMS Standards, and thus require further detailed review. The OMS RC noted that the AAOMS education committee has been informed of these conflicting revisions and would further review the proposed revisions through its Committee on Resident Education and Training (CRET). Therefore, the OMS RC believed the discussion of the proposed revisions should be tabled until AAOMS could review the potential revisions in relation to the potential conflicts within the document and with the Commission’s policies. At its Winter 2023 meeting, the Commission concurred with the OMS RC’s recommendation that further consideration of the proposed revisions for the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery be tabled pending further review of the proposed revisions and submission of additional information by the American Association of Oral and Maxillofacial Surgeons to address potential conflicts within the document and with the Commission’s policies.

On June 26, 2023, the Commission on Dental Accreditation received an updated request from Ms. Mary E. Allaire-Schnitzer, associate executive director, on behalf of the American Association of Oral and Maxillofacial Surgeons to consider proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery. The request is found in Appendix 1.

Summary: The Oral and Maxillofacial Surgery Education Review Committee and Commission are requested to consider the proposed revisions (Appendix 1) submitted by Ms. Mary E. Allaire-Schnitzer on behalf of the American Association of Oral and Maxillofacial Surgeons. If proposed changes are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Sherin Tooks and Ms. Yesenia Ruiz
June 26, 2023

Sherin Tooks, Ed.D., M.S.
Director
Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, IL  60611

Dear Dr. Tooks,

On behalf of the American Association of Oral and Maxillofacial Surgeons, I am pleased to provide proposed revisions to the Accreditation Standards for Advanced Specialty Programs in Oral and Maxillofacial Surgery for consideration by the OMS Residency Review Committee and the Commission on Dental Accreditation.

The proposed revisions are attached for review and consideration of the OMS Residency Review Committee at its July 2023 meeting.

Please do not hesitate to contact me at AAOMS headquarters at 800/822-6637 extension 4315, if further clarification is needed.

Sincerely,

Mary E. Allaire-Schnitzer
Associate Executive Director

Cc:  Dr. Brent B. Ward, Chairman, Committee on Education and Training
     Dr. Mark A. Egbert, Board Liaison, Committee on Education and Training
     Dr. J. David Morrison, Board Liaison, Committee on Education and Training
     Dr. George M. Kushner, OMS Commissioner
     Ms. Karin Wittich, AAOMS Executive Director
     Ms. Laurie Oddo, AAOMS Manager, Advanced Education and Professional Affairs
Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery
### Document Revision History

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<tr>
<td>February 12, 2021</td>
<td>Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery</td>
<td>Adopted and Implemented</td>
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<tr>
<td>February 12, 2021</td>
<td>Revised Standards 4-4 and 4-6 through 4-8; Deletion of Standard 4-6.1; and Addition of 4-8.2 and 4-18 through 4-20</td>
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<tr>
<td>January 1, 2022</td>
<td>Revised Standards 4-4 and 4-6 through 4-8; Deletion of Standard 4-6.1; and Addition of 4-8.2 and 4-18 through 4-20</td>
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</tbody>
</table>
Table of Contents

Mission Statement of the Commission on Dental Accreditation ....................................................... 5
ACCREDITATION STATUS DEFINITIONS ...................................................................................... 6
    Programs That Are Fully Operational ...................................................................................... 6
    Programs That Are Not Fully Operational ............................................................................. 6
Preface ............................................................................................................................................... 9
Definitions of Terms Used in Oral and Maxillofacial Surgery .......................................................... 11
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS ..................... 14
    USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS ................................................ 17
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF ........................................... 18
STANDARD 3 – FACILITIES AND RESOURCES ..................................................................... 22
STANDARD 4 - CURRICULUM AND PROGRAM DURATION .................................................... 24
    BASIC SCIENCES .................................................................................................................... 28
    PHYSICAL DIAGNOSIS ........................................................................................................... 28
    CLINICAL ORAL AND MAXILLOFACIAL SURGERY .............................................................. 29
    MINIMUM CLINICAL REQUIREMENTS ................................................................................. 29
        Outpatient Oral and Maxillofacial Surgery Experience ................................................... 29
        General Anesthesia and Deep Sedation ............................................................................ 31
        Admissions .......................................................................................................................... 33
        Major Surgery ................................................................................................................... 33
STANDARD 5 - ADVANCED DENTAL EDUCATION RESIDENTS ......................................... 39
    ELIGIBILITY AND SELECTION ........................................................................................... 39
    EVALUATION .......................................................................................................................... 40
    DUE PROCESS .......................................................................................................................... 41
    RIGHTS AND RESPONSIBILITIES ....................................................................................... 42
STANDARD 6 – RESEARCH .......................................................................................................... 43
Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession 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
ACCREDITATION STATUS DEFINITIONS

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: 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

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 more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Other Accreditation Actions:

Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program’s reported discontinuance effective date or planned closure date and to remove a program from the Commission’s accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution’s legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been

Oral and Maxillofacial Surgery Standards
-7-
withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

**Denial:** An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11
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 ensures 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 disciplines 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 residency, 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, institutions and programs. Each discipline develops discipline-specific standards for educational 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 educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

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

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

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

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).
Definitions of Terms Used in
Oral and Maxillofacial Surgery
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 as 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 oral and maxillofacial surgery in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery. 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 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 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.

- **A degree-granting program**: 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**: 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.

- **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 dentistry: Evidence-based 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.

Oral and Maxillofacial Surgery Terms:

Oral and maxillofacial surgery teaching service: that service in which the resident plays the primary role in the admission, management and/or discharge of patients.

General anesthesia: is a controlled state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including inability to maintain an airway independently and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or combination thereof.

Deep sedation: is a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to verbal command, and is produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

Board Certified: as defined by the American Board of Oral and Maxillofacial Surgery.
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 resident achievement.

1-1 The program must document success of graduates in obtaining American Board of Oral and Maxillofacial Surgery certification.

1-2 The program must document participation in a national, standardized and psychometrically validated in-service examination.

**Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. 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.

Example of Evidence to demonstrate compliance may include:
- OMSITE

1-3 The program must document ongoing, structured use of a standardized educational curriculum.

Examples of evidence to demonstrate compliance may include:
- Consistent use of a structured curriculum (e.g. SCORE).
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.
- Conference schedule including This Week In SCORE (TWIS)
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 and residents. 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, 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.

1-31-4 There must be adequate bed availability to provide for the required number of patient admissions and appropriate independent care by the oral and maxillofacial surgery service.

1-41-5 Oral and maxillofacial surgeons who are members of the teaching staff participating in an accredited educational program must be eligible to practice the full scope of the advanced dental education discipline in accordance with their training, experience and demonstrated competence.

Examples of evidence to demonstrate compliance may include:
- Details of bylaws and credentialing process that document that oral and maxillofacial surgeons are allowed to practice those aspects of the advanced dental education discipline for which they have documented evidence of training and experience
- List of procedures performed that show scope, and/or hospital privileges list

1-51-6 The educational mission must not be compromised by a reliance on residents to fulfill institutional service, teaching or research obligations. Resources and time must be provided for the proper achievement of educational obligations.

Intent: All resident activities have redeeming educational value. Some teaching experience is part of a residents training, but the degree to which it is done should not abuse its educational value to the resident.

Examples of evidence to demonstrate compliance may include:
- Clinic assignment schedule

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.

1-61-7 All arrangements with major and minor activity sites, 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.

Intent: Ownership may entail clinical operations, and not necessarily the physical facility.

1-71-8 Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, must be available. 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 residents; and
e. Each institution’s financial commitment

**Intent**: An “institution (or organizational unit of an institution)” is defined as a dental, medical or public health school, patient care facility, or other entity (e.g., OMS practice facility) that engages in advanced dental education. 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).

1-81-9 Rotations to an affiliated institution which sponsors its own accredited oral and maxillofacial surgery residency program must not exceed 26 weeks in duration.

1-91-10 All standards in this document must apply to training provided in affiliated institutions.

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Accreditation of Off-Campus Sites found in the Evaluation and Operational Policies and Procedures manual (EOPP).

1-11 The program and sponsoring institution’s collaborative responsibilities must include an ongoing effort for recruitment and retention of a diverse and inclusive workforce of faculty, residents and staff.

Examples of evidence to demonstrate compliance may include:
- Nondiscriminatory policies and practices at all organizational levels.
- Mission and policy statements which promote diversity and inclusion.
- Evidence of training in diversity, inclusion, equity, and belonging.

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

The program must be administered by one director who is board certified in 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.

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

2-1 Program Director: The program must be directed by a single responsible individual who is a full time faculty member as defined by the institution.

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

The responsibilities of the program director must include:

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff. This must include documentation of evaluation of the members of the teaching staff by the residents at least annually.

Intent: In some situations, the evaluation of the teaching staff may be performed by the chairman of the department of oral and maxillofacial surgery in conjunction with the program director.

2-1.4 Responsibility for adequate educational resource materials for
education of the residents, including access to an adequate health science library and electronic reference sources.

Examples of evidence to demonstrate compliance may include:
- Consistent use of a national curriculum (e.g. SCORE).
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

2-1.5 Responsibility for selection of residents and ensuring that all appointed residents meet the minimum eligibility requirements, unless the program is sponsored by a federal service utilizing a centralized resident selection process.

2-1.6 Maintenance of appropriate records of the program, including resident and patient statistics, institutional agreements, and resident records.

Examples of evidence to demonstrate compliance may include:
- Copies of faculty meeting minutes
- Sign-in sheets
- Monthly records of outpatient visits by category
- Resident surgical logs/other electronic record databases
- Evaluations of teaching staff

2-1.7 The program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

Intent: The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, residents, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, residents, and staff, open communication, leadership, and scholarship.

Examples of evidence to demonstrate compliance may include:
- Established policies regarding ethical behavior by faculty, staff and residents that are regularly reviewed and readily available.
- Resident, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities.
- Focus groups and/or surveys directed towards gathering information on resident, faculty, patient, and alumni perceptions of the cultural environment.

2-1.8 The program director and teaching staff must lead by example in all aspects of professionalism.
**Intent:** The purpose of the program’s culture and environment is to promote excellence in safe, high-quality care, preparing residents for lifetime learning and a successful future professional life. Practices and policies that exemplify faculty well-being and promote resident well-being in a humanistic environment, while not compromising on quality and safety, create the optimal culture and environment. Professionalism, integrity, and an open culture; where problems can be raised and solved as a team, allow for progress and flexibility while promoting a shared responsibility of all involved to create and maintain an optimal educational environment. Program directors’ and teaching staff model, at all times, excellence in patient care, demonstrated by safe and compassionate clinical practice, integrity in their approach to service and scholarly activity, respect for others, especially residents, in their efforts to assure an optimal educational environment.

Examples of evidence to demonstrate compliance may include:

- Written evaluations from faculty and the chair of the program director and teaching staff.
- Anonymous surveys of the program director and teaching staff by residents evaluating the core aspects of the standard.
- External evaluations of culture, climate, and learning environment.
- Policies and practices that promote the ability for residents to raise concerns in an anonymous fashion and demonstrate the prohibition of retaliation.
- Policies and requirements that promote an optimal educational experience, working culture and environment.

2-1.9 **Lines of communication must be established and ongoing within the program to address culture concerns without the fear of retaliation.**

Examples of evidence to demonstrate compliance may include:

- Written evaluations from faculty that occur at least twice a year.
- Anonymous surveys of the program director and teaching staff by residents evaluating the core aspects of the standard.
- Anonymous evaluations of culture, climate, and learning environment.
- Policies and practices that promote the ability for residents to raise concerns in an anonymous fashion and demonstrate the prohibition of retaliation.
- Policies and requirements that promote an optimal educational experience, working culture and environment.

2-2 **Teaching Staff:** The teaching staff must be of adequate size and must provide for the following:

2-2.1 **Provide direct supervision in all patient care settings appropriate to a resident’s competence and level of training.**

**Intent:** Faculty is present and available in clinics, emergency rooms and operating rooms for appropriate level supervision during critical parts of procedures.
Examples of evidence to demonstrate compliance may include:

- Faculty coverage for clinic, operating room and call schedules
- Patient records

2-2.2 In addition to the full time program director, the teaching staff must have at least one full time equivalent oral and maxillofacial surgeon as defined by the institution per each authorized senior resident position. One of the teaching staff who is not the program director must be at least half-time faculty as defined by the institution.

<table>
<thead>
<tr>
<th>CODA authorized enrollment per year (n)</th>
<th>Required Program Director F.T.E.</th>
<th>Required minimum F.T.E. of second faculty member</th>
<th>Required cumulative F.T.E. of faculty who are not program director</th>
<th>Required Total faculty F.T.E. for program</th>
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<td>n + 1</td>
</tr>
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</table>

2-2.3 Eligible oral and maxillofacial surgery members of the teaching staff, with greater than a .5 FTE commitment appointed after January 1, 2000, who have not previously served as teaching staff, must be diplomates of the American Board of Oral and Maxillofacial Surgery or in the process of becoming board certified. Foreign trained faculty must be comparably qualified.

2-3 Scholarly Activity of Faculty: There must be evidence of scholarly activity among the oral and maxillofacial surgery faculty.

Examples of Evidence to demonstrate compliance may include:

- Participation in clinical and/or basic research particularly in projects funded following peer review;
- Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media; and
- Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

2-4 The program must show evidence of an ongoing faculty development process.

**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance 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:

- Oral and Maxillofacial Surgery Standards
• Participation in development activities related to teaching, learning, and assessment
• Attendance at regional and national meetings that address contemporary issues in education and patient care
• 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
• Evidence of participation in continuing education activities
  • Consistent faculty use of a national curriculum (e.g. SCORE).
  • Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

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. 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, residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The 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 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 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.
Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as 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 for residents, faculty and appropriate support staff.

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.

**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.

3-1 Clinical facilities must be properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures, including administration of general anesthesia and sedation for ambulatory patients.

3-2 There must be a space properly equipped for monitoring patients' recovery from ambulatory surgery, general anesthesia and sedation.

3-3 An adequate and accessible dental laboratory facility must be available to the residents to utilize for patient care.

3-4 Adequate onsite computer resources with internet access must be available to the residents.

3-5 Adequate on call facilities must be provided to residents when fulfilling in-house call responsibilities.

3-6 Adequate and accessible diagnostic imaging facilities must be available to residents to utilize for patient care.
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. Evidence-based 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.

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.

- **Consistent use of a national curriculum (e.g. SCORE).**
- **Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.**

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

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

If an institution and/or program enrolls part-time residents, the institution must have guidelines regarding enrollment of part-time residents. Part-time 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 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 residents;
and (2) there are an equivalent number of weeks spent in the program.

4-1 An advanced dental education program in oral and maxillofacial surgery must encompass a minimum duration of four (4) years of full-time study.

4-2 Each resident must devote a minimum of 120 weeks to clinical oral and maxillofacial surgery.

**Intent:** While enrolled in an oral and maxillofacial surgery program, full-time rotations on the oral and maxillofacial surgery service while doing a non-oral and maxillofacial surgery residency year or full-time service on oral and maxillofacial surgery during vacation times during medical school may be counted toward this requirement.

Examples of evidence to demonstrate compliance may include:
- Complete schedule of resident activity

4-2.1 Fifty-two weeks of the time spent on the oral and maxillofacial surgery service must be at a senior level of responsibility, 26 weeks of which must be in the final year.

**Intent:** Senior level responsibility means residents serving as first assistant to attending surgeon on major cases. Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre- and post-operative patient visits.

4-2.2 Rotations to affiliated institutions outside the United States and Canada must not be used to fulfill the core 120 weeks clinical oral and maxillofacial surgery training experience. Surgical procedures performed during foreign rotations must not count toward fulfillment of the 175 major surgical procedures.

4-2.3 Rotations to a private practice must not be used to fulfill the core 120 weeks of clinical oral and maxillofacial surgery training experience must not exceed 4 weeks.

**Intent:** It is recognized that educational value exists in resident exposure to the private practice environment. Rotations to private practice are intended to broaden the educational experience of residents and not for service needs of the private practice.

4-3 The residency program in oral and maxillofacial surgery must include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum must be provided in anesthesia, clinical medicine and surgery.

Oral and Maxillofacial Surgery Standards
The integrated clinical science curriculum must include off-service rotations, lectures, and seminars, and high-quality educational materials in a structured program for learning given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff.

**Intent:** Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD or DO/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to a required rotation on another service (surgery, medicine, anesthesiology, and eight weeks of additional off-service elective), the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

**Intent:** Beyond the required 56 week rotations, residents may take call on the oral and maxillofacial surgery service when on additional rotations (oral pathology, etc.).

