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, 2023, 115 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, 2023.

Analysis: Appendix 1 summarizes the cumulative frequency of citings during the analysis period. The total number of citings is 261. The standards with the highest number of citings overall are: Standard 2 on Educational Program (159 citings) and Standard 5 on Patient Care Services (55 citings). The highest number of citings for a single area of compliance (with 19 citings) was Standard 2-24 h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Standard 2-9, which requires availability of adequate patient experiences received 14 citings. Standard 2-19, which requires graduates to be competent in practice management received 12 citings. Standard 2-5, which requires methods of student evaluation to measure defined competencies, and Standard 5-3 d, which requires mechanisms to determine the cause(s) of treatment deficiencies within a formal system of continuous quality improvement for the patient care program received 10 citings, respectively. Overall, Standard 2-24 a-o totaled 78 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 40 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 21 citings for Standard 1-Institutional Effectiveness, eight (8) citings for Standard 3-Faculty and Staff, 12 citings for Standard 4-Educational Support Services, and six (6) citings for Standard 6-Research Program. Of the 115 site visits conducted since the adoption of the current Accreditation Standards, 58 programs were in compliance with all requirements at the time of the site visit.

Summary: The frequency of citing suggests that approximately half 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: 115
August 6, 2010 through October 31, 2023

STANDARD 1- INSTITUTIONAL EFFECTIVENESS – 11 Required Areas of Compliance

Non-Compliance citings	Accreditation Standard	Required Areas of Compliance
1	1-1	The dental school **must** develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.
6	1-2	Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.
5	1-3	The dental education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.
	1-4	The dental school **must** have policies and practices to:
2	a.	Achieve appropriate levels of diversity among its students, faculty and staff.
3	c.	Systematically evaluate comprehensive strategies to improve the institutional climate for diversity
3	1-5	The financial resources **must** be sufficient to support the dental school's stated purpose/mission, goals and objectives.

Non-Compliance citings	**Accreditation Standard**	**Required Areas of Compliance**
1	1-6	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.

STANDARD 2- EDUCATIONAL PROGRAM - 44 Required Areas of Compliance

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
3	2-1	In advance of each course or other unit of instruction, students **must** 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.
1	2-4	The stated goals of the dental education program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.
10	2-5	The dental education program **must** employ student evaluation methods that measure its defined competencies.
4	2-6	Students **must** receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.
	2-8	The dental school **must** have a curriculum management plan that ensures:
2	a.	an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
	b.	evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
1	c.	elimination of unwarranted repetition, outdated material, and unnecessary material;

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
1	d.	incorporation of emerging information and achievement of appropriate sequencing.
14	2-9	The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.
1	2-10	Graduates **must** 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.
2	2-15	Graduates **must** be competent in the application of biomedical science knowledge in the delivery of patient care.
3	2-16	Graduates **must** 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.
4	2-17	Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.
3	2-18	Graduates **must** be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.
12	2-19	Graduates **must** 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.

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
9	2-20	Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.
1	2-21	Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.
2	2-22	Graduates **must** be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.
3	2-23	Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.
	2-24	At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
5	a.	patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
4	b.	screening and risk assessment for head and neck cancer;
3	c.	recognizing the complexity of patient treatment and identifying when referral is indicated;
1	d.	health promotion and disease prevention;
7	e.	local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
4	f.	restoration of teeth;

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
2	g.	communicating and managing dental laboratory procedures in support of patient care;
19	h.	replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
1	i.	periodontal therapy;
4	j.	pulpal therapy;
6	k.	oral mucosal, temporomandibular, and osseous disorders;
3	l.	hard and soft tissue surgery;
6	m.	dental emergencies;
5	n.	malocclusion and space management; and
8	o.	evaluation of the outcomes of treatment, recall strategies, and prognosis.
4	2-25	Graduates **must** be competent in assessing the treatment needs of patients with special needs.
1	2-26	Dental education programs **must** make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

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

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
6	3-1	The number and distribution of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives.
1	3-2	The dental school **must** show evidence of an ongoing faculty development process.
1	3-3	Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.

