

REPORT OF THE REVIEW COMMITTEE ON PEDIATRIC DENTISTRY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Jessica Lee. Committee Members: Dr. Clarice Law Eyre, Dr. Ana Keohane, Dr. Tad Mabry, Ms. Lisa Mayer, and Dr. J.C. Shirley. Guests (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association (ADEA), and Dr. Leila C. Younger, executive director, American Board of Pediatric Dentistry (ABPD). Commission Staff: Ms. Taylor Weast, manager, Advanced Dental Education; Dr. Yesenia Ruiz, manager, Advanced Dental Education; Ms. Peggy Soeldner, senior manager, Administration and Committees; and Ms. Michele Kendall, senior project assistant, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, senior director, CODA, attended a portion of the meeting. The meeting of the Review Committee on Pediatric Dentistry Education (PED RC) was held on July 8, 2025 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO PEDIATRIC DENTISTRY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (p. 1200): The Review Committee on Pediatric Dentistry Education (PED RC) considered the annual report on the frequency of citings of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry, which were approved by the Commission on Dental Accreditation on August 7, 2020 with implementation July 1, 2021. The PED RC noted that since that date, 64 site visits have been conducted by visiting committees of the Commission utilizing the July 2021 Standards. The PED RC noted that at the time of this report, a total of 35 citings of non-compliance have been made. The most frequently cited pediatric dentistry-specific area of non-compliance, with four (4) citings, is Standard 4-7b2a, 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. The second most frequently cited pediatric dentistry-specific area of non-compliance, also with four (4) citings each, is Standard 1-1 a, c, d, and e, related to items required in inter-institutional agreements. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

Consideration of Proposed Revision to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry Related to Patient Safety (p. 1201): On March 5, 2025, the Commission on Dental Accreditation (CODA) received a request from Dr. Scott D. Smith, president, American Academy of Pediatric Dentistry (AAPD), on behalf of the AAPD, to consider a proposed revision to Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry related to patient safety (**Appendix 1, Policy Report p. 1201**).

The AAPD noted the existence of Standards on patient safety, most notably Standards 4-6 and 4-20, within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the AAPD believes the adoption of Oral and Maxillofacial Surgery Standard 4-18 within the pediatric dentistry standards would “introduce a clearer and more robust standard on patient safety” into the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. The AAPD proposed revision to Standard 4-18 is found in **Appendix 1, Policy Report p. 1201**.

At its Summer 2025 meeting, the Review Committee on Pediatric Dentistry Education (PED RC) considered the proposed revisions to the Accreditation Standards and agreed that additional language could be added to the Standards regarding patient safety. The PED RC reviewed Standards 4-6 and 4-20 for possible modifications, as those Standards were referenced by the AAPD related to patient safety. The PED RC also discussed at length where the language would best fit within the Standards, as well as if the proposed language would be sufficient. The PED RC agreed that Standard 4-20, under practice management, was the most appropriate place to add language regarding patient safety. The PED RC further discussed Standard 4-20 to determine if another topic should be added to the Standard (letter j) or if an existing topic should be modified to include additional patient safety language. The PED RC determined it would be best to combine language to create a new letter (i) and re-wrote previous letter (i) to include patient safety language. The PED RC also chose to accept additional language to be added to the intent statement as recommended by AAPD. Finally, the PED RC modified the Examples of Evidence under Standard 4-20 to include language regarding safety training programs. Following discussion, the PED RC recommended the proposed revision to Standard 4-20 (**Appendix 1**) be circulated to the communities of interest for comment for a period of six (6) months with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Session, with review of comments received by the Review Committee and Commission in Winter 2026.

Recommendation: It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to Standard 4-20 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 1**) related to patient safety to the communities of interest for review and comment for six (6) months with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 1202): At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed. Changes include the addition of one (1) organization, removal of organizations, and changes in the

acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

Following discussion, the Commission on Dental Accreditation directed each advanced dental education Review Committee to examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview related to sponsoring institution and authority, with a report to the commission at the August 2025 meeting.

At its August 2025 meeting, the Review Committee on Pediatric Dentistry Education (PED RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in **Appendix 1, Policy Report p. 1202**, and noted the proposed revisions appeared to be editorial in nature to align with other CMS-recognized accreditation organizations and concluded they should be approved as presented, for immediate implementation.