Examples of evidence to demonstrate compliance may include:

- Lecture schedules
- Curriculum; behavioral objectives
- Attendance sign-in sheets
- Policy of anesthesia department related to on-call participation by residents if residents are not permitted to be on-call
- Rotation schedules
- Consistent use of a national curriculum (e.g. SCORE).
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

4-3.1 **Anesthesia and Medical Service:**

The combined assignment must be for a minimum of 32 weeks. A minimum of 20 weeks must be on the anesthesia service and should be consecutive. Four of these 20 weeks should be dedicated to pediatric anesthesia. The resident must function as an anesthesia resident with commensurate level of responsibility. A minimum of 8 weeks must be on the medicine or medical subspecialty services.

**Intent:** It is desirable that four weeks of the required 32 weeks, not fulfilled by the 20 weeks on anesthesia and 8 weeks on medicine or medical subspecialty services be an experience in pre-anesthetic risk stratification and perioperative medical assessment of
the surgical patient. The experience beyond the 20 weeks rotation on the anesthesia service may be at the medical student or resident level, and may include the rotations on medical/anesthesia specialty services (e.g., Medicine, Cardiology, Critical Care, Pediatrics, anesthesia perioperative medicine clinic). The 20 week Anesthesia Service time can be during medical school as long as the oral and maxillofacial surgery trainee functions at the anesthesia resident level.

Examples of evidence to demonstrate compliance may include:
- Resident on-call anesthesia and medicine schedules
- Resident anesthesia and medical service rotation schedules
- Anesthesia records

4-3.2 Surgical Service:

A minimum of 16 weeks of clinical surgical experience must be provided. This experience should be achieved by rotation to a surgical service (not to include oral and maxillofacial surgery) and the resident must function as a surgery resident with commensurate level of responsibility.

**Intent**: The intent is to provide residents with adequate training in pre- and post-operative care, as well as experience in intra-operative techniques. This should include management of critically ill patients. Oral and maxillofacial surgery residents operate at a PGY-1 level of responsibilities or higher and are on the regular night call schedule.

Examples of evidence to demonstrate compliance may include:
- Resident rotation schedules

4-3.3 Other Rotations:

Eight additional weeks of clinical surgical or medical education must be assigned. These must be exclusive of all oral and maxillofacial surgery service assignments.

Examples of evidence to demonstrate compliance may include:
- Resident rotation schedules

4-4 Departmental seminars and conferences, directed by participating members of the teaching staff, must be conducted to augment the biomedical science and clinical program. They must be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and must include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. The majority of teaching sessions must be presented by the institutional teaching staff and may include remote access.
educational opportunities. The residents must also prepare and present departmental conferences under the guidance of the faculty.

**Intent:** The broad scope of oral and maxillofacial surgery includes, but is not limited to, trauma, orthognathic, reconstructive/cosmetic, and pathology including temporomandibular disorders and facial pain.

Examples of evidence to demonstrate compliance may include:
- Seminar schedules for at least one year
- Resident log of lectures attended
- Course outlines
- Sign-in sheets
- **Consistent use of a national curriculum (e.g. SCORE).**
- **Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.**

**BASIC SCIENCES**

4-5 Instruction must be provided in the basic biomedical sciences at an advanced level beyond that of the predoctoral dental curriculum. These sciences must include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. This instruction may be provided through formal courses, seminars, conferences or rotations to other services of the hospital.

**Intent:** This instruction may be met through the completion of the requirements for the M.D./D.O. or any other advanced degrees.

4-5.1 Instruction in anatomy must include surgical approaches used in various oral and maxillofacial surgery procedures.

Examples of evidence to demonstrate compliance may include:
- Resident log of lectures attended
- Course outlines
- Goals and objectives of biomedical sciences curriculum
- Sign-in sheets
- **Schedule showing curriculum in the mandated areas for a typical year**
- **Consistent use of a national curriculum (e.g. SCORE).**
- **Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.**

**PHYSICAL DIAGNOSIS**

Oral and Maxillofacial Surgery Standards
-28-
A didactic and practical course in physical diagnosis must be provided. This instruction must be initiated in the first year of the program. Resident competency in physical diagnosis must be documented prior to the completion of the program.

**Intent:** A medical student/resident level course in physical diagnosis, or a faculty led, formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction should be completed prior to commencement of rotations on the anesthesia, medicine and surgical services. This is to ensure that residents have the opportunity to apply this training throughout the program on adult and pediatric patients.

Examples of evidence to demonstrate compliance may include:
- Course outlines
- Course syllabi
- Course schedules

**CLINICAL ORAL AND MAXILLOFACIAL SURGERY**

The program must provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experiences. The residents’ exposure to non-surgical management and surgical procedures must be integrated throughout the duration of the program.

In addition to providing the teaching and supervision of the resident activities described above, there must be patients of sufficient number and variety to give residents exposure to and competence in the scope of oral and maxillofacial surgery. The program director must ensure that all residents receive comparable clinical experience.

**Intent:** The broad scope of oral and maxillofacial surgery includes, but is not limited to, trauma, orthognathic, reconstructive/cosmetic, and pathology including temporomandibular disorders and facial pain.

Examples of evidence to demonstrate compliance may include:
- Records kept by program director that show comparability of surgical experiences in the various aspects of oral and maxillofacial surgery across years and among residents.
- Oral and Maxillofacial Surgery Benchmarks

**MINIMUM CLINICAL REQUIREMENTS**

**OUTPATIENT ORAL AND MAXILLOFACIAL SURGERY EXPERIENCE**

The program must ensure a progressive and continuous outpatient surgical experience in non-surgical and surgical management, including preoperative and...
postoperative evaluation, in a broad range of oral and maxillofacial surgery involving adult and pediatric patients. This experience must include dentoalveolar surgery, the placement of implant devices, management of traumatic injuries and pathologic conditions including temporomandibular disorders and facial pain, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues. Faculty cases may contribute to this experience, but they must have resident involvement.

**Intent:** Residents are to participate in outpatient care activities.

Examples of evidence to demonstrate compliance may include:
- Resident rotation schedules
- Outpatient clinic schedules
- Outpatient surgery case log
- Dentoalveolar-related didactic course materials

4-8.1 Dental implant training must include didactic and clinical experience in comprehensive preoperative, intraoperative and post-operative management of the implant patient.

The preoperative aspects of the comprehensive management of the implant patient must include interdisciplinary consultation, diagnosis, treatment planning, biomechanics, biomaterials and biological basis.

The intraoperative aspects of training must include surgical preparation and surgical placement including hard and soft tissue grafts.

The post-operative aspects of training must include the evaluation and management of implant tissues and complications associated with the placement of implants.

Examples of evidence to demonstrate compliance may include:
- Implant-related didactic course materials
- Patient records, indicating interaction with restorative dentists
- **Consistent use of a national curriculum (e.g. SCORE)**
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

4-8.2 The training program must include didactic and clinical experience in the comprehensive management of temporomandibular disorders and facial pain.

Examples of evidence to demonstrate compliance may include:
- Education in the diagnosis, imaging, surgical and non-surgical management, including instruction in biomaterials.

Oral and Maxillofacial Surgery Standards
GENERAL ANESTHESIA AND DEEP SEDATION

4-9 The off-service rotation in anesthesia must be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The ambulatory oral and maxillofacial anesthetic experience must include the administration of general anesthesia/deep sedation for oral and maxillofacial surgery procedures to pediatric, adult, and geriatric populations, including the demonstration of competency in airway management.

Examples of evidence to demonstrate compliance may include:
- Resident’s anesthetic log
- Clinical tracking system
- Anesthesia records
- Oral and Maxillofacial Surgery Benchmarks

4-9.1 The cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.

*Intent:* The cumulative experience includes time on the anesthesia rotation as well as anesthetics administered while on the oral and maxillofacial surgery service. Locations for ambulatory anesthesia may include dental school clinics, hospital clinics, emergency rooms, and oral and maxillofacial surgery offices.

Examples of evidence to demonstrate compliance may include:
- Resident’s anesthetic log.
- Clinical tracking system.
- Anesthesia records.
- Oral and Maxillofacial Surgery Benchmarks

4-9.2 The graduating resident must be trained to competence in the delivery of general anesthesia/deep sedation to patients of at least 8 years of age and older.

4-9.3 The graduating resident must be trained in the management of children younger than 8 years of age using techniques such as behavior management, inhalation analgesia, sedation, and general anesthesia.
Examples of evidence to demonstrate compliance may include:

- Didactic Schedules
- Resident Anesthetic Logs
- Detailed curriculum plans
- Patient charts
- Simulation experience
- Consistent use of a national curriculum (e.g. SCORE).
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

4-9.4 The graduating resident must be trained in the anesthetic management of geriatric patients.

Examples of evidence to demonstrate compliance may include:

- Didactic Schedules
- Resident Anesthetic Logs
- Detailed curriculum plans
- Patient charts
- Simulation experience
- Consistent use of a national curriculum (e.g. SCORE).
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

4-9.5 The clinical program must be supported in part by a core comprehensive didactic program on general anesthesia, deep sedation, moderate sedation, behavior management and other methods of pain and anxiety control. The didactic program must include lectures and seminars emphasizing:

- a. Perioperative evaluation and optimization of patients of all ages,
- b. Risk assessment,
- c. Anesthesia and sedation techniques,
- d. Monitoring, and
- e. The diagnosis and management of complications.

4-9.6 Advanced Cardiac Life Support (ACLS) must be obtained in the first year of residency and must be maintained throughout residency training.

Examples of evidence to demonstrate compliance may include:

- ACLS certification records and cards

4-9.7 Each resident must be certified in Pediatric Advanced Life Support (PALS) prior to completion of training.
Examples of evidence to demonstrate compliance may include:

- PALS certification records and cards

**ADMISSIONS**

4-10 Inpatient surgical experience must ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients.

**MAJOR SURGERY**

4-11 For each authorized final year resident position, residents must perform 175 major oral and maxillofacial surgery procedures on adults and children, documented by at least a formal operative note. For the above 175 procedures there must be at least 20 procedures in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Sufficient variety in each category, as specified below, must be provided. Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services must not be counted toward this requirement.

**Intent:** The intent is to ensure a balanced exposure to comprehensive patient care for all major surgical categories. In order for a major surgical case to be counted toward meeting this requirement, the resident serves as an operating surgeon or first assistant to an oral and maxillofacial surgery teaching staff member. The program documents that the residents have played a significant role (diagnosis, perioperative care and subsequent follow-up) in the management of the patient.

Examples of evidence to demonstrate compliance may include:

- Department and institution general operating room statistics and logs
- Patient Medical Records
- Schedules showing that resident was present in pre- and post-operative visits
- Progress notes or resident logs showing resident was present during pre- and post-operative visits
- Resident logbook of all procedures with which resident had active participation

4-11.1 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of maxillary, nasal and orbito-zygomatico-maxillary complex injuries must be included.

**Intent:** Trauma management includes, but is not limited to, tracheotomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft
tissue injuries and injuries to specialized structures.

4-11.2 In the pathology category, experience must include management of temporomandibular joint pathology and at least three other types of procedures.

Intent: Pathology of the temporomandibular joint includes, but is not limited to, internal derangement arthritis, post-traumatic dysfunction, and neoplasms. Management of temporomandibular joint pathology may include medical or outpatient procedures. Other Pathology management includes, but is not limited to, major maxillary sinus procedures, salivary gland/duct surgery, management of head and neck infections, (incision and drainage procedures), and surgical management of benign and malignant neoplasms and cysts.

4-11.3 In the orthognathic category, procedures must include correction of deformities in the mandible and the middle third of the facial skeleton.

Intent: Orthognathic surgery includes the surgical correction of functional and cosmetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones as well as the treatment of obstructive sleep apnea. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care should include consultation and treatment by an orthodontic specialist when indicated; and a sleep medicine team should be included when indicated. Residents participate in the pre- and post-operative care and intra-operative participation in the treatment of the orthognathic patient and the sleep apnea patient.

Examples of evidence to demonstrate compliance may include:

- Evidence of collaborative care (with orthodontist and/or sleep medicine team)
- Oral and maxillofacial surgery record with orthodontic and/or sleep medicine involvement

4-11.4 In the reconstructive and cosmetic category, both bone grafting and soft tissue grafting procedures must be included. Residents must learn the harvesting of bone and soft tissue grafts during the course of training.

Intent: Distant bone graft sites may include but are not limited to calvarium, rib, ilium, fibula and tibia. Harvesting of soft tissue grafts may be from intraoral or distant sites. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve & fascia.

Examples of evidence to demonstrate compliance may include:
• Patient records revealing evidence of hard- and soft-tissue harvesting and grafting to maxillofacial region, including donor sites distant from oral cavity

4-11.5 Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, management of hard and soft tissue maxillofacial defects, insertion of craniofacial implants, facial cleft repair, peripheral nerve reconstruction and other reconstructive surgery.

**Intent:** It is expected that in this category there will be both reconstructive and cosmetic procedures performed by residents.

Cosmetic surgery should include but is not limited to three of the following types of procedures: rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision.

Examples of evidence to demonstrate compliance may include:
• Patient records revealing resident experience in reconstructive and cosmetic surgery

4-12 Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service must be maintained. These records must include a detailed account of the number and variety of procedures performed by each resident. Records of patients managed by residents must evidence thoroughness of diagnosis, treatment planning and treatment.

4-12.1 Residents must keep a current log of their operative cases.

4-13 Emergency Care Experience: Residents must be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, must be included in this experience. A resident must be available to the emergency service at all times.

4-13.1 Each resident must be certified in Advanced Trauma Life Support (ATLS) prior to completion of training.

4-14 The program must provide instruction in the compilation of accurate and complete patient records.

Examples of evidence to demonstrate compliance may include:
• Seminar or lecture schedule on patient record keeping
The program must provide training in interpretation of diagnostic imaging.

**Ethics and Professionalism**

**4-16** Residents must receive instruction in the application of the principle of ethical reasoning and ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

*Intent:* Graduates-Residents should 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.

**4-17** The program must include participation in practice and risk management seminars and instruction in coding and nomenclature.

*Intent:* Parameters of Care should be taught either in a seminar setting, individually or shown to be utilized throughout the program, i.e. Morbidity & Mortality Conferences.

Examples of evidence to demonstrate compliance may include:
- Seminar or lecture schedules on practice and risk management
- Familiarity with AAOMS Parameters of Care

**Patient Safety**

**4-18** Residents must receive formal training in programs, policies, and procedures enhancing patient safety.

*Intent:* An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.

Examples of evidence to demonstrate compliance may include:
- Documentation of an active, ongoing clinical safety training program. This may include participation in institution-wide programs, or documentation of training in Crew Resource Management, Root Cause Analysis, or other safety-focused protocols
- Formative and summative evaluation of residents’ knowledge of and engagement and compliance with safety initiatives (e.g. use of Benchmarks)
- Consistent use of a national curriculum (e.g., SCORE)
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.
4-18.1 The program must provide resident supervision to promote safe and optimal patient care.

**Intent:** Comprehensive guidelines and consistent communication assist residents in decision making regarding the balance between a relatively autonomous learning environment and direct supervision of patient care. Patient care is a shared responsibility among faculty and residents, with the faculty ultimately responsible. Supervision ensures safety and excellence. Supervision is accomplished through a variety of methods including direct supervision with physical presence and where applicable indirect supervision including the use of fellows or residents or through means of telecommunication and general oversight.

Examples of evidence to demonstrate compliance may include:
- Resident supervision policy
- Documented resident responsibility based on OMS benchmarks or similar metrics.
- Faculty and resident call schedules
- Documentation of didactic and clinical competency or Core Entrustable Professional Activities (EPAs)
- Didactic sessions focused on the process of progressive entrustment

4-19 The program must have a formal program for medical emergency preparedness in its ambulatory surgery clinics.

**Intent:** Safety training is enhanced by immersing residents at all stages of training in policies, procedures, and practices which minimize the risk of harm to patients. Active participation by residents, faculty, and appropriate clinical staff in regular routines, including mock emergency drills, reinforces theoretical concepts and models the attention to patient safety expected of the contemporary surgical team. Programs meet or exceed applicable minimal institutional or regulatory requirements, and may develop and implement protocols custom to their clinical facilities.

Examples of evidence to demonstrate compliance may include:
- Logs of mock emergency drills demonstrating participation by faculty, residents and clinical staff
- Ongoing training using high fidelity simulation adapted to simulate the community-based, ambulatory surgery environment
- Adherence to established emergency preparation recommendations, e.g. the AAOMS Office Anesthesia Evaluation Manual

4-20 The program must routinely employ patient safety tools and techniques in its clinical facilities.

Examples of evidence to demonstrate compliance may include:
- Documentation of routine procedural time-outs
• Checklists for preanesthetic preparation, patient and procedure readiness verification, or similar
• Readily available cognitive aids (e.g. charts, placards, checklists, guides) for management of anesthetic and or/medical emergencies

**Wellness**

**4-21** **Residents must be educated in wellness, impairment, burnout, depression, suicide, and substance abuse as well as on the importance of adequate rest to avoid fatigue in order to balance their professional lives and deliver high quality care.**

**Intent:** It is understood that many competing interests exist both within and outside of their commitment to residency obligations. Residents need to understand the value of wellness and fatigue and have the ability to openly address individual and programmatic concerns. Programs need to be responsive to concerns raised regarding out of balance or inappropriate burdens placed on residents that undermine the primary purposes of their training. Programs also need to look for resident duties that could be reasonably offloaded to non-residents in order to optimize resident education, promote wellness, and avoid fatigue.