STANDARD 4- EDUCATIONAL SUPPORT SERVICES – 18 Required Areas of Compliance.

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
8	4-5	The dental school **must** 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.
2	4-6	Any site not owned by the sponsoring institution where required educational activity occurs must have a written agreement that clearly defines the roles and responsibilities of the parties involved.
	4-7	**S**tudent services **must** include the following:
	a.	personal, academic and career counseling of students;
	b.	assuring student participation on appropriate committees;
	c.	providing appropriate information about the availability of financial aid and health services;
1	d.	developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
	e.	student advocacy;
	f.	maintenance of the integrity of student performance and evaluation records; and
	g.	instruction on personal debt management and financial planning.
1	4-11	There **must** be a mechanism for ready access to health care for students while they are enrolled in dental school.

STANDARD 5- PATIENT CARE SERVICES – 13 Required Areas of Compliance.

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
	5-3	The dental school **must** conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
6	a.	standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
7	b.	an ongoing review and analysis of compliance with the defined standards of care;
8	c.	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
10	d.	mechanisms to determine the cause(s) of treatment deficiencies; and
9	e.	implementation of corrective measures as appropriate.
4	5-5	The dental school **must** ensure that active patients have access to professional services at all times for the management of dental emergencies.
3	5-6	All students, faculty and support staff involved in the direct provision of patient care **must** be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.
7	5-8	The dental school **must** establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
		and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.
1	5-9	The school's policies and procedures **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

STANDARD 6- RESEARCH PROGRAM – 3 Required Areas of Compliance.

Non-Compliance Citings	**Accreditation Standard**	**Required Areas of Compliance**
1	6-1	Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, **must** be an integral component of the purpose/mission, goals and objectives of the dental school.
3	6-2	The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity.
2	6-3	Dental education programs **must** provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

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, 2023, 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 Dental Therapy Education Programs site visited, 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, 2023

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.

REPORT OF THE AD HOC COMMITTEE TO REVIEW THE 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.

Summer 2021 through Winter 2022 Review Committee and Commission Meetings:
Validity and Reliability Study of the Accreditation Standards for Dental Education Programs: At its Summer 2021 meetings, the Review Committee on Predoctoral Dental Education (PREDOC RC) and Commission considered the results of the Validity and Reliability study that was conducted on the Accreditation Standards for Dental Education Programs in Spring 2021, following a one (1) year postponement due to the COVID pandemic. The PREDOC RC recommended that an Ad Hoc Committee of its members be appointed by the Commission to further study the data and identify Accreditation Standards, if any, which warranted revision, with a report to the PREDOC RC and Commission at its Winter 2022 meetings. The Commission concurred with the PREDOC RC and directed the formation of the Ad Hoc Committee to review the Accreditation Standards for Dental Education Programs.

Use of the Term "Should" Within the Accreditation Standards for Dental Education Programs and the Accreditation Standards for Dental Therapy Education Programs: At its Summer 2021 meeting, the Commission also directed review of the usage of "Should" within the Accreditation Standards for Dental Education Programs by the Ad Hoc Committee, with a report to the Commission in Winter 2022.

Accreditation Standards for Dental Education Programs Related to Institutional Accreditation: In Winter 2021, the Commission directed all Review Committees to review and revise their Accreditation Standards, as applicable, to align with U.S. Department of Education (USDE) terminology related to "institutional accreditation" and to ensure the Accreditation Standards clearly document the appropriate type of accreditor for the discipline, with a report to the Commission's Summer 2021 meeting. In a separate action at its Summer 2021 meeting, the PREDOC RC noted that the Accreditation Standards for Dental Education Programs refer to "regional" accreditation agencies. The Review Committee noted that the term "institutional accreditor" alone could create confusion regarding the level of degree-granting authority that the institution has and its institutional accreditor's USDE recognition authority. Recognizing that "regional" classification for accrediting agencies is no longer in use, the PREDOC RC believed that the Commission's Standing Committee on Documentation and Policy Review should consider this matter and may wish to develop a general standard for disciplines that reference regional or national accrediting agencies. At the Summer 2021 meetings, the PREDOC RC recommended, and the Commission concurred, that the Standing Committee on Documentation and Policy Review be directed to consider the concept of "institutional accreditor" and develop

standardized language for use in the Accreditation Standards of disciplines that currently cite national or regional accreditation.