The PED RC also noted the PGD RC discussion related to whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PED RC discussed whether all the CMS-recognized organizations need to be listed within Standard 1 and discussed whether the Standard could be revised to include a link to the CMS website rather than providing the full list within the Standards. It was noted that the full list of CMS-recognized organizations was included to provide easy access to institutions and site visitors who may need to refer to the list of approved accrediting agencies. The PED RC noted that some of the organizations included in the list may be inappropriate as a sponsoring institution for pediatric dentistry programs and may warrant removal from the list; however, the PED RC determined it lacked sufficient information about each CMS-recognized accreditation organization to determine its appropriateness as an eligible institutional accreditation organization in accordance with CODA's Standards. Therefore, the PED RC recommended that the topic be referred to the Commission to discuss across all advanced dental education disciplines whether all CMS-recognized organizations should be included in the Standards.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Examples of Evidence for Accreditation Standard 1 of the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry (**Appendix 2**) and direct revision of all related documents for immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct that all advanced dental education disciplines collectively review the CMS-recognized organizations to determine whether all CMS-recognized organizations are appropriate

accrediting bodies for advanced dental education programs, with a report to all advanced dental education Review Committees and the Commission in Winter 2026.

**CONSIDERATION OF MATTERS RELATING TO
MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Jessica Lee
Chair, Review Committee on Pediatric Dentistry Education

Commission on Dental Accreditation

Proposed Revisions to Standard 4 Curriculum and Program Duration
(Standard 4-20)

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

**CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION STANDARDS FOR
ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY RELATED
TO PATIENT SAFETY**

Additions are underlined; Deletions are ~~stricken~~

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

MANAGEMENT OF A CONTEMPORARY DENTAL PRACTICE

4-20 Didactic Instruction: Didactic instruction **must** be at the understanding level and include:

- a. The design, implementation and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice;
- b. Jurisprudence and risk management specific to the practice of Pediatric Dentistry;
- c. Use of technology in didactic, clinical and research endeavors, as well as in practice management and telehealth systems;
- d. Principles of biomedical ethical reasoning, ethical decision making and professionalism as they pertain to the academic environment, research, patient care and practice management; and
- e. Working cooperatively with consultants and clinicians in other dental specialties and health fields, including interprofessional education activities.

Didactic instruction **must** be at the in-depth level for the following:

- f. The development and monitoring of systems for prevention and management of adverse events and medical emergencies in the dental setting;
- g. Exposure to the principles of quality management systems and the role of continuous process improvement in achieving overall quality in the dental practice setting;
- h. Exposure to the principles of ethics and professionalism in dental practice is an integral component of all aspects of this process improvement experience; and
- ~~i. Employing principles of continuous quality improvement, and infection control, and safety, including an understanding of the mechanisms to ensure a safe practice environment.~~
- i. Utilization of programs, policies, and procedures to enhance patient safety, including the employment of continuous quality improvement and infection control.

Intent: (d) Graduates should 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, (e) The student/resident learns to prevent, recognize and manage common medical emergencies for infants and children through adolescence and when to refer to other health care professionals and (g) Graduates should experience the elements of process

improvement and the manner in which to involve the entire team (i) An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Students/Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.

Examples of evidence may include (d ~~and~~ g, and i):

- Participation in courses or seminars involving biomedical ethics and/or informed consent issues;
- Institutional review boards;
- Literature reviews;
- Discussion of case scenarios;
- Emergency drills;
- Quality improvement projects;
- Interprofessional education and practice experiences;
- Standardized simulations;
- Standardized case studies; and
- Standardized clinical scenarios.
- Active on-going safety training program, such as:
 - Crew Resource Management
 - Root Cause Analysis
 - Other safety-focused protocols

4-21 Clinical Experiences: Clinical experiences **must** enable students/residents to be involved in a structured system of continuous quality improvement for patient care.

Intent: Programs are expected to involve students/residents in quality improvement activities to understand the process and contribute to patient care improvement.

Commission on Dental Accreditation

Proposed Revisions to Examples of Evidence for Standard 1

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry

**CONSIDERATION OF PROPOSED REVISION TO EXAMPLES OF EVIDENCE FOR
STANDARD 1 OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL
EDUCATION PROGRAMS**

Additions are underlined; Deletions are ~~stricken~~

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) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process. 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 (AAAHHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASFQuadA~~); ~~American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)~~; Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation ~~Program~~ Partner (CHAP); DNV ~~GL~~-Healthcare (DNV~~GL~~); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (~~TJC~~); National Association of Boards of Pharmacy (NABP); Utilization Review Accreditation Commission (URAC). Evidence of successful achievement of regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

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.

***Intent:** The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency.*

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