Examples of evidence to demonstrate compliance may include:

• ROAAOMS Wellness Webinar Series
• Resident Evaluations of the program
• SCORE and/or institutional modules on wellness

**4-21.1** **The program must have policies in place that promote faculty and residents looking out for the wellness of one another and fitness for patient care with mechanisms for reporting at risk behaviors without the fear of retaliation.**

**4-21.2** **Programs must blend supervised patient care, teaching responsibilities of residents, didactic commitments and scholarly activity of residents such that it is accomplished without the excessive reliance on residents to fulfill other service needs and without compromising wellness and fatigue.**

**4-21.3** **Resident work hours must be monitored and reviewed.**

**Intent:** It is required that programs have a system in place for ongoing monitoring of weekly work hours including total number of hours worked, time off between shifts, and days off per week. This data can then be reviewed in appropriate settings such as faculty and resident meetings, annual reviews, and morbidity and mortality conferences. The tracking of hours creates data for shared decision making and assists programs in addressing outlying individuals or situations that could be avoided with more effective training and programmatic structure.

**4-21.4** **The program must have policies and procedures which allow residents leaves of absence from work in order to address issues not limited to fatigue, illness, family emergencies and parental leave.**
STANDARD 5 - ADVANCED DENTAL EDUCATION 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 residents.

Intent: Written non-discriminatory policies are to be followed in selecting residents. These policies should make clear the methods and criteria used in recruiting and selecting residents and how applicants are informed of their status throughout the selection process.

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

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 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 residents in the conventional program and be held to the same academic standards. Advanced standing residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional 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

5-1 If the program has determined that graduates of U. S. or Canadian accredited medical schools are eligible for admission, the candidate must obtain a dental degree from a predoctoral dental education program accredited by the Commission on Dental Accreditation prior to starting the final 52 weeks of the required 120 weeks of core OMS training.
**Intent:** The obtainment of a Medical Degree provides a degree of patient care knowledge and technical skill translatable to many aspects of oral and maxillofacial surgery. This prior experience is amenable to the possibility of simultaneous credit for certain training experiences but not for any aspect of the final 52 weeks of training in OMFS.

**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 residents an assessment of their performance, at least semiannually;

c. Advances 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 resident which is accessible to the 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) Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Resident evaluation is documented in writing and is shared with the resident.

5-2 The program director must provide written evaluations of the residents based upon written comments obtained from the teaching staff. The evaluation must include:

a. Cognitive skills;

b. Clinical skills;

c. Interpersonal skills;

d. Patient management skills; and

e. Ethical standards.

Examples of evidence to demonstrate compliance may include:

- Rotational evaluations
- Semi-annual summative/formative evaluations
- Oral and Maxillofacial Surgery Benchmarks
Professionalism in Dental Education, Institutional ethics guidelines, lecture on ethics

5-3 The program director must provide counseling, remediation, censuring, or after due process, dismissal of residents who fail to demonstrate an appropriate level of competence, reliability, or ethical standards.

5-4 The program director must provide a final written evaluation of each resident upon completion of the program. The evaluation must include a review of the resident’s performance during the training program, and must state that the resident has demonstrated competency to practice independently. The final evaluation must be a summative assessment demonstrating a progression of formative assessments throughout the residency program. This evaluation must be included as part of the resident’s permanent record and must be maintained by the institution. A copy of the final written evaluation must be provided to each resident upon completion of the residency.

*Intent:* The summative assessment may include utilization of formative assessments such as Simulation training, Objective Structured Clinical Exam, Resident Surgical Log, Resident semi-annual evaluations, Oral and Maxillofacial Surgery Benchmarks, and In-Service Training Examinations.

**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 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 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 resident (for academic or disciplinary reasons). In addition to information on the program, 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.

STANDARD 6 – RESEARCH

Advanced dental education residents must engage in scholarly activity.

**Intent:** The resident is encouraged to be involved in the creation of new knowledge, evaluation of research, development of critical thinking skills and furthering the profession of oral and maxillofacial surgery.

6-1 **Each graduating resident must demonstrate evidence of scholarly activity.**

Examples of evidence to demonstrate compliance may include:
- Oral or poster presentations at scientific meetings aside from program curriculum
- Submission for publication of abstracts, journal articles (particularly peer reviewed) or book chapters
- Active participation in or completion of a research project (basic science or clinical) with mentoring

6-2 **The program must provide instruction in research design and analysis.**

Examples of evidence to demonstrate compliance may include:
- Didactic schedules demonstrating education in research design and analysis
- Participation in a clinical trials course
- **Consistent use of a national curriculum (e.g., SCORE).**
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.

6-3 **The program must provide instruction in the critical evaluation of scientific literature.**

Examples of evidence to demonstrate compliance may include:
- Didactic schedules demonstrating education in the critical evaluation of scientific literature through journal club or other educational seminars
- **Consistent use of a national curriculum (e.g., SCORE).**
- Curricula developed aligned with the blueprint of a national in-service examinations or board certification examinations.
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS  
of Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics

Background: The Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics were approved by the Commission on Dental Accreditation at its January 2013 meeting and were implemented on January 1, 2014. Since that date, 77 site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 78 “must” statements addressing 125 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2014, through June 30, 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 distribution of citings is presented in Appendix 1. The most frequently cited standards with two (2) citings each were noted in Standard 3 and are related to: 1) continuous recognition/certification in basic life support including cardiopulmonary resuscitation, and 2) adequate secretarial, clerical, dental auxiliary and technology personnel. The remaining citings in the report include one (1) citation. Due to the small number of citings (26 total), no further analysis can be made at this time.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards. The revised Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics was adopted February 12, 2021 and implemented July 1, 2022. Therefore, this report concludes the Frequency of Citings for the January 2014 Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics.

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

Prepared by: Ms. Yesenia Ruiz
## Frequency of Citings Based on Required Areas of Compliance

**Total Number Programs Evaluated:** 77  
**January 1, 2014 through June 30, 2022**

### STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 23 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available.</td>
</tr>
<tr>
<td>1</td>
<td>1-2</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, must be available. The following items must be covered in such inter-institutional agreements:</td>
</tr>
<tr>
<td>1</td>
<td>1-3d</td>
<td>d. The period of assignment of students/residents;</td>
</tr>
<tr>
<td>1</td>
<td>1-3e</td>
<td>e. Each institution’s financial commitment.</td>
</tr>
</tbody>
</table>

### STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF – 19 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-8</td>
<td>The number and time commitment of faculty must be sufficient to provide full supervision of the clinical portion of the program.</td>
</tr>
</tbody>
</table>
**STANDARD 3 – FACILITIES AND RESOURCES – 17 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>All students/residents, faculty and support staff involved in the direct provision of patient care <strong>must</strong> be continuously recognized/certified in basic life support procedures including cardiopulmonary resuscitation.</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>The program <strong>must</strong> 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.</td>
</tr>
<tr>
<td>1</td>
<td>3-1</td>
<td>Adequate space <strong>must</strong> be designated specifically for the advanced dental education program in orthodontics and dento-facial orthopedics.</td>
</tr>
<tr>
<td>1</td>
<td>3-2</td>
<td>Facilities <strong>must</strong> permit the students/residents to work effectively with trained allied dental personnel.</td>
</tr>
<tr>
<td>2</td>
<td>3-5</td>
<td>Adequate secretarial, clerical, dental auxiliary and technical personnel <strong>must</strong> be provided to enable students/residents to achieve the educational goals of the program.</td>
</tr>
</tbody>
</table>

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 48 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-2a</td>
<td>Biomedical Sciences: A graduate of an advanced dental education program in orthodontics <strong>must</strong> be competent to: Develop treatment plans and diagnosis based on information about normal and abnormal growth and development;</td>
</tr>
<tr>
<td>1</td>
<td>4-3.4i</td>
<td>A graduate of an advanced dental education program in orthodontics <strong>must</strong> be competent to: Develop and document treatment plans using sound principles of appliance design and biomechanics;</td>
</tr>
<tr>
<td>4-4</td>
<td></td>
<td>The orthodontic graduate must have understanding of: a. Biostatistics;</td>
</tr>
<tr>
<td>1</td>
<td>4-4a</td>
<td>c. Jurisprudence;</td>
</tr>
<tr>
<td>1</td>
<td>4-4c</td>
<td>d. Oral Physiology;</td>
</tr>
<tr>
<td>1</td>
<td>4-4d</td>
<td></td>
</tr>
</tbody>
</table>
Frequency of Citings-Residency Orthodontics RC CODA Summer 2023

<table>
<thead>
<tr>
<th>1</th>
<th>4-4e</th>
<th>e. Pain and Anxiety Control;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-4g</td>
<td>g. Periodontics;</td>
</tr>
<tr>
<td>1</td>
<td>4-4h</td>
<td>h. Pharmacology;</td>
</tr>
<tr>
<td>1</td>
<td>4-4j</td>
<td>j. Psychological Aspects of Orthodontic and Dentofacial Orthopedic Treatment;</td>
</tr>
<tr>
<td>1</td>
<td>4-4k</td>
<td>k. Public Health Aspects of Orthodontics and Dentofacial Orthopedics;</td>
</tr>
<tr>
<td>1</td>
<td>4-4l</td>
<td>l. Speech Pathology and Therapy;</td>
</tr>
</tbody>
</table>

STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 16 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5, Due Process</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>5, Evaluation</td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
</tr>
<tr>
<td>1</td>
<td>5a, Evaluation</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>5b, Evaluation</td>
<td>Provides students/residents an assessment of their performance, at least semiannually.</td>
</tr>
</tbody>
</table>

STANDARD 6 – RESEARCH – 2 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics were approved by the Commission on Dental Accreditation at its February 12, 2021, meeting and were implemented on July 1, 2022. Since that date, five (5) site visits have been conducted by visiting committees of the Commission utilizing the July 2022 Standards. At the time of this report, the Standards include 85 “must” statements addressing 124 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 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 distribution of citings is presented in Appendix 1. The following four (4) Standards were each cited once: Standard 2, Program Director; Standard 2-2, program director position; Standard 2-3, program director sufficient time devoted to the program; and Standard 3-6 Clinical Facilities. Due to the small number of citings, four (4) total, no further analysis can be made at this time.

**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.

Prepared by: Ms. Yesenia Ruiz
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS
(July 2022 Standards)

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 5
July 1, 2022 through October 31, 2022

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 26 Required Areas of Compliance

STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF – 22 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>Documentation of all program activities <strong>must</strong> be ensured by the program director and available for review.</td>
</tr>
<tr>
<td>1</td>
<td>2-2</td>
<td>The program director position <strong>must</strong> be full-time as defined by the institution.</td>
</tr>
<tr>
<td>1</td>
<td>2-3</td>
<td>There <strong>must</strong> be evidence that sufficient time is devoted to the program by the director so that the educational and administrative responsibilities can be met.</td>
</tr>
</tbody>
</table>

STANDARD 3 – FACILITIES AND RESOURCES – 18 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3-6</td>
<td>Clinical facilities <strong>must</strong> be provided within the sponsoring or affiliated institution to fulfill the educational needs of the program.</td>
</tr>
</tbody>
</table>

STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 47 Required Areas of Compliance
STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 9
Required Areas of Compliance

STANDARD 6 – RESEARCH – 2 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS

**Background:** The Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were adopted and implemented by the Commission on Dental Accreditation on August 7, 2015. Since that date, seven (7) site visits have been conducted by visiting committees of the Commission utilizing the August 2015 Standards. At the time of this report, the Standards include 61 “must” statements addressing 90 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 7, 2015 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 distribution of citings is presented in Appendix 1. There were no (0) citings during the period covered by this report.

**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.

Prepared by: Ms. Yesenia Ruiz
ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 7
August 7, 2015 through October 31, 2022

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 22 Required Areas of Compliance

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF – 14 Required Areas of Compliance

STANDARD 3 – FACILITIES AND RESOURCES – 17 Required Areas of Compliance

STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 14 Required Areas of Compliance

STANDARD 5 – STUDENTS/FELLOWS – 9 Required Areas of Compliance

STANDARD 6 – FELLOWSHIP PROGRAMS – 13 Required Areas of Compliance

STANDARD 7 – RESEARCH – 1 Required Area of Compliance
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 Delivery 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 (ORTHÔ 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. Charting 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 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:

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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

Background: The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation in February 2012, with implementation on July 1, 2013. Since the implementation date, 110 site visits have been conducted by visiting committees of the Commission utilizing the July 2013 Standards. At the time of this report, the Standards include 107 “must” statements addressing 230 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2013 through June 30, 2021. 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 distribution of citings is presented in Appendix 1. The most frequently cited pediatric dentistry-specific area of non-compliance, with 20 citings, is found in Standard 4 related to advocacy. Standard 4-26, related to didactic instruction was cited a total of 9 times. Each area of compliance in Standard 4-26 was cited 3 times and includes didactic instruction in: a) the fundamental domains of child advocacy; b) federally and state funded programs; and c) principles of education. Standard 4-27, related to clinical experiences in advocacy, was cited a total of 11 times. The specific citings relate to clinical experiences in: a) communicating, teaching and collaborating with groups and individuals with 3 citings; b) advocating and advising public health policy legislation and regulations with 4 citings; and c) participating at the local, state and national level in organized dentistry to represent the oral health needs of children with 4 citings.

Additionally tied for the most frequently cited pediatric dentistry-specific standard is Standard 4-6 related to clinical experiences in patient management using behavior guidance with a total of 20 citings. These include Standards 4-6a, experience with non-pharmacological, sedation, and inhalation analgesia, with 1 citing; 4-6b1, completing 20 nitrous oxide analgesia patient encounters as primary operator, with 2 citing; 4-6b2, completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used, with 6 citings; 4-6b2a of the 50 patient encounters, each student/resident acting as sole primary operator in a minimum of 25 sedation cases with 3 citings; 4-6b2b, of the remaining sedation cases (those not performed as the primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation, with 6 citings; and 4-6b2c, sedation cases being completed in accordance with the recommendations and guidelines of the American Academy of Pediatric Dentists (AAPD)/American Academy of Pediatrics (AAP), the American Dental Association’s (ADA) Teaching of Pain Control and Sedation to Dentists and Dental Students, and relevant institutional policies, with 1 citing.
Summary: This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry implemented on January 1, 2013. Revised Accreditation Standards were adopted August 7, 2020 with implementation July 1, 2021. Citings related to site visits occurring July 1, 2021 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.