Accreditation Standards for Dental Education Programs Related to Educational Activity Sites: At its Summer 2021 meeting, the PREDOC RC considered the Accreditation Standards for Dental Education Programs for a potential revision to address expectations related to the use of U.S.-based educational activity sites, as directed by the Commission. Following discussion, the PREDOC RC believed that further review and consideration of a potential revision to the Accreditation Standards for Dental Education Programs should occur in conjunction with the work of the Ad Hoc Committee to further study the results of the Validity and Reliability Study of the Accreditation Standards for Dental Education Programs, with a report to the Commission in Winter 2022. Following discussion by the Commission at its Summer 2021 meeting, the Commission directed that the Ad Hoc Committee further review the Accreditation Standards for Dental Education Programs related to educational activity sites.

Proposed Revision to Accreditation Standards for Dental Education Programs Related to Patients With Special Needs: At the Summer 2021 meeting, the PREDOC RC considered a request from the American Dental Association's Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards for Dental Education Programs to require that graduates be competent in treating patients with special needs. The PREDOC RC noted the dental education Accreditation Standard that addresses patients with special needs is Standard 2-25. The Review Committee noted CDEL's comment that the intent statement could be strengthened, although the PREDOC RC believed the intent statement as currently written appeared clear and provided adequate guidance to programs and site visitors. Nonetheless, the PREDOC RC considered whether the portion of the intent statement that reads "as defined by the program" should be expanded to include the nationally accepted scope of the definition for patients with special needs. Following consideration by CODA at its Summer 2021 meeting, the Commission directed review of Standard 2-25 related to patients with special needs within the Accreditation Standards for Dental Education Programs.

In Winter 2022, the PREDOC RC considered the report of the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs. The Review Committee noted that the Ad Hoc Committee, which is composed of Review Committee members, considered all of the topics noted above in regard to CODA's directives, and identified Accreditation Standards that warranted further discussion and possible revision. The PREDOC RC noted that the Ad Hoc Committee's work would continue in spring 2022 to address each of the Commission's directives with a report to CODA in Summer 2022, including potential submission of proposed revisions to the Accreditation Standards for Dental Education Programs.

In a separate action during the Winter 2022 meeting, the Commission considered the December 7, 2021 request from Dr. Amid Ismail, dean, Temple University The Maurice H. Kornberg School of Dentistry to consider a proposed revision to Standard 2-25 of the Accreditation

Standards for Dental Education Programs to change the term "special needs" to the term "disabled patients." The Review Committee noted that the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs was reviewing Standard 2-25 in accordance with the Commission's Summer 2021 directive and the proposed revision submitted by Dr. Ismail could be considered through the ongoing work of the Ad Hoc Committee. Accordingly, the Commission directed the Ad Hoc Committee to consider the proposed revision to Dental Standard 2-25, with a report to the Commission in Summer 2022.

Summer 2022 Review Committee and Commission Meetings: Report of the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs: The Review Committee considered the background information from Summer 2021 through Winter 2022 related to the work of the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs. The PREDOC RC noted the Ad Hoc Committee's work was focused on several topics, including a review of the Dental Education Standards related to: 1) result of the Validity and Reliability Study; 2) the use of the word "Should" to determine whether additional revisions to the Standards was warranted following the change in definition that was implemented in Summer 2021; 3) institutional accreditation; 4) educational activity sites; and 5) patients with special needs.