Prepared by: Ms. Peggy Soeldner
**ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 110  
July 1, 2013 through June 30, 2021

**STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS** – 24  
Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>The financial resources <strong>must</strong> be sufficient to support the programs stated goals and objectives.</td>
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<tr>
<td>2</td>
<td>1</td>
<td>The program <strong>must</strong> develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service.</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>Planning for, evaluation of and improvement of educational quality for the program <strong>must</strong> be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>The program <strong>must</strong> document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>The financial resources <strong>must</strong> be sufficient to support the program’s stated goals and objectives.</td>
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<tr>
<td>1</td>
<td>1</td>
<td>The sponsoring institution <strong>must</strong> ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.</td>
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<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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</tr>
<tr>
<td>1</td>
<td>1</td>
<td>The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters <strong>must</strong> rest within the sponsoring institution.</td>
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<tr>
<td>1</td>
<td>1</td>
<td>The institution/program <strong>must</strong> have a formal system of quality assurance for programs that provide patient care.</td>
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<td>1</td>
<td>1</td>
<td>The position of the program in the administrative structure <strong>must</strong> be consistent with that of other parallel programs within the institution and the program director <strong>must</strong> have the authority, responsibility, and privileges necessary to manage the program.</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>The primary sponsor of the educational program <strong>must</strong> accept full responsibility for the quality of education provided in all affiliated institutions.</td>
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<td>1</td>
<td>1</td>
<td>Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, <strong>must</strong> be available.</td>
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<tr>
<td>1</td>
<td>1</td>
<td>The following items <strong>must</strong> 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.</td>
</tr>
<tr>
<td>1</td>
<td>1-1</td>
<td>Affiliation agreements with remote teaching sites <strong>must</strong> clearly specify the status of off-site faculty, the financial commitments with sites, instruction, and liability coverage.</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<tr>
<td>1</td>
<td>1-2</td>
<td>A Commission-accredited advanced education program in pediatric dentistry must use, among other outcomes measures, the successful completion by its graduates of the American Board of Pediatric Dentistry certification process.</td>
</tr>
</tbody>
</table>

**STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 23 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>The program must be administered by one director who is board certified in 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.)</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>The program director <strong>must</strong> 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.</td>
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<tr>
<td>1</td>
<td>2</td>
<td>Documentation of all program activities <strong>must</strong> be ensured by the program director and available for review.</td>
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<td>1</td>
<td>2-1</td>
<td>The program director <strong>must</strong> be evaluated annually.</td>
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<tr>
<td>3</td>
<td>2-2</td>
<td>Administrative Responsibilities: The program director <strong>must</strong> have sufficient authority and time to fulfill administrative program assessment and teaching responsibilities in order to achieve the educational goals of the program including:</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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</tr>
<tr>
<td>1</td>
<td>2-2.2</td>
<td>Curriculum development and implementation.</td>
</tr>
<tr>
<td>1</td>
<td>2-2.3</td>
<td>Ongoing evaluation of program goals, objectives and content and outcomes assessment.</td>
</tr>
<tr>
<td>2</td>
<td>2-2.4</td>
<td>Annual evaluations of faculty performance by the program director or department chair; including a discussion of the evaluation with each faculty member.</td>
</tr>
<tr>
<td>1</td>
<td>2.2-8</td>
<td>Maintenance of records related to the educational program, including written instructional objectives, course outlines and student/resident clinical logs (RCLs) for specified procedures.</td>
</tr>
<tr>
<td>1</td>
<td>2.2-9</td>
<td>Responsibility for overall continuity and quality of patient care.</td>
</tr>
<tr>
<td>1</td>
<td>2.2-10</td>
<td>Oversight responsibility for student/resident research.</td>
</tr>
<tr>
<td>1</td>
<td>2-2.11</td>
<td>Responsibility for determining the roles and responsibilities of associate program director(s) and their regular evaluation.</td>
</tr>
<tr>
<td>2</td>
<td>2-3.1</td>
<td>Pediatric dentistry members of the teaching staff, appointed after January 1, 2000, who have not previously served as teaching staff, <strong>must</strong> be certified by the American Board of Pediatric Dentistry or have completed the educational requirements to pursue certification.</td>
</tr>
<tr>
<td>4</td>
<td>2-3.4</td>
<td>Clinical faculty <strong>must</strong> be immediately available to provide direct supervision to students/residents for all clinical sessions.</td>
</tr>
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<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<tr>
<td>1</td>
<td>2.3-5</td>
<td>The faculty includes members who are engaged in scholarly activity.</td>
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<tr>
<td>3</td>
<td>2-4</td>
<td>The program must show evidence of an ongoing faculty development process.</td>
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</tbody>
</table>

**STANDARD 3- FACILITIES AND RESOURCES – 25 Required Areas of Compliance**

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>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 the Standards.</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>The 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.</td>
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<td>1</td>
<td>3</td>
<td>Policies <strong>must</strong> be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance.</td>
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<td>3</td>
<td>Additionally, policies on bloodborne and infectious diseases <strong>must</strong> be made available to applicants for admission and patients.</td>
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<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<td>1</td>
<td>3</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>3-1</td>
<td>Students/Residents, faculty and staff engaged in provision of pharmacologic behavior guidance must be certified in PALS or ACLS in accordance with guidelines of the American Academy of Pediatric Dentistry, and institutional and state regulations.</td>
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<td>3-3</td>
<td>The program must have access to clinical facilities that include:</td>
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<td></td>
<td>3-3.2</td>
<td>Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency, and promote efficient use of dental instrumentation and allied personnel.</td>
</tr>
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<td>1</td>
<td>3-3.5</td>
<td>Recovery area facilities.</td>
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<td></td>
<td>3-4</td>
<td>Personnel resources must include:</td>
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<tr>
<td>1</td>
<td>3-4.1</td>
<td>Adequate administrative and clerical personnel.</td>
</tr>
<tr>
<td>4</td>
<td>3-4.2</td>
<td>Adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support are suitably trained and credentialed.</td>
</tr>
<tr>
<td>1</td>
<td>3-5</td>
<td>Research Facilities: Facilities must be available for students/residents to conduct basic and/or applied (clinical) research</td>
</tr>
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<td>1</td>
<td>3-6</td>
<td>Information Resources: Appropriate information resources must be available including access to biomedical textbooks, dental journals and other sources pertinent to the area of pediatric dentistry practice and research</td>
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<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
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<td>3-7</td>
<td>Patient Availability: A sufficient pool of patients requiring a sufficient scope, volume and variety of oral health care needs and a delivery system to provide ample opportunity for training must be available, including healthy individuals as well as patients with special health care needs.</td>
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</tbody>
</table>

**STANDARD 4- CURRICULUM AND PROGRAM DURATION** – 139 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>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 discipline’s practice as set forth in specific standards contained in this document.</td>
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<tr>
<td>1</td>
<td>4</td>
<td>Advanced dental education programs must include instruction or learning experiences in evidence-based practice.</td>
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<td>1</td>
<td>4</td>
<td>The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.</td>
</tr>
<tr>
<td>1</td>
<td>4-1</td>
<td>An advanced education program in pediatric dentistry must prepare a specialist who is competent in providing both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.</td>
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<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<td>1</td>
<td>4-1</td>
<td>All curricula <strong>must</strong> be formulated in accordance with current American Academy of Pediatric Dentistry Guidelines.</td>
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<td>1</td>
<td>4-3</td>
<td>The program <strong>must</strong> also provide experience in closely related areas to ensure that students/residents become competent in comprehensive care.</td>
</tr>
<tr>
<td>2</td>
<td>4-4</td>
<td>Biomedical sciences <strong>must</strong> be included to support the clinical, didactic and research portions of the curriculum.</td>
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<td></td>
<td>4-4</td>
<td>Instruction must be provided at the understanding level in the following biomedical sciences:</td>
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<tr>
<td>2</td>
<td></td>
<td>a. <strong>BIOSTATISTICS</strong> and <strong>CLINICAL EPIDEMIOLOGY</strong>: Including probability theory, descriptive statistics, hypothesis testing, inferential statistics, principles of clinical epidemiology and research design;</td>
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<tr>
<td>1</td>
<td></td>
<td>b. <strong>PHARMACOLOGY</strong>: Including pharmacokinetics, interaction and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency</td>
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<td>1</td>
<td></td>
<td>d. <strong>EMBRYOLOGY</strong>: Including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies;</td>
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<td>2</td>
<td></td>
<td>e. <strong>GENETICS</strong>: Including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases;</td>
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<tr>
<td>Non-Compliance Citings</td>
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<td>Required Areas of Compliance</td>
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<td>2</td>
<td>f. ANATOMY: Including a review of general anatomy and head and neck anatomy with an emphasis on the infant, child and adolescent;</td>
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<td>4-5</td>
<td>Didactic Instruction: Didactic instruction in behavior guidance must be at the in-depth level and include:</td>
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<tr>
<td>1</td>
<td>a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting;</td>
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<td>1</td>
<td>b. Child behavior guidance in the dental setting and the objectives of various guidance methods;</td>
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<td>1</td>
<td>c. Principles of communication, including listening techniques, including the descriptions of and recommendations for the use of specific techniques, and communication with parents and caregivers;</td>
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<td>1</td>
<td>d. Principles of informed consent relative to behavior guidance and treatment options;</td>
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<td>1</td>
<td>e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the AAPD guidelines and The Teaching of Pain Control and Sedation to Dentists and Dental Students of the American Dental Association (ADA); and</td>
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<tr>
<td>1</td>
<td>f. Recognition, treatment and management of pharmacologic-related emergencies</td>
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<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
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<td></td>
<td>4-6</td>
<td>Clinical Experiences: Clinical experiences in behavior guidance <strong>must</strong> enable students/residents to achieve competency in patient management using behavior guidance:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Experiences <strong>must</strong> include infants, children and adolescents including patients with special health care needs, using:</td>
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<td></td>
<td>1</td>
<td>1. Non-pharmacological techniques;</td>
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<td></td>
<td></td>
<td>2. Sedation; and</td>
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<td></td>
<td>3. Inhalation analgesia</td>
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<td></td>
<td></td>
<td>b. Students/Residents <strong>must</strong> perform adequate patient encounter to achieve competency:</td>
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<td></td>
<td>2</td>
<td>1. Students/Residents <strong>must</strong> complete 20 nitrous oxide analgesia patient encounters as primary operator; and</td>
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<td></td>
<td>6</td>
<td>2. Students/Residents <strong>must</strong> complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</td>
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<tr>
<td></td>
<td>4</td>
<td>a. Of the 50 patient encounters, each student/resident <strong>must</strong> act as sole primary operator in a minimum of 25 sedation cases.</td>
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<td></td>
<td>6</td>
<td>b. Of the remaining sedation cases (those not performed as the primary operator), each student/resident <strong>must</strong> gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.</td>
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<td></td>
<td>1</td>
<td>c. All sedation cases <strong>must</strong> be completed in accordance with the recommendations and guidelines of AAPD/AAP, the ADA’s Teaching of Pain Control and Sedation to Dentists and Dental Students, and relevant institutional policies.</td>
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<tr>
<td>Non-Compliance</td>
<td>Accreditation</td>
<td>Required Areas of Compliance</td>
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<tr>
<td>Citings</td>
<td>Standard</td>
<td></td>
</tr>
<tr>
<td>4-8</td>
<td>Clinical Experiences: Clinical experiences <strong>must</strong> enable students/residents to achieve competency in:</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>a. Diagnosis of dental, skeletal, and functional abnormalities in the primary, mixed, and young permanent dentition stages of the developing occlusion; and</td>
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<tr>
<td>2</td>
<td>b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments.</td>
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<tr>
<td>4-10</td>
<td>Clinical Experiences: Clinical experiences in oral facial injury and emergency care <strong>must</strong> enable students/residents to achieve competency in:</td>
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</tr>
<tr>
<td>3</td>
<td>a. Diagnosis and management of traumatic injuries of the oral and perioral structures including primary and permanent dentition and in infants, children and adolescents; and</td>
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<tr>
<td>4-15</td>
<td>Didactic Instruction: Didactic instruction must be at the in-depth level and include:</td>
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<tr>
<td>1</td>
<td>a. Restorative and prosthetic techniques and dental materials for the primary, mixed and permanent dentitions;</td>
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<tr>
<td>1</td>
<td>b. Management of comprehensive restorative care for pediatric patients;</td>
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<tr>
<td>1</td>
<td>c. Treatment planning for infants, children, adolescents and those with special health care needs; and</td>
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<td>d. Characteristics of the dental home.</td>
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<td>Non-Compliance Citings</td>
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<td>Required Areas of Compliance</td>
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<td>4-17</td>
<td>Didactic Instruction: Didactic instruction <strong>must</strong> be at the understanding level and include:</td>
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</tr>
<tr>
<td>3</td>
<td>a. The design implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice;</td>
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<tr>
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<td>Accreditation Standard</td>
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<td>3</td>
<td></td>
<td>b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry;</td>
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<tr>
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<td></td>
<td>c. Use of computers in didactic, clinical and research endeavors, as well as in practice management;</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>d. Principles of ethical and biomedical ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management; and</td>
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<td>1</td>
<td></td>
<td>e. Working cooperatively with consultants and clinicians in other dental specialties and health fields.</td>
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<td>1</td>
<td>Didactic instruction must be at the in-depth level for the following:</td>
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<tr>
<td>1</td>
<td></td>
<td>f. The prevention and management of medical emergencies in the dental setting.</td>
</tr>
<tr>
<td>4-18</td>
<td>Didactic Instruction: Didactic instruction must</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>a. Formulation of treatment plans for patients with special health care needs.</td>
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<td>2</td>
<td></td>
<td>b. Medical conditions and the alternatives in the delivery of dental care that those conditions might require.</td>
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<td></td>
<td></td>
<td>c. Management of the oral health of patients with special health care needs, i.e.:</td>
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<td>2</td>
<td></td>
<td>1. Medically compromised;</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>2. Physically compromised or disabled; and diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
</tr>
<tr>
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<tr>
<td>2</td>
<td>4-19</td>
<td>3. Transition to adult practices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Experiences: Clinical experiences must enable advanced students/residents to achieve competency in:</td>
</tr>
<tr>
<td>2</td>
<td>4-21</td>
<td>a. Examination, treatment and management of infants, children, adolescents and adults with special health care needs.</td>
</tr>
<tr>
<td>1</td>
<td>4-21</td>
<td>Clinical Experiences: Clinical experiences must enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting.</td>
</tr>
<tr>
<td></td>
<td>4-21</td>
<td>The program must provide the following clinical experiences:</td>
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<tr>
<td>1</td>
<td></td>
<td>a. Dental treatment in the Operating Room Setting:</td>
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<tr>
<td></td>
<td></td>
<td>1. Each student/resident participates in the treatment of pediatric patients under general anesthesia in the operating room.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Each student/resident participates in a minimum of twenty (20) operating room cases and these are documented in the RCL (Resident Clinical Log). In ten (10) of the operating room cases above, each student/resident provides the pre-operative workup and assessment, conducting medical risk assessment, admitting procedures, informed consent, and intra-operative management including completion of the dental procedures, post-operative care, discharge and follow up and completion of the medical records</td>
</tr>
<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<td>1</td>
<td></td>
<td>c. Anesthesiology Rotation:</td>
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<td>4. The rotation <strong>must</strong> provide and document experiences in: (1) pre-operative evaluation, (2) risk assessment, (3) assessing the effects of pharmacologic agents, (4) venipuncture techniques, (5) airway management, (6) general anesthetic induction and intubation, (7) administration of anesthetic agents, (8) patient monitoring, (9) prevention and management of anesthetic emergencies, (10) recovery room management, and (11) postoperative appraisal and follow up.</td>
</tr>
</tbody>
</table>

4-24 Didactic Instruction: Didactic instruction must be at the understanding level and include:

| 2                      |                        | a. Normal speech and language development and the recognition of speech and language delays/disorders; the anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance; and |

<p>| 2                      |                        | b. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs such as: |
|                        |                        | 1. Developmental disabilities; |
|                        |                        | 2. Genetic/metabolic disorders; |
|                        |                        | 3. Infectious disease; |
|                        |                        | 4. Sensory impairments; and |
|                        |                        | 5. Chronic disease. |</p>
<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-26</td>
<td>Didactic Instruction must be at an understanding level and include:</td>
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<tr>
<td></td>
<td>a. The fundamental domains of child advocacy including knowledge about the disparities in the delivery of dental care, issues around access to dental care and possible solutions;</td>
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<td></td>
<td>b. Federally and state funded programs like Medicaid and SCHIP that provide dental care to poor populations; and</td>
<td></td>
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<tr>
<td></td>
<td>c. Principles of education.</td>
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<tr>
<td>4-27</td>
<td>Clinical experiences must provide exposure of the advanced education student/resident to:</td>
<td></td>
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<tr>
<td></td>
<td>a. Communicating, teaching, and collaborating with groups and individuals on children’s health issues;</td>
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<td></td>
<td>b. Advocating and advising public health policy legislation and regulations to protect and promote the oral health of children; and</td>
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<tr>
<td></td>
<td>c. Participating at the local, state, and national level in organized dentistry to represent the oral health needs of children, particularly the underserved.</td>
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</tr>
<tr>
<td>4-28</td>
<td>Advanced education students/residents must engage in teaching activities which may include peers, predoctoral students, community based programs and activities, and other health professionals.</td>
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<tr>
<td>Non-Compliance Citings</td>
<td>Accreditation Standard</td>
<td>Required Areas of Compliance</td>
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<tr>
<td>5</td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
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</tr>
<tr>
<td>1</td>
<td>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;</td>
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</tr>
<tr>
<td>1</td>
<td>5</td>
<td>There <strong>must</strong> be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>At the time of enrollment, the advanced dental education students/residents <strong>must</strong> be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments.</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>Additionally, all advanced dental education students/residents <strong>must</strong> be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.</td>
</tr>
</tbody>
</table>
### STANDARD 6- RESEARCH – 5 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>6</td>
<td>Advanced dental education students/residents <strong>must</strong> engage in scholarly activity.</td>
</tr>
<tr>
<td></td>
<td>6-1</td>
<td>Advanced dental education students/residents <strong>must</strong>:</td>
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<tr>
<td>3</td>
<td></td>
<td>a. Participate in and complete a research project;</td>
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<tr>
<td>3</td>
<td></td>
<td>b. Uses data collection and analysis;</td>
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<tr>
<td>2</td>
<td></td>
<td>c. Uses elements of scientific method; and</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>d. Reports results in a scientific forum.</td>
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</tbody>
</table>
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation in August 7, 2020 with implementation July 1, 2021. Since the implementation date, 22 site visits have been conducted by visiting committees of the Commission utilizing the July 2021 Standards. At the time of this report, the Standards include 119 “must” statements addressing 299 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2021 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 distribution of citings found in Appendix 1 indicates a total of seven (7) citings of non-compliance have been made. The most frequently cited pediatric dentistry-specific area of non-compliance, with 2 citings, is Standard 4-6b2a, completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used, of which each student/resident acting as sole primary operator in a minimum of 25 sedation cases.

**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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 22
July 1, 2021 through October 31, 2022

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 24

Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-1</td>
<td>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.</td>
</tr>
</tbody>
</table>

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 30 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-3.4</td>
<td>Clinical faculty must be immediately available to provide direct supervision to students/residents for all clinical sessions.</td>
</tr>
<tr>
<td>1</td>
<td>2-5</td>
<td>All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.</td>
</tr>
</tbody>
</table>

STANDARD 3- FACILITIES AND RESOURCES – 26 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 202 Required Areas of Compliance
<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
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<tbody>
<tr>
<td>4-7</td>
<td>Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:</td>
<td></td>
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<tr>
<td></td>
<td>b. Students/Residents must perform adequate patient encounters to achieve competency:</td>
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<tr>
<td></td>
<td>2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.</td>
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<tr>
<td></td>
<td>2a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.</td>
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<tr>
<td>4-9</td>
<td>Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:</td>
<td></td>
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<td></td>
<td>b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:</td>
<td></td>
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<tr>
<td>1</td>
<td>2. Transverse arch dimensional problems involving simple posterior crossbites;</td>
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<tr>
<td>1</td>
<td>4. Anterior spacing with or without dental protrusion;</td>
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</tbody>
</table>

**STANDARD 5- ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 12**

Required Areas of Compliance

**STANDARD 6- RESEARCH – 5 Required Areas of Compliance**
CONSIDERATION OF PROPOSED REVISIONS TO ANESTHESIA STANDARDS OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

**Background:** At its August 2021 meeting, the Commission on Dental Accreditation directed the establishment of a multidisciplinary Ad Hoc Committee composed of current and former Pediatric Dentistry Review Committee members as well as representation from the Dental Anesthesiology Review Committee and the Oral and Maxillofacial Surgery Review Committee to study the use of sedation in patient management, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, as applicable, with a report to the Commission in Winter 2022.

The Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards held two (2) meetings in November 2021 and determined that a definition of “Sole Primary Operator” should be added to the Definition of Terms within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the Ad Hoc Committee determined that an intent statement should be added to Pediatric Dentistry Standard 4-7 to clarify that “Each patient encounter shall have only one (1) sole primary operator.” At its Winter 2022 meeting, the PED RC recommended adoption of these revisions with immediate implementation, and the Commission concurred.

The Ad Hoc Committee also believed that additional meetings were required to discuss outstanding issues related to its charge, with the inclusion of an additional member to provide further perspectives on the American Academy of Pediatric Dentistry anesthesia guidelines. As such, at its Winter 2022 meeting, the PED RC also recommended, and the Commission concurred, that the Commission invite the American Academy of Pediatric Dentistry’s Chair of the Council on Clinical Affairs, Committee on Sedation and Anesthesia to join the Ad Hoc Committee as an additional member to provide a perspective on the potential revision to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to anesthesia education for pediatric dentistry. The Commission further directed the Ad Hoc Committee on Pediatric Dentistry Anesthesia Standards to continue its review of pediatric dentistry Accreditation Standards which may warrant revision, with a report to the Commission in Summer 2022.

The Ad Hoc Committee held two (2) additional meetings in May and June 2022. As the discussion continued, the Ad Hoc Committee reviewed components of Pediatric Dentistry Standard 4-7a and b, suggesting the revisions found in Appendix 1. The proposed revisions differentiate “minimal” and “moderate” sedation. The Committee also determined that the age of pediatric dentistry patients should be clarified to “patients 13 or under.” Further, of the sedation cases not performed as the sole primary operator, beyond those 15 encounters that must involve direct patient care, the remaining may include simulation experiences. The Ad Hoc Committee
thoroughly considered the use of simulation in health care education. The Committee noted educational “simulation” methods ranging from written case studies that only address knowledge through simulation methods using high-fidelity mannequins that simulate a real patient experience and assess knowledge and hands-on skill. It was noted that, if used appropriately, simulation that models that real patient experience may provide a valid educational tool. The Ad Hoc Committee believed that case-based written and/or discussion simulation activities are not appropriate methods through which knowledge and skill can be fully assessed.

The Ad Hoc Committee further noted that in September 2011, the Association of American Medical Colleges (AAMC) published the “Medical Simulation in Medical Education: Results of an AAMC Survey” in which the AAMC, for the purpose of the survey, defined “simulation.” Following discussion, the Ad Hoc Committee believed that the AAMC’s definition should be added to the Definition of Terms in reference to simulation activities that are permitted within the Accreditation Standards for pediatric dentistry programs (Appendix 1).

The Ad Hoc Committee also concluded and recommended that, with future enhancements in technology and changes in educational models, the Commission further study simulation and its implications to dental and dental-related education programs as it relates to all disciplines within the Commission’s purview, through formation of an Ad Hoc Committee representing all disciplines, with a future report to the Commission.

At its Summer 2022 meeting, the PED RC carefully considered the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry submitted by the Ad Hoc Committee. Following discussion, the PED RC supported the proposed revisions to the standards submitted by the Ad Hoc Committee, as found in Appendix 1 and recommended that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (Appendix 1) be circulated to the communities of interest for review and comment, with Hearings held in conjunction with the October 2022 American Dental Association and March 2023 American Dental Education Association meetings, with comments reviewed at the Commission’s Summer 2023 meetings. The PED RC further believed that the Commission should study simulation and its implications to dental and dental-related education programs as it relates to all disciplines within the Commission’s purview, through formation of an Ad Hoc Committee representing all disciplines, with a future report to the Commission.

As directed by the Commission, the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (Appendix 1) were circulated for comment through June 1, 2023. No (0) comments were received at the ADA Virtual Hearing and no (0) comments were received at the ADEA Virtual Hearing. The Commission office received 20 written comments prior to the June 1, 2023 deadline (Appendix 2).
Summary: At this meeting, the Pediatric Dentistry Review Committee and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (Appendix 1) and the comments received prior to the June 1, 2023 deadline (Appendix 2). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revision is adopted, the Commission may wish to consider an implementation date.

Recommendation:

Prepared by: Ms. Peggy Soeldner
At its Summer 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2023, for review at the Summer 2023 Commission meeting.

Written comments will only be accepted through the Commission’s Electronic Comment Submission Portal at this link: https://surveys.ada.org/jfe/form/SV_0lm22grEOzgxgaN

Additions are Underlined; Strikethroughs indicate Deletions
Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-4653
https://coda.ada.org/en
Definitions of Terms Used in Pediatric Dentistry 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 pediatric dentistry in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. 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 standards.

**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 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.

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 dentistry: Evidence-based 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.

Resident Clinical Log (RCL): A secure and valid account of procedures and experiences of a student/resident maintained by the program for use in evaluation, accreditation, quality assurance and other purposes.

Treatment: Refers to direct care provided by the student/resident for that condition or clinical problem.

Management: Refers to provision of appropriate care and/or referral for a condition consistent with contemporary practice and in the best interest of the patient.

Sole Primary Operator: The student/resident providing the assessment, drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies. Each patient encounter shall have only one (1) sole primary operator.

Interprofessional Education**: When students/residents and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes. *(Adapted from the WHO 2010)*

Social Determinants of Health***: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. *{(From the WHO)}*

Simulation****: A method used in health care education to replace or amplify real patient experiences with scenarios designed to replicate real health encounters, using lifelike mannequins, physical models, standardized patients, or computers.


****Definition from the Association of American Medical Colleges (AAMC) Medical Simulation in Medical Education: Results of an AAMC Survey. (Retrieved June 29, 2022 from https://www.aamc.org/system/files/2/259760-medicalsimulationinmedicaleducationnaamcsurvey.pdf)
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

CLINICAL SCIENCES

BEHAVIOR GUIDANCE

4-6 Didactic Instruction: Didactic instruction in behavior guidance must be at the in-depth level and include:

a. Physical, psychological and social development. This includes the basic principles and theories of child development and the age-appropriate behavior responses in the dental setting;

b. Child behavior guidance in the dental setting and the objectives of various guidance methods;

c. Principles of communication, listening techniques, and communication with parents and caregivers;

d. Principles of informed consent relative to behavior guidance and treatment options;

e. Principles and objectives of sedation and general anesthesia as behavior guidance techniques, including indications and contraindications for their use in accordance with the REFERENCE MANUAL; and

f. Recognition, treatment and management of adverse events related to sedation and general anesthesia, including airway problems.

Intent: The term “treatment” refers to direct care provided by the residents/student for that condition or clinical problem. The term “management” refers to provision of appropriate care and /or referral for a condition consistent with contemporary practice and in the best interest of the patient.

4-7 Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:

a. Experiences must include infants, children and adolescents including individuals with special health care needs, using:

   1. Non-pharmacological techniques;
   2. Minimal Sedation; and
   3. Moderate Sedation Inhalation analgesia.

b. Students/Residents must perform adequate patient encounters to achieve competency:

   1. Students/Residents must complete a minimum of 20 nitrous oxide analgesia—patient encounters as primary operator; and

   2. Students/Residents must complete a minimum of 50 patient encounters in
which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients (patients 13 or under), or patients with special health care needs. The agents may be administered by any route.

a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.

b. Of the remaining sedation cases (those not performed as the sole primary operator), each student/resident must gain clinical experience, which can be in a variety of activities or settings including individual or functional group monitoring and human simulation. At least 15 encounters must involve direct patient care, the remaining of which may include simulation experiences.

2. In addition to the above, students/residents must complete a minimum of 20 nitrous oxide patient encounters as primary operator; and

3. All sedation cases must be completed in accordance with the recommendations of the REFERENCE MANUAL and/or applicable institutional policies and state regulations.

**Intent:** Programs will provide or make available adequate opportunities to meet the above requirements which are consistent with those experiences required by jurisdictions with policies regulating pediatric sedation in dental practice. The numbers of encounters cited in the Standard represents the minimal number of experiences required for a student/resident. In the sole primary operator role, the student/resident is expected to provide the assessment, drug delivery, treatment, monitoring, discharge and emergency prevention/management in conjunction with other medical personnel as required by institutional policies. Each patient encounter shall have only one (1) sole primary operator.

In the remaining sedation cases, where the student/resident is not the primary operator, these experiences require documentation and inclusion in the RCL. It is not an appropriate learning
experience for groups of students/residents to passively observe a single sedation being performed. The intent of this standard is not for multiple operators to provide limited treatment on the same sedated patient in order to fulfill the sedation requirement.
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

Download as PDF

Response Summary:

At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:


All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.
Q2. Please complete the requested information.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Alexander</th>
</tr>
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<tr>
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<td>Alcaraz</td>
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<tr>
<td>Title</td>
<td>Program Director</td>
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Q3. Please select one of the following options that best describes you or your organization:
- College/University

Q4. Is this an official comment from your organization?
- Yes. Please enter the name of your organization below:
  Herman Ostrow School of Dentistry of USC

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
Page 6 of Proposed Revisions, section 4-7 line 35

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
Date: May 31, 2023
Re: Comment on Proposed Revision of CODA’s “Standards for Pediatric Dentistry Education Programs”
Dear Members of the Commission on Dental Accreditation,
The statements below reflect the concerns of the pediatric dental residency program from the Herman Ostrow School of Dentistry of the University of Southern California along with the other five California residency programs/dental schools.
In January 2023, The Dental Board of California significantly changed how the Board issues and regulates anesthesia and sedation permits in California (compliant with California Senate Bill 501, Glazer, Statutes of 2018). Previously a pediatric dentist could provide both minimal and moderate oral sedation with a single ‘oral conscious sedation for minors’ permit. Currently, under California’s revised sedation permit requirements, a dentist in California who provides moderate sedation to children must obtain and maintain the following permit and endorsement:
(1) Moderate Sedation Permit
https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml
(2) Pediatric Endorsement for Patients under the age of 7
Additional costs and requirements for the moderate sedation permit include an additional pediatric endorsement fee, higher continuing education requirements and the addition of a site inspection within a year of moderate sedation permit issuance and every six years thereafter ($2000 fee per site inspection).
As a result, the proposed CODA changes (Page 6, section 4-7 line 35) pose a significant challenge for our program and our resident trainees.
4-7 Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:
   a. Experiences must include infants, children and adolescents including individuals with special health care needs, using:
      1. Non-pharmacological techniques;
      2. Minimal sedation; and
      3. Moderate sedation
CODA’s proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. This adds a significant implication to faculty recruitment, especially during this time when recruiting and retaining faculty are already low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board’s sedation licensure changes. The revision of this CODA standard also poses a challenge to California trainees who will encounter difficulty fulfilling clinical experiences as primary operator with moderate sedation.
As such, we propose keeping the original verbiage of the CODA standard that states:
33 1. Non-pharmacological techniques;
34 2. Sedation
This will allow flexibility in complying with both CODA’s training requirements as well as the Dental Board of California’s Sedation permitting requirements.
We ask the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and to keep the original verbiage (“Sedation”).
Sincerely,
Alexander R. Alcaraz, DMD Associate Professor Co-Chair
Department of Pediatric Dentistry and Orthodontics Program Director
Advanced Pediatric Dentistry
Herman Ostrow School of Dentistry of USC

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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Response Summary:

At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:


All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.
Q2. Please complete the requested information.

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<th>Amanda</th>
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<td>Effat</td>
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<tr>
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<tr>
<td>Title</td>
<td>Peds Dental Resident</td>
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Q3. Please select one of the following options that best describes you or your organization:
- Student (dental, allied dental or advanced dental)

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
1

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
As a resident in San Diego, my program struggled with finding qualifying cases for oral sedation for the past few years since the pandemic started. Adding more restrictions to the sedation requirements, will place a great strain on residency programs to help all of their residents meet the CODA requirements.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:

N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

Download as PDF

Recipient Data:

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URL to view Results [Click Here]

Response Summary:

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unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

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Click next to submit a comment.

Q2. Please complete the requested information.

| First Name | Annette |
| Last Name  | Puzan   |
| Email      |         |
| Title      | Manager, Dental Education and Licensure |

Q3. Please select one of the following options that best describes you or your organization:
   - Other (Please specify):
     Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below.:
     Council on Dental Education and Licensure (CDEL)

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. James Nickman, chair:
   A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental,
advanced dental and allied dental education programs. Accordingly, at its January 2023 meeting, the Council considered and supported the proposed changes to Standard 4-7 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. In addition, the Council urges the Commission to consider placing further emphasis on emergency airway management via standardized simulated patient experiences by qualifying the type of simulation experiences in Appendix 6, page 7, Lines 13-15 as “standardized” and “emphasizing airway management,” so it states, “At least 15 encounters must involve direct patient care, the remaining of which may include standardized simulation experiences emphasizing airway management.” The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?
   ● I have NO additional comment and ready to submit.

Scoring
   ● Score: 0

Embedded Data:
N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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**URL to view Results**

[Click Here]

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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.
Q2. Please complete the requested information.

| First Name | Bo |
| Last Name  | Kwok |
| Email      | [REDACTED] |
| Title      | Resident |

Q3. Please select one of the following options that best describes you or your organization:
- Student (dental, allied dental or advanced dental)

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- page 6, section 4-7, line 34 and 35

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   As a California trainee, my training will be negatively impacted by the proposed revision due to the Dental Board of California’s strict and cost-prohibitive minimal and moderate sedation permit requirements.
   I strongly urge CODA to return the language in this section to the original verbiage:
   33 1. Non-pharmacological techniques;
   34 2. Sedation

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
Embedded Data:
N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.
Q2. Please complete the requested information.

| First Name | Greg |
| Last Name  | Allen |
| Email      | [redacted] |
| Title      | Pediatric Dentist |

Q3. Please select one of the following options that best describes you or your organization:
   - Dental/Healthcare Professional

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California's strict and cost-prohibitive minimal and moderate sedation permit requirements.
   I strongly urge CODA to return the language in this section to the original verbiage:
   33 1. Non-pharmacological techniques;
   34 2. Sedation

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
Embedded Data:
N/A
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Click next to submit a comment.
Q2. Please complete the requested information.

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<tr>
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<td>Weiss</td>
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<tr>
<td>Email</td>
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<tr>
<td>Title</td>
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</tr>
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Q3. Please select one of the following options that best describes you or your organization:
- Other (Please specify): hospital based

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- 4-SEDATION

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

In my area, most Pediatric dentists do not provide dental anesthesia due to legal concerns and issues.
We are an inner-city hospital-based program with children with several managed health issues classifying them as ASA 2. Will the AAPD provide externships in anesthesia to full-fill the potential of competency? Is there a timeline that this initiative will be engaged? Some GA medications, such as propofol, can be utilized as a moderate sedation recommendation. Still, our hospital has it as a GA med and thus cannot be used in our clinic.
Was there anything in our lobbying group supporting using certain medications, such as Ketamine, for moderate sedation? DOCS education does not offer sedation course for children under 5- so is there Post GRAD opportunities for your new PEDS providers to maintain their credentials?

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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Response Summary:

At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:


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Click next to submit a comment.
Q2. Please complete the requested information.