The Review Committee continued its discussion of the potential revisions to the Dental Education Standards, noting that the Ad Hoc Committee planned to continue its work in Spring 2022 with a report to the Commission in Summer 2022. However, the Ad Hoc Committee did not meet since the Commission received a request from the American Dental Education Association (ADEA) that the Commission establish a workgroup of CODA and ADEA members to review the educational standards and predoctoral site visit process. The PREDOC RC noted that changes to CODA's Accreditation Standards, policies and/or procedures are made solely by CODA. Further, the Commission has well-established policies and procedures through which individuals and organizations may provide input into the development of educational standards, either during a validity and reliability study or through submission of a comment at any time directly to the Commission. Nonetheless, the PREDOC RC noted that the Commission may wish to restructure the current CODA Ad Hoc Committee and may wish to invite members of ADEA to provide input into CODA's further review of the Dental Education Standards.

Following discussion, the PREDOC RC recommended that the Commission reconfigure the CODA Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs, only, noting that the Dental Therapy Standards which were also under review, would be considered by the PREDOC RC once the Dental Education Standards were revised. The PREDOC RC further recommended that the newly configured CODA Ad Hoc Committee include the following members and an ex-officio consultant: four (4) CODA Review Committee members [three (3) predoctoral educators, and the incoming Review Committee Chair], four (4) invited members from ADEA, and the outgoing Review Committee Chair who will serve as an ex-officio member of the Ad Hoc Committee for continuity. The Ad Hoc Committee would

primarily focus on review and development of recommendations for revision of the Dental Education Standards and make recommendations directly to the PREDOC RC, which would consider the Ad Hoc Committee's report and make final recommendations to the Commission. As stated previously, once the work of the Ad Hoc Committee was concluded related to its review of the Dental Education Standards, the PREDOC RC would review the Dental Therapy Standards to consider potential revisions in the areas addressed previously.

As the discussion concluded, the PREDOC RC noted that the Dental Education Standards related to institutional accreditation (i.e., Dental Standard 1-8) appeared to address the recommendations of the CODA Standing Committee on Document and Policy Reviews and that no changes are needed related to institutional accreditor standards at this time. It was noted that the topic may be further reviewed by the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs.

Following consideration at its Summer 2022 meeting, the Commission reconfigured the CODA Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs to include four (4) CODA Predoctoral Dental Education Review Committee members [three (3) predoctoral educators, and the incoming Review Committee Chair], four (4) invited members from the American Dental Education Association, and the outgoing Predoctoral Dental Education Review Committee Chair who will serve as an ex-officio member of the Ad Hoc Committee for continuity. The Commission also directed CODA staff to invite the American Dental Education Association to submit the names of four (4) ADEA representatives to serve on the CODA Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs. The Commission further directed that the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs focus its work primarily on the review and development of potential revisions to the Accreditation Standards for Dental Education Programs, culminating in a report to the Predoctoral Dental Education Review Committee and Commission on Dental Accreditation. Finally, the Commission directed that no changes be made at this time to the requirements related to institutional accreditation within the Accreditation Standards for Dental Education Programs.

Winter 2023 Review Committee and Commission Meetings: Sleep-Related Breathing Disorders: At its Winter 2023 meeting, the Commission considered the September 12, 2022 request from Dr. Mitchell Levine, president of the American Academy of Dental Sleep Medicine (AADSM). The AADSM requested that the Commission consider a proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The AADSM believed that Standard 2-24 should be revised to include a requirement that graduates be competent in "screening and risk assessment for sleep- related breathing disorders (SRBDs)." The PREDOC RC discussed the request, noting that it may be difficult for programs to assure competence in managing or screening sleep disorders among the program's patient population. The Review Committee noted that delivery of educational content and assessment of competence may also be difficult at the dental education level. The PREDOC

RC believed that not all programs or facilities are equipped to manage patients with sleep disorders that may be identified, and that the scope of this training may be beyond entry-level dental education. Further, the availability of adequate patient experiences for all students may be difficult for programs to manage. The PREDOC RC believed that concepts related to sleep-related breathing disorders is currently taught under the topics of temporomandibular joint disorders and other orofacial pain disorders. Following discussion, the PREDOC RC determined there should be no revision to the Standards at this time related to sleep-related breathing disorders. The Commission concurred and no revisions were made to the Standards.