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<td>Chen</td>
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<td>Chair and program director</td>
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     Loma Linda University

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 4-7, page 6, Line 34,35

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   With California changing of permits, there are different permits for minimum sedation and moderate sedation based on age difference. With the change of standard may causing our faculty has more financial burden. Thus we suggest do not change to minimum and moderate; and keep it as sedation.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Embedded Data:

N/A
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Click next to submit a comment.
Q2. Please complete the requested information.

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<tr>
<td>Title</td>
<td>Assistant Professor</td>
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Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- appendix 3, page 7, line 7-8

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I'd suggest to change or remove the oral sedation requirements. California dental board is making it exponentially harder to 1. obtain an oral sedation license 2. perform oral sedation 3. more costly. I understand there needs to be checks and balances but by the way the requirements are heading, there will be only a handful of dentists in California who will be willing perform oral sedation on such strict requirements. The state will be more geared towards general anesthesia. Therefore, I'm asking CODA to change or remove the oral sedation requirement for Pediatric residency programs.

https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
Embedded Data:
N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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**Response Summary:**

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Click next to submit a comment.
Q2. Please complete the requested information.

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Q3. Please select one of the following options that best describes you or your organization:

- Dental Organization/Dental Association

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.
  
  The American Society of Dentist Anesthesiologists

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

  standard 4-7 1. page 7 lines1-5

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

  The American Society of Dentist Anesthesiologists (ASDA) Board of Directors (BOD) has reviewed the proposed changes to the sedation training requirements for pediatric dentistry residents. While the proposal does attempt to address several noted deficiencies in the training requirements, the ASDA BOD has some concerns with the current language.

  The proposed wording for Section 4-7 states:
  “Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used to sedate pediatric patients (patients 13 or under), or patients with special health care needs. The agents may be administered by any route.” (NOTE: 25 cases must be individually administered by the treating resident)

  Our chief concern is that there is no requirement to gain experience providing sedation for younger children, particularly those 6 years of age or even 8 years of age and younger, while in training. The current ADA Guidelines for Teaching Pediatric Pain Control and
Sedation to Dentists and Dental Students approved January 2021, which apply to non-specialty trained dentists, require “a minimum of 20 individually managed clinical cases of moderate sedation for pediatric patients eight [8] years old and younger, at least 15 patients must be under six [6] years of age”.

We believe that the training requirements for teaching pediatric moderate sedation to pediatric dentists should be at least as stringent as those for teaching dental students and general dentists. The proposed language for the CODA Standard 4-7 should be further revised to ensure pediatric dentistry residents do not have lower training requirements for sedating pediatric patients than dental students or general dentists.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
   N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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Click next to submit a comment.
Q2. Please complete the requested information.

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<tr>
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<tr>
<td>Title</td>
<td>Dr.</td>
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Q3. Please select one of the following options that best describes you or your organization:

- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California’s strict and cost-prohibitive minimal and moderate sedation permit requirements.

I strongly urge CODA to return the language in this section to the original verbiage:

33 1. Non-pharmacological techniques;
34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring
Embedded Data:

N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

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Click next to submit a comment.
Q2. Please complete the requested information.

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<th>Mark</th>
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</tr>
<tr>
<td>Email</td>
<td>[redacted]</td>
</tr>
<tr>
<td>Title</td>
<td>Dental Director/Associate Director</td>
</tr>
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Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Page 6, section 4-7 line 34

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Dear Members of the Commission on Dental Accreditation,

The leaders of California’s six advanced education programs in pediatric dentistry met to discuss the changes proposed by CODA up for review in the Summer 2023 Commission meeting. The statements below reflect the concerns and values of California’s six program leaders who represent: The University of California, San Francisco, The University of California, Los Angeles, Loma Linda University, The University of the Pacific Arthur A. Dugoni School of Dentistry, The University of Southern California and New York University-Langone (San Diego). Collectively, our six programs train and graduate a large number of pediatric dentists each year:

- The University of California, San Francisco: 19 trainees with 7 graduates per year
- The University of California, Los Angeles: 14 trainees and 7 graduates per year
- Loma Linda University: 8 trainees and 4 graduates per year
- Arthur A. Dugoni School of Dentistry: planning stages for 8 trainees and 4 graduates per year
- The University of Southern California: 20 trainees and 10 graduates per year
New York University-Langone (San Diego): 12 trainees including 6 graduates per year
The Dental Board of California significantly changed how the Board issues and regulates anesthesia and sedation permits (compliant with California Senate Bill 501, Glazer, Statutes of 2018) in Jan 2023. Under California’s revised sedation permit requirements, in order to provide the range of minimal and moderate sedation for the age range of children that are seen in our specialty, a provider must obtain and maintain the following endorsements:
- Moderate Sedation Permit ($524)
  https://www.dbc.ca.gov/licensees/dds/permits/moderate_sedation_permit.shtml
- Additional Pediatric Endorsement for Moderate Sedation Permit
- Patients age 7 to 12 only ($532)
- Patients under the age of 7 ($532)
- Pediatric (under age 13) Minimal Sedation Permit ($459)
  https://www.dbc.ca.gov/licensees/dds/permits/pediatric_sedation_permit.shtml
The California state sedation permitting requirements will be a financial burden for each clinical attending to apply for and maintain. Additional costs include continuing education requirements beyond the minimal sedation requirement (60 hours of instruction, and 20 cases of administration of moderate sedation) as well as a site inspection within a year of moderate sedation permit issuance and every six years thereafter ($2000 fee per site inspection).
As a result, the proposed CODA changes on Page 6, section 4-7 line 34 (below) pose a significant challenge for California’s six Advanced Dental Education Programs in Pediatric dentistry and our resident trainees:
- 1. Non-pharmacological techniques;
- 2. Minimal Sedation; and
- 3. Moderate sedation
CODA’s proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. The revision of this CODA standard poses a challenge to California trainees who encounter difficulty fulfilling clinical requirements with a reduction in the clinical attending workforce willing to undergo the Dental Board of California’s new sedation permitting requirements. This adds a significant burden to faculty recruitment, especially during this time when recruiting and retaining faculty are at an all time low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board’s sedation licensure changes. As such, we propose keeping the original verbiage of the CODA standard that states:
- 1. Non-pharmacological techniques;
- 2. Sedation
This will allow flexibility in complying with both CODA’s training requirements as well as the Dental Board of California’s Sedation permitting requirements.
We strongly urge the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and revert to the original verbiage (“Sedation”).

Sincerely,
Mark Macaoay, DDS, MBA, MAS; Dental Director, Residency Program Coordinator San Ysidro Health; Associate Director, NYU Langone AEPD-California site (San Diego)

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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Response Summary:

At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:


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Click next to submit a comment.
Q2. Please complete the requested information.

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<td>Omar</td>
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<td>Email</td>
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<tr>
<td>Title</td>
<td>Associate Professor</td>
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Q3. Please select one of the following options that best describes you or your organization:
- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- Page 6, section 4-7, line 34 and 35

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
CODA’s proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. It's also very challenging for attending faculties in the program to obtain the 20 required cases if they are not practicing outside the institute supervising requirements. Another issue is with the monitoring, for moderate sedation you can only supervise one case at a time and we will need an extra personal for monitoring. All teaching program are still suffering from shortage in faculty and staff after the pandemic. I personally don't think that the new regulations will improve any outcome as our clinical procedures related to sedation will continue to be the same. It's the wording of the permits that are different and will cause a huge challenge and financial burden on all of us.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.
Scoring

- Score: 0

Embedded Data:

N/A
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<td>Email</td>
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<tr>
<td>Title</td>
<td>Clinical Professor</td>
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Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

4-7

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The revised standard references that sedation cases must be for children 13 years of age or younger. The ADA Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students, which the AAPD had major control in writing, requires that at least 20 cases of moderate sedation be performed on patients 8 years of age and younger with 15 cases performed for patients under 6 years of age.

The proposed CODA requirement falls far short to this for the specialist pediatric dentist. While 25 personally performed cases are required, they can be on patients 13 years of age and younger! This is a very diluted requirement since the AAPD required much more stringent requirements for other dentists, not specialist pediatric dentists. If anything, the requirement for pediatric dentists should be greater AND include the 20 children under 8 with 15 under 6.

CODA cannot let this stand as this ADA Pediatric Teaching Guideline, developed in large part by AAPD, contravene the current changes.

Further, the wording change does NOT specify moderate sedation but only "sedation". This means that minimal oral sedation could be
included in the 25 cases the resident must personally perform. This is unacceptable and a further dilution of the standard. With the number of pediatric oral sedation deaths that have occurred, this dilution of the standard is unacceptable for any reason, including difficulty in meeting the standard by some programs. The standard has been set by ADA and AAPD. CODA must follow it (and it should be greater for pediatric specialists) as other non-specialist pediatric dentists must follow that standard.

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring

• Score: 0

Embedded Data:

N/A
From: no_reply@ada.org
To: Hooper, Marjorie G.
Cc: 
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Friday, May 19, 2023 2:36:16 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

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Q2. Please complete the requested information.

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<td>Tanbonliong</td>
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<tr>
<td>Title</td>
<td>Professor and Residency Program Director</td>
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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - Yes. Please enter the name of your organization below:
     University of California San Francisco, Division of Pediatric Dentistry

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   Standard 4-7

Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   Refer to letter attached

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:

N/A
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<td>Title</td>
<td>Professor and Program Director</td>
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- College/University

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- Yes. Please enter the name of your organization below:
  University of California San Francisco Division of Pediatric Dentistry

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
  Standard 4-7

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

Date: May 19, 2023
Re: Comment on Proposed Revision of CODA’s “Standards for Pediatric Dentistry Education Programs”
Dear Members of the Review Committee of the Commission on Dental Accreditation in Pediatric Dentistry,
This letter is written as a comment to CODA’s proposed Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, which is up for review at this Summer 2023 Commission meeting. The statements below reflect the concerns of the UCSF School of Dentistry Pediatric Dentistry Faculty. The University of California, San Francisco Advanced Pediatric Dentistry Education Program trains 19 residents annually.
Background:
Following a sentinel event involving a six-year-old that occurred in the office of a (non-pediatric) dental specialist in 2015, the Dental Board of California and the State Legislature undertook a lengthy and very contentious overhaul of the permitting process for treatment of patients under general anesthesia and the different levels of sedation...
by dental practitioners in the state – including the number of professionals needed to provide general anesthesia and deep sedation safely. As a result, the Dental Board significantly changed how it issues and regulates anesthesia and sedation permits (California Senate Bill 501, Glazer, Statutes of 2018), effective January 2023. Under California’s revised sedation permit requirements, to provide the range of minimal and moderate sedation for the children that we treat in our programs, a provider must now obtain and maintain the following permits and endorsements:
1. Additional Pediatric Endorsement for Moderate Sedation Permit are as follows:
   1. Patients aged 7 to 12 only ($532)
   2. Patients under the age of 7 ($532)
For moderate sedation, additional requirements/costs now include continuing education requirements (60 hours of instruction and 20 documented cases of administration of moderate sedation) beyond the minimal sedation requirement and a site inspection by the Dental Board within a year of moderate sedation permit issuance and every six years after that ($2000 fee per site inspection).
We would like to collectively comment on the proposed CODA change on Standard 4-7, outlined below:
Clinical Experiences: Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:
   a. Experiences must include infants, children, and adolescents, including individuals with special health care needs, using:
      1. non-pharmacological techniques.
   2. Minimal Sedation; and
   3. Moderate sedation.
As the previous certificate/permit system phases out very soon, it is questionable whether practicing pediatric dentists (as well as our recent graduates) in the state will continue to provide “moderate sedation” for their patients, given these expensive and onerous new changes. In addition, these proposed revisions will also cause financial and administrative hardship for all the California residency programs, requiring faculty members that will supervise our residents providing moderate sedation in different clinical sites to comply with these additional requirements/expenses. Most dental schools and training sites cannot fund faculty to meet these state sedation requirements. This adds a significant hurdle to the state's dire faculty recruitment and retention situation. The lack of faculty who can supervise and teach moderate sedation to our trainees will be limited; hence, this standard may be difficult or impossible to meet.
Proposal:
We propose keeping the original verbiage of the CODA standard that
states:
1. non-pharmacological techniques.
2. Sedation
This will allow some reasonable flexibility in complying with CODA's training requirements and the Dental Board of California's Sedation change in permitting requirements. In CA, minimal sedation requires the provider to administer an oral sedative with adjunctive oral medication, which most California pediatric dentists utilize in private practice.
We strongly urge the members of the Commission on Dental Accreditation to consider the impact of the proposed change to Standard 4 – 7 and keep the original verbiage ("Sedation"). Thank you for your consideration.
Sincerely,
Thomas Tanbonliong, D.D.S.
Professor and Pediatric Dentistry Program Director
University of California
San Francisco School of Dentistry

Q8. Do you have additional comment?
   • I have NO additional comment and ready to submit.

Scoring
   • Score: 0

Embedded Data:
N/A
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; reply has been disabled. Thank you.

Download as PDF

Response Summary:

At its Summer 2022 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Pediatric Dentistry Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website:


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Comments are due June 1, 2023 for consideration at the Summer 2023 Commission meeting.

Click next to submit a comment.
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Q3. Please select one of the following options that best describes you or your organization:
- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
- Page 6, section 4-7, line 34

Q6. Do you agree with the proposed revision?
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

After careful deliberation, I am of opinion that original CODA verbiage shouldn’t be changed. It will bring financial and procedural hurdles which will lead to less pediatric dentist applying for the permits creating even worse access to dental sedation for pediatric patients. There is already a big need for sedation dentistry and this change will bring more challenges.

Q8. Do you have additional comment?
- I have NO additional comment and ready to submit.

Scoring
- Score: 0
Embedded Data:

N/A
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Comments are due **June 1, 2023** for consideration at the **Summer 2023** Commission meeting.

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<td>Dr</td>
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Q3. Please select one of the following options that best describes you or your organization:
- Dental/Healthcare Professional

Q4. Is this an official comment from your organization?
- Yes. Please enter the name of your organization below:
  NYU Lutheran Dental Medicine, Brooklyn, NY

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
  Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?
  - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
  See attachment

Q8. Do you have additional comment?
  - I have NO additional comment and ready to submit.

Scoring
- Score: 0

Embedded Data:
From: no_reply@ada.org
To: Hooper, Marjorie G.
Cc: 
Subject: Comments on Proposed Revision of Standards for Pediatric Dentistry Education Programs
Date: Tuesday, May 23, 2023 1:24:10 PM

The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

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<td>Title</td>
<td>DMD, MS, MPH</td>
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Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
  NYU-Langone California

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

  Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

As a dental educator in California, my students/trainees will be negatively impacted by the proposed revision due to the Dental Board of California’s strict and cost-prohibitive minimal and moderate sedation permit requirements. I strongly urge CODA to return the language in this section to the original verbiage:
33 1. Non-pharmacological techniques;
34 2. Sedation

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring
Embedded Data:

N/A
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<td>dr</td>
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Q3. Please select one of the following options that best describes you or your organization:
   - Member of the Public

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - [REDACTED]

Q6. Do you agree with the proposed revision?
   - Agree

Q7. Enter your comment. Type or copy and paste in the text box below.
   - [REDACTED]

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0

Embedded Data:
   - N/A
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<td>遮蔽区域</td>
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  Page 6, section 4-7 line 34 and 35

Q6. Do you agree with the proposed revision?

- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The leaders of California’s six advanced education programs in pediatric dentistry met to discuss the changes proposed by CODA up for review in the Summer 2023 Commission meeting. The statements below reflect the concerns and values of California’s six program leaders who represent: The University of California, San Francisco, The University of California, Los Angeles, Loma Linda University, The University of the Pacific, Arthur A. Dugoni School of Dentistry, The University of Southern California and New York University-Langone (San Diego). Collectively, our six programs train and graduate a large number of pediatric dentists each year:

- The University of California, San Francisco: 19 trainees with 7 graduates per year
- The University of California, Los Angeles: 14 trainees and 7 graduates per year
- Loma Linda University: 8 trainees and 4 graduates per year
- Arthur A. Dugoni School of Dentistry: planning stages for 8 trainees and 4 graduates per year
- The University of Southern California: 20 trainees and 10 graduates per year
New York University-Langone (San Diego): 12 trainees including 6 graduates per year

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  - Patients age 7 to 12 only ($532)
  - Patients under the age of 7 ($532)

- **Pediatric (under age 13) Minimal Sedation Permit** ($459)
  https://www.dbc.ca.gov/licensees/dds/permits/pediatric_sedation_permit.shtml

The California state sedation permitting requirements will be a financial burden for each clinical attending to apply for and maintain. Additional costs include continuing education requirements beyond the minimal sedation requirement (60 hours of instruction, and 20 cases of administration of moderate sedation) as well as a site inspection within a year of moderate sedation permit issuance and every six years thereafter ($2000 fee per site inspection).

As a result, the proposed CODA changes on Page 6, section 4-7 line 34 (below) pose a significant challenge for California’s six Advanced Dental Education Programs in Pediatric dentistry and our resident trainees:

1. Non-pharmacological techniques;
2. Minimal Sedation; and
3. Moderate sedation

CODA’s proposed revision will place financial and administrative burden on clinical faculty who supervise our residents in different clinical sites. The revision of this CODA standard poses a challenge to California trainees who encounter difficulty fulfilling clinical requirements with a reduction in the clinical attending workforce willing to undergo the Dental Board of California’s new sedation permitting requirements. This adds a significant burden to faculty recruitment, especially during this time when recruiting and retaining faculty are at an all time low. We are anticipating that it will be even more difficult for programs to recruit part-time or full-time faculty to maintain moderate sedation licensure, a challenge which we were experiencing prior to our state board’s sedation licensure changes.

As such, we propose keeping the original verbiage of the CODA standard that states:

1. Non-pharmacological techniques;
2. Sedation

This will allow flexibility in complying with both CODA’s training requirements as well as the Dental Board of California’s Sedation permitting requirements.
We strongly urge the members of the Commission on Dental Accreditation to consider the impact regarding the proposed change on Page 6, line 34 and 35 and revert to the original verbiage (“Sedation”).

Sincerely,
Dr. Thomas Tanbonliong, DDS; Professor Department of Orofacial Sciences, Program director- Post-Doctoral Residency Program in Pediatric Dentistry, University of California, San Francisco School of Dentistry
Daniela Silva, DDS, MS; Health Sciences Clinical Professor, Chair of the Section of Pediatric Dentistry, Pediatric Dentistry Residency Program Director, Thomas K. Barber Endowed Chair in Pediatric Dentistry, University of California, Los Angeles School of Dentistry
Ruth W Bol, DDS, MPH; Professor, Department Chair - Pediatric Dentistry
Dr. Samuel D. Harris Endowed Professor in Pediatrics
University of the Pacific Arthur A. Dugoni School of Dentistry
Alexander R. Alcaraz, DMD; Associate Professor, Co-Chair Department of Pediatric Dentistry and Orthodontics, Program Director Advanced Pediatric Dentistry, Herman Ostrow School of Dentistry of USC
Jung-Wei Chen, DDS, MS, MS, PhD; Professor and Interim Chair, Program Director, Advanced Education Program in Pediatric Dentistry, Department of Pediatric Dentistry; LOMA LINDA UNIVERSITY | School of Dentistry
Mark Macaoay, DDS, MBA, MAS; Dental Director, Residency Program Coordinator San Ysidro Health; Associate Director, NYU Langone AEPD-California site (San Diego)
Wai-Yin Chan, MS, DMD, MPH; Chair- California Society of Pediatric Dentistry Academic Programs Advisory Committee; Pediatric Dentist Attending- NYU Langone AEPD-California site (San Diego)

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

**Scoring**

- Score: 0

**Embedded Data:**

N/A
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 Delivery 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 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDOdontICS, ORAL AND MAXIlLOFACIAL PATHOLOGY, ORAL AND MAXIlLOFACIAL RADIOLOGY, ORTHodontICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXIlLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHodontICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PERIODONTICS

Background: The Accreditation Standards for Advanced Dental Education Programs in Periodontics were approved by the Commission on Dental Accreditation at its January 2013 meeting and were implemented on January 1, 2014. Since that date, 69 site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 91 “must” statements addressing 177 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2014, 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 distribution of citings is presented in Appendix 1. There were 28 citings total. The most frequently cited standard, with seven (7) citings, occurred under Standard 4-11b, related to clinical training to the level of competency in adult minimal enteral and moderate parenteral sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. Four (4) citings occurred under Standard 4-10.2d regarding provisionalization of dental implants. Two (2) citings were noted under Standard 4-11a, related to in-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students. There were also two (2) citings under Standard 4-13.1, which states that the use of private office facilities not affiliated with a university as a means of providing clinical experiences is not approved.

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.

Prepared by: Ms. Yesenia Ruiz
**ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PERIODONTICS**

**Frequency of Citings Based on Required Areas of Compliance**

Total Number Programs Evaluated: 69  
January 1, 2014 through October 31, 2022

**STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS** – 23 Required Areas of Compliance

**STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF** – 22 Required Areas of Compliance

**STANDARD 3 – FACILITIES AND RESOURCES** – 13 Required Areas of Compliance

**STANDARD 4 – CURRICULUM AND PROGRAM DURATION** – 96 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-8</td>
<td>The educational program must provide clinical training for the student/resident to the level of competency. This must include, but is not limited to, the following treatment methods for health, comfort, function and esthetics:</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>4-8a</td>
<td>a. Nonsurgical management of periodontal diseases, including: 1. Biofilm control; 2. Mechanical scaling and root planing therapy; 3. Local and systemic adjunctive therapy; and 4. Occlusal therapy.</td>
</tr>
<tr>
<td>1</td>
<td>4-8b</td>
<td>b. Surgical management of periodontal diseases and conditions, including: 1. Resective surgery, including gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection; 2. Regenerative and reparative surgery including osseous grafting, guided tissue regeneration, the use of biologics, and utilization of tissue substitutes, where appropriate; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>1</td>
<td>4-8c</td>
<td>c. Tooth extraction in the course of periodontal and implant therapy.</td>
</tr>
<tr>
<td>1</td>
<td>4-10.2</td>
<td>Clinical training in dental implant therapy to the level of competency must include:</td>
</tr>
<tr>
<td>1</td>
<td>4-10.2a</td>
<td>a. Implant site development to include hard and soft tissue preservation and reconstruction, including ridge augmentation and sinus floor elevation;</td>
</tr>
<tr>
<td>1</td>
<td>4-10.2b</td>
<td>b. Surgical placement of implants; and</td>
</tr>
<tr>
<td>1</td>
<td>4-10.2c</td>
<td>c. Management of peri-implant tissues in health and disease.</td>
</tr>
<tr>
<td>4</td>
<td>4-10.2d</td>
<td>d. Provisionalization of dental implants.</td>
</tr>
<tr>
<td>4-11</td>
<td>The educational program <strong>must</strong> provide training for the student/resident in the methods of pain and anxiety control to achieve:</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4-11a</td>
<td>In-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the <em>ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students</em>; and</td>
</tr>
<tr>
<td>7</td>
<td>4-11b</td>
<td>Clinical training to the level of competency in adult minimal enteral and moderate parenteral sedation as prescribed by the <em>ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students</em>.</td>
</tr>
<tr>
<td>2</td>
<td>4-13.1</td>
<td>The use of private office facilities not affiliated with a university as a means of providing clinical experiences in advanced dental education is not approved.</td>
</tr>
</tbody>
</table>
## STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 20 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
</tr>
<tr>
<td>1</td>
<td>5a, Evaluation</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>5b, Evaluation</td>
<td>Provides to students/residents an assessment of their performance, at least semiannually;</td>
</tr>
<tr>
<td>1</td>
<td>5c, Evaluation</td>
<td>Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and</td>
</tr>
<tr>
<td>1</td>
<td>5d, Evaluation</td>
<td>Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.</td>
</tr>
<tr>
<td>1</td>
<td>5-1</td>
<td>Written criteria for evaluating the quality of a student’s/resident’s performance <strong>must</strong> be used.</td>
</tr>
<tr>
<td>1</td>
<td>5-1.2</td>
<td>Evaluation results <strong>must</strong> be provided to students/residents in writing.</td>
</tr>
</tbody>
</table>

## STANDARD 6 – RESEARCH – 3 Required Areas of Compliance
CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

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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.

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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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Additions are underlined; Deletions are strucken

PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION STANDARDS:

Definition of Terms:

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PROPOSED REVISIONS FOR STANDARD 1 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1—Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Prosthodontics were approved by the Commission on Dental Accreditation August 7, 2015, with implementation on July 1, 2016. Since that date, 43 prosthodontics site visits, including maxillofacial prosthetics, have been conducted by visiting committees of the Commission utilizing the July 2016 Standards. At the time of this report, the Standards include 93 “must” statements addressing 149 required areas of compliance for prosthodontics; 76 “must” statements addressing 114 required areas of compliance for maxillofacial prosthetics; and 102 “must” statements for combined prosthodontic/maxillofacial prosthesis programs, addressing 172 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2016 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 distribution of citings is presented in Appendix 1. Two (2) areas of non-compliance were cited during the reporting period. One (1) citing under Standard 2-1 related to the program director having primary responsibility for organization and educational and administrative components of the program. Under Standard 5, there was one (1) citing related to a system of ongoing evaluation of student/resident achievement.

**Summary:** This will serve as the final report on the Accreditation Standards for Advanced Dental Education Programs in Prosthodontics implemented on January 1, 2016. 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.

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

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 43
July 1, 2016 through August 4, 2022

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 22 Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 17 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2-1</td>
<td>The program director <strong>must</strong> have primary responsibility for the organization and execution of the educational and administrative components to the program.</td>
</tr>
</tbody>
</table>

STANDARD 3- FACILITIES AND RESOURCES – 22 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION

<table>
<thead>
<tr>
<th></th>
<th>Program Duration</th>
<th>Number of Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxillofacial Prosthetics</td>
<td>12 months</td>
<td>39</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>34 months</td>
<td>74</td>
</tr>
<tr>
<td>Combined Prosthodontics/Maxillofacial Prosthetics</td>
<td>45 months</td>
<td>97</td>
</tr>
</tbody>
</table>

STANDARD 5- ADVANCED EDUCATION STUDENTS/RESIDENTS – 13 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
</tr>
</tbody>
</table>
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;
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.

STANDARD 6- RESEARCH– 1 Required Area of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS

**Background:** The Accreditation Standards for Advanced Dental Education Programs in Prosthodontics were approved by the Commission on Dental Accreditation August 5, 2022, with immediate implementation. Since that date, one (1) prosthodontics site visit, including maxillofacial prosthetics, has been conducted by visiting committees of the Commission utilizing the August 2022 Standards. At the time of this report, the Standards include 93 “must” statements addressing 149 required areas of compliance for prosthodontics; 76 “must” statements addressing 114 required areas of compliance for maxillofacial prosthetics; and 102 “must” statements for combined prosthodontic/maxillofacial prosthetic programs, addressing 172 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 distribution of citings is presented in Appendix 1. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

**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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 1
August 5, 2022 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 22 Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 17 Required Areas of Compliance

STANDARD 3- FACILITIES AND RESOURCES – 22 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION

<table>
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<td>Maxillofacial Prosthetics</td>
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</tr>
<tr>
<td>Combined Prosthodontics/Maxillofacial Prosthetics</td>
<td>97</td>
</tr>
</tbody>
</table>

STANDARD 5- ADVANCED EDUCATION STUDENTS/RESIDENTS – 13 Required Areas of Compliance

STANDARD 6- RESEARCH – 1 Required Area of Compliance
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 Delivery 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:

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, ORAL AND MAXILLOFACIAL SURGERY, PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

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. Health care organizations that sponsor advanced dental education programs 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs must assure 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.

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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL ANESTHESIOLOGY

Background: Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology were approved by the Commission on Dental Accreditation at its January 25, 2007 meeting for immediate implementation. Significant revisions were made to the Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology in 2012 and 2015. Since January 25, 2007, 29 Dental Anesthesiology site visits have been conducted by visiting committees of the Commission utilizing the January 2007 Standards. At the time of this report, the Standards include 61 “must” statements addressing 107 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits January 25, 2007 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 distribution of citings is presented in Appendix 1. An analysis of the site visit reports shows that a total of 24 citings of non-compliance were noted in the reports. Of these, 4 were related to Standard 1 – Institutional and Program Effectiveness; 12 were related to Standard 2 – Educational Program; 6 were related to Standard 3 – Faculty and Staff; 1 was related to Standard 4 – Educational Support Services; and 1 was related to Standard 5 – Facilities and Resources. No (0) citations were made in Standard 6 – Research.

Analysis of the data indicates that the most frequently cited Standard is Standard 1-5, written agreements, with four (4) citations.

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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED GENERAL DENTISTRY
EDUCATION PROGRAMS IN DENTAL ANESTHESIOLOGY
Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 29
January 25, 2007 through October 31, 2022

Standard 1 – Institutional and Program Effectiveness (18 Required Areas of Compliance)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1-5</td>
<td>All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements that clearly define the roles and responsibilities of each institution involved.</td>
</tr>
</tbody>
</table>

Standard 2 – Educational Program (61 Required Areas of Compliance)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-3</td>
<td>The program must have a written curriculum plan including structured didactic instruction and clinical experience designed to achieve the program’s written competency requirements.</td>
</tr>
<tr>
<td></td>
<td>2-4</td>
<td>Didactic instruction at an advanced and in-depth level beyond that of the pre-doctoral dental curriculum must be provided and include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) Applied biomedical sciences foundational to dental anesthesiology,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Physical diagnosis and evaluation,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Behavioral medicine,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Methods of anxiety and pain control,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) Complications and emergencies,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f) Pain management, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g) Critical evaluation of literature.</td>
</tr>
<tr>
<td>1</td>
<td>2-16</td>
<td>The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.</td>
</tr>
</tbody>
</table>
|                        | 2-19                   | The program’s resident evaluation system must assure that, through the director and faculty, each program:
1 a) Periodically, but at least twice annually, evaluates and documents the resident’s progress towards achieving the program’s competency and proficiency requirements and minimum anesthesia case requirements 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

2 c) Maintains a personal record of evaluation for each resident which is accessible to the resident and available for review during site visits.

Standard 3 – Faculty and Staff (6 Required Areas of Compliance)

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3-2</td>
<td>The program director <strong>must</strong> be a dentist with two years formal training in anesthesiology that is consistent with or equivalent to the training program described in Standard 2 and have had at least three years of relevant experience following the formal training in anesthesiology. Dentists will also qualify to be program directors who, prior to implementation of these Standards, have completed an advanced training course in anesthesiology that satisfied the duration requirements set forth in Part 2 of the American Dental Association’s “Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry” at the time their training commenced.</td>
</tr>
<tr>
<td>1</td>
<td>3-2 (Revised 2/4/11)</td>
<td>The program director <strong>must</strong> have completed a two-year anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 and have had at least two years of recent additional continuous significant practice of general anesthesia. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable provided that continuous significant practice of general anesthesia in the previous two years is documented.</td>
</tr>
</tbody>
</table>
The program must be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dental anesthesiology included in the program.

The number and time commitment of the faculty must be sufficient to provide didactic and clinical instruction to meet curriculum competency requirements and provide supervision of all treatment provided by residents.

A formally defined evaluation process must exist that ensures measurement of the performance of faculty members annually.

The program must provide ongoing faculty calibration at all sites where educational activity occurs.

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

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-5 (previously 4-4)</td>
<td>The program’s description of the educational experience to be provided must be available to program applicants and include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a) A description of the educational experience to be provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) A list of competencies and proficiencies of residency training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) A description of the nature of assignments to other departments or institutions.</td>
</tr>
</tbody>
</table>

### Standard 5 – Facilities and Resources (10 Required Areas of Compliance)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-5</td>
<td>Secretarial and clerical assistance must be sufficient to permit efficient operation of the program.</td>
</tr>
</tbody>
</table>

### Standard 6 – Research (1 Required Area of Compliance)
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
Consideration of Proposed Standards Revisions Related to Sponsoring Institution and Authority to Operate CODA Summer 2023

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 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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Additions are underlined; Deletions are strucken

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 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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN ORAL MEDICINE

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral Medicine (Oral Med) was approved by the Commission on Dental Accreditation at its August 2, 2019 meeting for immediate implementation. Since that date, one (1) Oral Medicine site visit has been conducted by a visiting committee of the Commission utilizing the August 2019 Standards. At the time of this report, the Standards included 64 “must” statements addressing 105 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2, 2019 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 distribution of citings is presented in Appendix 1. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED GENERAL DENTISTRY
EDUCATION PROGRAMS IN ORAL MEDICINE
Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 1
August 2, 2019 through October 31, 2022

To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number (three or less) of programs have been site visited.

Standard 1 – Institutional and Program Effectiveness (17 Required Areas of Compliance)

Standard 2 – Educational Program (47 Required Areas of Compliance)

Standard 3 – Faculty and Staff (9 Required Areas of Compliance)

Standard 4 – Facilities and Regulatory Compliance (16 Required Areas of Compliance)

Standard 5 – Advanced Education Residents (15 Required Areas of Compliance)

Standard 6 – Research (1 Required Area of Compliance)
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 Delivery 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
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:**

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Additions are underlined; Deletions are struck through.

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 \textbf{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) \textbf{must} demonstrate successful achievement of Service-specific organizational inspection criteria.

\textbf{Examples of evidence to demonstrate compliance may include:}

- Accreditation certificate or current official listing of accredited institutions \textit{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 \textit{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 \textbf{must} have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree \textbf{must} have institutional accreditation and authority to confer a degree.