Proposed Revisions to Improve Diversity: The PREDOC RC considered the November 4, 2022, request from Dr. Lawrence F. Hill, president of the National Coalition of Dentists for Health Equity (NCDHE). The NCDHE requested that the Commission consider proposed revisions to Standards 1-3, 1-4 and 4-4 of the Accreditation Standards for Dental Education Programs. Dr. Hill, on behalf of the NCDHE, believes that the current CODA predoctoral dental education standards do not appear to assure that academic dental institutions recruit a racially diverse student body or faculty, specifically referring to Black, Latinx, and American Indian/Alaska Native students and faculty.

The Review Committee first noted a disclosure by one of its committee members who had a relationship with the NCDHE but was not involved in the development of materials submitted to the Commission. The Review Committee reviewed and discussed the concerns brought forward by the NCDHE, particularly related to Standards 1-3, 1-4 and 4-4 of the Accreditation Standards for Dental Education Programs.

Related to Standard 1-3, the PREDOC RC noted that the current standard requires that the program have a mission to a humanistic culture and learning environment; however, this Standard may require further review related to a program's process for managing identified deficiencies in its regular evaluation of this area. Related to the diversity of site visit teams, the PREDOC RC noted the NCDHE's comments on the make-up of teams and suggestions to encouraging diversity among CODA site visitors. Related to Standards 1-4 and 4-4, the PREDOC RC reviewed and discussed the NCDHE's comments related to recruitment of diverse students and faculty, and the admission process related to student diversity.

Following discussion, the PREDOC RC believed that this important topic would require extensive review and consideration by the Commission. Therefore, the PREDOC RC recommended that the request submitted by the National Coalition of Dentists for Health Equity (NCDHE) be forwarded to the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs for further consideration. The Commission concurred and directed the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs to consider the proposed revisions to Standards 1-3, 1-4 and 4-4 submitted by the National Coalition of Dentists for Health Equity (NCDHE), with a future report to the Review Committee and Commission.

Summer 2023 Review Committee and Commission Meetings: Proposed Revision to Standard 2-24 h and 2-24 k: The PREDOC RC considered two (2) proposed revisions to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The first revision, submitted by Dr. Amid Ismail, dean, Temple University The Maurice H. Kornberg School of Dentistry, suggested a change to 2-24 h, regarding competency in the replacement of teeth including fixed, removable, and dental implant prosthodontic therapies, to define and clarify the experiences that graduates must complete with patients to be competent in each procedure. The second revision, submitted by Dr. Hong Chen, co-chair of the American Academy of Orofacial Pain Resident and Academy Training Committee, suggested a change to 2-24 k to add orofacial pain to ensure graduates of dental education programs demonstrate minimal clinical competency in managing dental patients with orofacial pain.

The PREDOC RC noted that the suggested revisions for 2-24 h and k should be reviewed by the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs as the Ad Hoc Committee is currently reviewing all dental education standards. The PREDOC RC discussed the suggestion of 2-24 h regarding defining the patient experiences and competency requirements that must be completed on a patient and whether defining competency assessment methods should be under the purview of the Commission through its Accreditation Standards or the educational program. Nonetheless, the PREDOC RC recommended the Ad Hoc Committee consider both proposals in its review of the Accreditation Standards for Dental Education Programs. The Commission concurred and directed the Ad Hoc Committee to consider 2-24 h and 2-24 k in its review of the Accreditation Standards for Dental Education Programs.

Consideration of Standards 2-9 and 2-24: The PREDOC RC discussed the connection between Dental Standard 2-9 and Dental Standard 2-24 in relation to students having sufficient patient experiences in specific procedures before completing a competency assessment. The PREDOC RC acknowledged that there are challenges for dental education programs to make available patients needing dental care in all areas of Standard 2-24 a-o, specifically challenges related to fixed partial dentures. The PREDOC RC discussed changes in technology, research, and patient care needs, while also acknowledging the importance of graduating practicing dentists who are competent in managing all procedures and are ethically responsible to manage and provide the appropriate patient care. No action was taken on this report.