\textbf{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
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS
OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION
PROGRAMS IN OROFACIAL PAIN

Background: Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Orofacial Pain) were approved by the Commission on Dental Accreditation at its August 2016 meeting and implemented on July 1, 2017. Since that date, nine (9) Orofacial Pain site visits have been conducted by visiting committees of the Commission utilizing the July 1, 2017 Standards. At the time of this report, the Standards include 61 “must” statements addressing 108 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 1, 2017 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 distribution of citings is presented in Appendix 1. At the time of this report, there were no (0) areas of non-compliance cited.

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.

Prepared by: Ms. Peggy Soeldner
ACCREDITATION STANDARDS FOR ADVANCED GENERAL DENTISTRY
EDUCATION PROGRAMS IN OROFACIAL PAIN
Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 9
July 1, 2017 through October 31, 2022

Standard 1 – Institutional and Program Effectiveness (14 Required Areas of Compliance)

Standard 2 – Educational Program (63 Required Areas of Compliance)

Standard 3 – Faculty and Staff (8 Required Areas of Compliance)

Standard 4 – Educational Support Services (14 Required Areas of Compliance)

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

Standard 6 – Research (1 Required Area of Compliance)
CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN OROFACIAL PAIN RELATED TO PATIENTS WITH SPECIAL NEEDS

Background: At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered a request for proposed revision to the Accreditation Standards submitted by the Council on Dental Education and Licensure. The AGDOO RC noted the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain do not directly address patients with special needs beyond providing a definition for this term and recommended that the new Review Committee on Orofacial Pain, which would conduct its first meeting in Winter 2022, further study its specific Accreditation Standards. At its August 5, 2021 meeting, the Commission agreed and directed the new Orofacial Pain Review Committee further study the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

At the Winter 2022 meeting, the Orofacial Pain Review Committee (OFP RC) considered the request for proposed revision of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain submitted by the CDEL. Following considerable discussion, the OFP RC recognized the need to strengthen the Accreditation Standards in the area of patients with special needs and believed the addition of a new Accreditation Standard, or modification of an existing Accreditation Standard was warranted. The OFP RC noted the Commission would conducting the Validity and Reliability Study for Advanced Dental Education Programs in Orofacial Pain in Spring 2022, and recommended further study of the request from the CDEL related to patients with special needs be postponed and considered at the time of review of the results of the Validity and Reliability Study, with a report to the Commission in Summer 2022. The Commission concurred with the OFP RC recommendation.

At the Summer 2022 meeting, the OFP RC further studied the request from the Council on Dental Education and Licensure related to patients with special needs. Following lengthy discussion, the OFP RC concluded the addition of a new Standard related to patients with special needs was warranted and recommended the new Standard 2-10 (Appendix 1) be added to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain. The OFP RC understood that subsequent Standards will need to be renumbered.

The OFP RC recommended the proposed new Standard 2-10 be circulated to the communities of interest for review and comment for a period of one (1) year, with hearings conducted in conjunction with the October 2022 American Dental Association (ADA) Annual Meeting and
the March 2023 American Dental Education Association (ADEA) Annual Session. Comments could be reviewed at the Commission’s Summer 2023 meeting.

As directed by the Commission, the new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Appendix 1) was circulated to the communities of interest for review and comment through June 1, 2023. No (0) comments were received at the ADA Virtual Hearing and no (0) comments were received at the ADEA Virtual Hearing. The Commission office received one (1) written comment prior to the June 1, 2023 deadline (Appendix 2).

**Summary:** At this meeting, the Orofacial Pain Review Committee and the Commission are asked to consider the proposed new Standard 2-10 within the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Appendix 1) and the comments received prior to the June 1, 2023 deadline (Appendix 2). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revision is adopted, the Commission may wish to consider an implementation date.

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
Commission on Dental Accreditation

At its Summer 2022 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain be distributed to the appropriate communities of interest for review and comment, with comment due **June 1, 2023**, for review at the Summer 2023 Commission meeting.

Written comments will only be accepted through the Commission’s Electronic Comment Submission Portal at this link: [https://surveys.ada.org/jfe/form/SV_ehqpjQ5m2uAYkTP](https://surveys.ada.org/jfe/form/SV_ehqpjQ5m2uAYkTP)

Additions are **Underlined**; **Strikethroughs** indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain
STANDARD 2 – EDUCATIONAL PROGRAM

2-1 The orofacial pain program must be designed to provide advanced knowledge and skills beyond the D.D.S. or D.M.D. training.

Curriculum Content

2-2 The program must either describe the goals and objectives for each area of resident training or list the competencies that describe the intended outcomes of resident education.

Intent: The program is expected to develop specific educational goals that describe what the resident will be able to do upon completion of the program. These educational goals should describe the resident’s abilities rather than educational experiences the residents may participate in. These specific educational goals may be formatted as either goals and objectives or competencies for each area of resident training. These educational goals are to be circulated to program faculty and staff and made available to applicants of the program.

Examples of evidence to demonstrate compliance may include:
- Written goals and objectives for resident training or competencies

2-3 Written goals and objectives must be developed for all instruction included in this curriculum.

Example of Evidence to demonstrate compliance may include:
- Written goals and objectives
- Content outlines

2-4 The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions designed to achieve the program’s written goals and objectives or competencies for resident training.

Intent: The program is expected to organize the didactic and clinical educational experiences into a formal curriculum plan. For each specific goal or objective or competency statement described in response to Standard 2-2, the program is expected to develop educational experiences designed to enable the resident to acquire the skills, knowledge, and values necessary in that area. The program is expected to organize these didactic and clinical educational experiences into a formal curriculum plan.

Examples of evidence to demonstrate compliance may include:
Written curriculum plan with educational experiences tied to specific written goals and objectives or competencies

Didactic and clinical schedules

**Biomedical Sciences**

2-5 Formal instruction *must* be provided in each of the following:

- a. Gross and functional anatomy and physiology including the musculoskeletal and articular system of the orofacial, head, and cervical structures;
- b. Growth, development, and aging of the masticatory system;
- c. Head and neck pathology and pathophysiology with an emphasis on pain;
- d. Applied rheumatology with emphasis on the temporomandibular joint (TMJ) and related structures;
- e. Sleep physiology and dysfunction;
- f. Oromotor disorders including dystonias, dyskinesias, and bruxism;
- g. Epidemiology of orofacial pain disorders;
- h. Pharmacology and pharmacotherapeutics; and
- i. Principals of biostatistics, research design and methodology, scientific writing, and critique of literature.

2-6 The program *must* provide a strong foundation of basic and applied pain sciences to develop knowledge in functional neuroanatomy and neurophysiology of pain including:

- a. The neurobiology of pain transmission and pain mechanisms in the central and peripheral nervous systems;
- b. Mechanisms associated with pain referral to and from the orofacial region;
- c. Pharmacotherapeutic principles related to sites of neuronal receptor specific action pain;
- d. Pain classification systems;
- e. Psychoneuroimmunology and its relation to chronic pain syndromes;
- f. Primary and secondary headache mechanisms;
- g. Pain of odontogenic origin and pain that mimics odontogenic pain; and
h. The contribution and interpretation of orofacial structural variation (occlusal and skeletal) to orofacial pain, headache, and dysfunction.

**Behavioral Sciences**

2-7 Formal instruction **must** be provided in behavioral science as it relates to orofacial pain disorders and pain behavior including:

a. cognitive-behavioral therapies including habit reversal for oral habits, stress management, sleep problems, muscle tension habits and other behavioral factors;

b. the recognition of pain behavior and secondary gain behavior;

c. psychologic disorders including depression, anxiety, somatization and others as they relate to orofacial pain, sleep disorders, and sleep medicine; and

d. conducting and applying the results of psychometric tests.

**Clinical Sciences**

2-8 A majority of the total program time **must** be devoted to providing orofacial pain patient services, including direct patient care and clinical rotations.

2-9 The program **must** provide instruction and clinical training for the clinical assessment and diagnosis of complex orofacial pain disorders to ensure that upon completion of the program the resident is able to:

a. Conduct a comprehensive pain history interview;

b. Collect, organize, analyze, and interpret data from medical, dental, behavioral, and psychosocial histories and clinical evaluation to determine their relationship to the patient’s orofacial pain and/or sleep disorder complaints;

c. Perform clinical examinations and tests and interpret the significance of the data;

**Intent:** Clinical evaluation may include: musculoskeletal examination of the head, jaw, neck and shoulders; range of motion; general evaluation of the cervical spine; TM joint function; jaw imaging; oral, head and neck screening, including facial-skeletal and dental-occlusal structural variations; cranial nerve screening; posture evaluation; physical assessment including vital signs; and diagnostic blocks.
d. Function effectively within interdisciplinary health care teams, including the recognition for the need of additional tests or consultation and referral; and

**Intent:** Additional testing may include additional imaging; referral for psychological or psychiatric evaluation; laboratory studies; diagnostic autonomic nervous system blocks, and systemic anesthetic challenges.

e. Establish a differential diagnosis and a prioritized problem list.

**2-10** The program must provide training to ensure that upon completion of the program, the resident is able to manage patients with special needs.

**Intent:** The program is expected to provide educational instruction, either didactically or clinically, during the program which enhances the resident’s ability to manage patients with special needs.

**Examples of evidence to demonstrate compliance may include:**
Written goals and objectives or competencies for resident training related to patients with special needs

Didactic schedules

**2-11 2-10** The program must provide instruction and clinical training in multidisciplinary pain management for the orofacial pain patient to ensure that upon completion of the program the resident is able to:

a. Develop an appropriate treatment plan addressing each diagnostic component on the problem list with consideration of cost/risk benefits;

b. Incorporate risk assessment of psychosocial and medical factors into the development of the individualized plan of care;

c. Obtain informed consent;

d. Establish a verbal or written agreement, as appropriate, with the patient emphasizing the patient’s treatment responsibilities;

e. Have primary responsibility for the management of a broad spectrum of orofacial pain patients in a multidisciplinary orofacial pain clinic setting, or interdisciplinary associated services. Responsibilities should include:

1. intraoral appliance therapy;

2. physical medicine modalities;

3. sleep-related breathing disorder intraoral appliances;
4. non-surgical management of orofacial trauma;
5. behavioral therapies beneficial to orofacial pain; and
6. pharmacotherapeutic treatment of orofacial pain including systemic and topical medications and diagnostic/therapeutic injections.

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

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

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

**2-12 2-11** Residents must participate in clinical experiences in other healthcare services (not to exceed 30% of the total training period).

**Intent:** Experiences may include observation or participation in the following: oral and maxillofacial surgery to include procedures for intracapsular TMJ disorders; outpatient anesthesia pain service; in-patient pain rotation; rheumatology, neurology, oncology, otolaryngology, rehabilitation medicine; headache, radiology, oral medicine, and sleep disorder clinics.

**2-13 2-12** Each assigned rotation or experience must have:

a. written objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;
b. resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
c. evaluations performed by the designated supervisor.
**Intent:** This standard applies to all assigned rotations or experiences, whether they take place in the sponsoring institution or a major or minor activity site. Supplemental activities are exempt.

**Examples of evidence to demonstrate compliance may include:**
- Description and schedule of rotations
- Written objectives of rotations
- Resident evaluations

**2-14 2-13** Residents must gain experience in teaching orofacial pain.

**Intent:** Residents should be provided opportunities to obtain teaching experiences in orofacial pain (i.e. small group and lecture formats, presenting to dental and medical peer groups, predoctoral student teaching experiences, and/or continuing education programs.

**2-15 2-14** Residents must actively participate in the collection of history and clinical data, diagnostic assessment, treatment planning, treatment, and presentation of treatment outcome.

**2-16 2-15** The program must provide instruction in the principles of practice management.

**Intent:** Suggested topics include: quality management; principles of peer review; business management and practice development; principles of professional ethics, jurisprudence and risk management; alternative health care delivery systems; informational technology; and managed care; medicolegal issues, workers compensation, second opinion reporting; criteria for assessing impairment and disability; legal guidelines governing licensure and dental practice, scope of practice with regards to orofacial pain disorders, and instruction in the regulatory requirements of chronic opioid maintenance.

**Examples of evidence to demonstrate compliance may include:**
- Course outlines

**2-17 2-16** Formal patient care conferences must be held at least ten (10) times per year.

**Intent:** Conferences should include diagnosis, treatment planning, progress, and outcomes. These conferences should be attended by residents and faculty representative of the disciplines involved. These conferences are not to replace the daily faculty/resident interactions regarding patient care.
Examples of evidence to demonstrate compliance may include:
Conference schedules

Resident must be given assignments that require critical review of relevant scientific literature.

**Intent:** Residents are expected to have the ability to critically review relevant literature as a foundation for lifelong learning and adapting to changes in oral health care. This should include the development of critical evaluation skills and the ability to apply evidence-based principles to clinical decision-making.

Relevant scientific literature should include current pain science and applied pain literature in dental and medical science journals with special emphasis on pain mechanisms, orofacial pain, head and neck pain, and headache.

Examples of evidence to demonstrate compliance may include:
Evidence of experiences requiring literature review

**Program Length**

The duration of the program must be at least two consecutive academic years with a minimum of 24 months, full-time or its equivalent.

Examples of evidence to demonstrate compliance may include:
Program schedules
Written curriculum plan

Where a program for part-time residents exists, it must be started and completed within a single institution and designed so that the total curriculum can be completed in no more than twice the duration of the program length.

**Intent:** Part-time residents may be enrolled, provided the educational experiences are the same as those acquired by full-time residents and the total time spent is the same.

Examples of evidence to demonstrate compliance may include:
Description of the part-time program
Documentation of how the part-time residents will achieve similar experiences and skills as full-time residents
Program schedules
Evaluation

**2-21-2-20** The program’s resident evaluation system must assure that, through the director and faculty, each program:

a) periodically, but at least two times annually, evaluates and documents the resident’s progress toward achieving the program’s written goals and objectives of resident training or competencies 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.

**Intent:** While the program may employ evaluation methods that measure a resident’s skills or behavior at a given time, it is expected that the program will, in addition, evaluate the degree to which the resident is making progress toward achieving the specific goals and objectives or competencies for resident training described in response to Standard 2-2.

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

Written evaluation criteria and process

Resident evaluations with identifying information removed

Personal record of evaluation for each resident

Evidence that corrective actions have been taken
The Commission on Dental Accreditation has received your comment(s). Below, please find a copy of your submission.

Please do not respond to this email; your reply has been disabled. Thank you.

Recipient Data:
Time Submitted: 2023-02-23 00:25:21 MST

Response Summary:
Please complete the requested information
First Name: Annette
Last Name: Puzas
Email: puzas@ada.org
Title: Manager, Dental Education and Licensure

Please select one of the following options that best describes you or your organization:
Other (Please specify) -- Council on Dental Education and Licensure (CDEL)

Is this an official comment from your organization?
Yes
Please enter the name of your organization below -- Council on Dental Education and Licensure (CDEL)

Enter the Standard number(s), page(s) and line(s) to which you would like to comment
Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Do you agree with the proposed revision?
Agree

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its January 2023 meeting, the Council considered and supported the proposed addition of Standard 2.10 to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain.

The Council appreciates the opportunity to submit comment on this important document.

Do you have additional comment?
I have NO additional comment and ready to submit.
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 Delivery Models: Dr. Joel Berg (PED RC, chair of committee), Dr. Evanthia Anadioti (PROS RC), Dr. Victor Badner (DPH RC), Dr. Indraneel Bhattarcharya (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
Consideration of Proposed Standards Revisions Related to Sponsoring Institution and Authority to Operate CODA Summer 2023

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:

Prepared by Dr. Sherin Tooks and Ms. Peggy Soeldner
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
INFORMATIONAL REPORT ON REVIEW COMMITTEE AND COMMISSION MEETING DATES

**Background:** Below is the meeting schedule for all Review Committees and the Commission through Summer 2025. Review Committees meet at least two (2) weeks prior to the Commission meeting.

### REVIEW COMMITTEE AND COMMISSION MEETING DATES

<table>
<thead>
<tr>
<th>Review Committee</th>
<th>Summer 2023</th>
<th>Winter 2024**</th>
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<tr>
<td>PREDOC RC</td>
<td>July 10-11</td>
<td>Jan 8-9</td>
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<td>PGD RC</td>
<td>July 13-14</td>
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<td><strong>Commission</strong></td>
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<td><strong>Feb. 1 10:00 a.m.</strong></td>
<td><strong>Aug. 8 10:00 a.m.</strong></td>
<td><strong>Jan. 30 10:00 a.m.</strong></td>
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<td><strong>Commission</strong></td>
<td><strong>Aug. 11 10:00 a.m.</strong></td>
<td><strong>Feb. 2 10:00 a.m.</strong></td>
<td><strong>Aug. 9 10:00 a.m.</strong></td>
<td><strong>Jan. 31 10:00 a.m.</strong></td>
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**2024 and 2025 meeting dates are tentative.**

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

Prepared by: Dr. Sherin Tooks