Proposed Revision Regarding Diversity, Equity, Inclusion and Belonging: In a New Business item at its Summer 2023 meeting, the Commission considered a communication received August 8, 2023 from the American Dental Association on behalf of the American Association of Women Dentists, American Dental Association, American Student Dental Association, Diverse Dental Society, Hispanic Dental Association, National Dental Association, and Society of American Indian Dentists (SAID), requesting the Commission to consider changes to the Accreditation Standards for Dental Education Programs related to diversity, equity, inclusion and belonging. The Commission directed that the Ad Hoc Committee studying potential revisions to the

Accreditation Standards for Dental Education Programs to consider the communication as it continued its work.

Winter 2024 Review Committee and Commission Meetings: Proposed Revisions to Improve Diversity: The PREDOC RC reviewed the December 1, 2023, letter from The National Coalition of Dentists for Health Equity (TNCDHE), which provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs. The PREDOC RC noted this letter was a follow-up to a previous request the PREDOC RC considered at the Winter 2023 Commission meetings regarding TNCDHE's suggested revisions to Standards 1-3, 1-4, and 4-4 of the Accreditation Standards for Dental Education Programs. At the Winter 2023 meetings, the PREDOC RC recommended, and the Commission concurred, that the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs be directed to consider the proposed revisions to Standards 1-3, 1-4, and 4-4 submitted by TNCDHE, with a future report to the Review Committee and Commission. The PREDOC RC noted TNCDHE's current letter recommended short- and long-term suggestions for the Commission to consider and noted the letter expanded its suggestions to include all academic dental, advanced dental, and allied dental education programs. Following discussion, the Committee concluded that the requests in the letter should be forwarded to the Ad Hoc Committee to Review Accreditation Standards for Dental Education Programs for further consideration. The Commission concurred with the PREDOC RC's recommendation.

January 2023 through May 2024 Meetings of the Ad Hoc Committee: In accordance with the prior directives of the Commission on Dental Accreditation, an Ad Hoc Committee was established.

January 23, 2023 to October 10, 2023: The Committee's membership included the following individuals: Dr. Cataldo Leone (chair, Ad Hoc; chair, PREDOC RC; and CODA Commissioner), Dr. Charles Berry (CODA PREDOC RC), Dr. Bridget Ellen Byrne (ADEA), Dr. Tracy de Peralta (ADEA), Dr. Maxine Feinberg (CODA Commissioner), Dr. Cecile Feldman (ADEA), Dr. Thomas McConnell, (CODA PREDOC RC), Dr. John Valenza (ADEA), Dr. Deborah Weisfuse* (CODA Commissioner), and Dr. Linda Wells (CODA PREDOC RC). Dr. Bruce Rotter (immediate past CODA PREDOC RC Chair and past CODA Chair), *ex-officio*. *Dr. Timmothy Schwartz (CODA Commissioner) attended the first meeting of the Ad Hoc Committee and was substituted by Dr. Deborah Weisfuse thereafter. Commissioner: Dr. Sanjay Mallya, CODA chair, *ex-officio*, from January 2023 to October 2023, and Dr. Maxine Feinberg, CODA vice chair and committee member. CODA Staff: Dr. Sherin Tooks, senior director, CODA, and Ms. Kelly Stapleton, manager, Predoctoral Dental Education, CODA, supported the Ad Hoc Committee. Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA, provided additional support as requested.

October 11, 2023 to May 24, 2024: The Committee's membership included the following individuals: Dr. Cataldo Leone (chair, Ad Hoc; chair, PREDOC RC; and CODA Commissioner),

Dr. Bridget Ellen Byrne (ADEA), Dr. Silas Duarte (CODA PREDOC RC), Dr. Tracy de Peralta (ADEA), Dr. Maxine Feinberg (CODA Chair and Commissioner), Dr. Cecile Feldman (ADEA), Dr. Thomas McConnell, (CODA PREDOC RC), Dr. John Valenza (ADEA), Dr. Deborah Weisfuse (CODA Commissioner), and Dr. Linda Wells (CODA PREDOC RC). Dr. Bruce Rotter (immediate past CODA PREDOC RC Chair and past CODA Chair), and Dr. Charles Berry (immediate past CODA PREDOC RC), *ex-officio.* Commissioner: Dr. Maxine Feinberg, CODA chair and committee member, and Dr. Frank Licari, CODA vice chair, *ex-officio*. CODA Staff: Dr. Sherin Tooks, senior director, CODA, and Ms. Kelly Stapleton, manager, Predoctoral Dental Education, CODA, supported the Ad Hoc Committee. Ms. Peggy Soeldner, manager, Advanced Dental Education, CODA, provided additional support as requested.

Thirty (30) meetings were conducted by the Ad Hoc Committee. The 28 virtual meetings were generally scheduled for two (2) hours each and occurred on the following dates: January 23, 2023; February 13, 2023; February 27, 2023; March 20, 2023; April 3, 2023; April 17, 2023; May 1, 2023; May 8, 2023; May 15, 2023; June 9, 2023; June 23, 2023; August 2, 2023; August 3, 2023; August 18, 2023; August 25, 2023; September 1, 2023; September 8, 2023; September 15, 2023; September 22, 2023; September 26, 2023; October 11, 2023; October 20, 2023; November 3, 2023; November 17, 2023; December 14, 2023; February 29, 2024; April 12, 2024; and May 24, 2024. Additionally, the Ad Hoc Committee conducted two (2) in-person all-day meetings at the CODA Headquarters Office on December 5-6, 2023 (2 days), and April 30-May 1, 2024 (two, ½ day meetings). A quorum of Ad Hoc Committee members was present at each meeting.

The Ad Hoc Committee initiated its first meeting with a review of its charge and background on the topics noted above. The Committee learned that the PREDOC RC had begun a review of the Standards prior to the formation of the Ad Hoc Committee. The Ad Hoc Committee established its goals, which included review and revision of the Standards to reflect today's practice and move the profession forward into the coming decade. The Committee decided it would focus on Standards that need revision; however, every Standard would be reviewed to ensure that the Standard reflect expectations for the scope of general dentist. The Ad Hoc Committee reviewed resources related to the validity and reliability study, data on educational frameworks and competency assessments (including Entrustable Professional Activities), data on board examinations, data on workforce, and information on institutional accreditation, "should" statements, educational activity sites, special needs, diversity, sleep related breathing disorders, replacement of teeth, and orofacial pain. The Ad Hoc Committee also utilized Standards of other health professions as a resource on select topics.

Highlights of Proposed Revisions: The proposed revisions to the Accreditation Standards for Dental Education Programs are found in **Appendix 1.**

Goals, Educational Environment, and Definition of Terms: In regard to the Goals, the Ad Hoc Committee believed that key phrasing currently in place should be bolded, to emphasize that

CODA encourages institution to extend their educational programs beyond the minimum requirements, consistent with the institution's own goals and objectives.

Pertaining to the Educational Environment, the Committee proposed revisions to the humanistic culture to expand broadly the concept of a safe learning environment that includes physical and psychological safety, free of intimidation, abuse, and retaliation. The Committee also modified Student Assessment to encourage adoption of innovations in assessment methods. The Ad Hoc Committee noted language throughout the Standards, which encourages innovative educational methods. The Committee also expanded the educational environment to include "inclusion" as an important component of diversity and proposed additional changes elsewhere in the document.

In the Definition of Terms, the Ad Hoc Committee believed that community-based experiences should replace service learning and be categorized as patient-based or service-based community experiences. The Ad Hoc Committee further clarified the terms surrounding student competence, competency statements, and competency assessments. The Committee also believed that diversity should be classified as structural and institutional climate, again to be further expanded within the Standards. Finally, the Ad Hoc Committee believed that research and strategic planning should be defined, and that health literacy should be eliminated since it was no longer referenced in the Standards.

Standard 1 – Institutional Effectiveness: As with many of the proposed revisions, the Ad Hoc Committee attempted to streamline and clarify the requirements for dental education programs. Within Standard 1, the Committee combined the requirement for a purpose/mission statement (stricken Standard 1-1) with the requirement for an outcomes assessment program (stricken Standard 1-2) to form the proposed Standard 1-1. The Committee also believed there should be a demonstrated commitment to a safe learning environment and revised the Standards accordingly. The Committee noted in several areas of the revisions that diversity and inclusion are an important component to higher education and preparing an individual to work with diverse patient populations; however, the Committee also noted that academic institutions must work within the parameters dictated by laws, and, as such, the Standards related to diversity and inclusion were modified to permit flexibility to programs in achieving these requirements. The Ad Hoc Committee made additional clarifying revisions to support institutional effectiveness.

Standard 2 – Educational Program: Again, within Standard 2, the Ad Hoc Committee attempted to streamline and clarify the Standards which could be subject to differing interpretations. Related to the program length, the Ad Hoc Committee believed an intent statement could further clarify that a program could have policies for students' time away from the program (e.g., vacation or excused absence), while ensuring that students meet all program academic expectations and competencies for graduation within the formal program and in conformance with institutional policies on student attendance.

The Ad Hoc Committee modified Standard 2 to assure that all educational programs establish competencies that, at minimum, are consistent with the CODA Standards and employ assessment methods to measure the student's readiness for independent practice (proposed Standard 2-3). The Committee also expanded the requirement for curriculum management plan to ensure the curriculum demonstrates integration of biomedical, behavioral and clinical science instruction and incorporates emerging information and technologies (proposed Standard 2-4).

The Ad Hoc Committee proposed revisions to Critical Thinking, Self-Assessment, and Biomedical Sciences to further clarify and strengthen these Standards. The section on Behavioral Sciences was proposed as the Social and Behavioral Sciences, with the incorporation of components of other Standards to address patient management, intra- and inter-professional collaboration, professional conduct, practice management, and dental public health with social determinants of health. Instructional requirements and competency requirements in social and behavioral sciences were clearly outlined in proposed Standards 2-9 and 2-10.

Related to the Clinical Sciences, the Ad Hoc Committee had extensive discussions related to the current and future dental professional, and the needs of the graduate who may practice in a variety of settings. The Committee believed that graduates must be competent in providing oral health care to all stages of life, including the defined stages of primary dentition, mixed dentition, adult and geriatric patient populations. To clarify CODA's expectations related to instruction, patient care experiences, and competency assessment related to clinical care, the Ad Hoc Committee also created proposed Standards 2-12, 2-13, and 2-14. Regarding Standard 2-12, the Committee believed that instruction must be provided at an in-depth level in all proposed areas of the new Standard. The Committee also proposed that current Standard 2-9 be stricken with the inclusion of proposed Standard 2-13. The Ad Hoc Committee engaged in several lengthy discussions related to Standard 2-13 and concluded that students must have patient-based instruction and experience in direct patient care within all areas noted in the new Standard. Pertaining to proposed Standard 2-14 regarding the demonstration of competence, the Ad Hoc Committee again had lengthy discussions and determined that a majority of competency assessments in each category of the new Standard must be completed through direct patient care assessments. While the Committee agreed that simulation may also be used to assess competence, the Ad Hoc Committee believed patient care-based competencies should be emphasized. The Committee also noted that recognition and management of patients with special health care needs was incorporated into the proposed Standards 2-12, 2-13, and 2-14, and thus did not require a separate Standard (proposed deletion of current Standard 2-23).

Standard 3 – Faculty and Staff: The Ad Hoc Committee believed that current Standard 3-1 should be divided into a standard related to the number and distribution of faculty, and a separate standard related to the qualifications of those faculty. Additionally, the Ad Hoc Committee moved the requirement from current Standard 2-6 (i.e., comparable instruction through calibration of faculty) to proposed Standard 3-3, which will assure that faculty are calibrated consistent with instruction and assessment of students at all sites. The Ad Hoc Committee

believed that institutions must provide ongoing faculty development (proposed Standard 3-4), and that faculty regularly involved in the program (i.e., at least a weekly commitment) must be evaluated through a defined performance review process related to their contributions in the program.

Standard 4 – Educational Support Services: The Ad Hoc Committee incorporated the components of admission of a diverse student population within its proposed revision to Standard 4-1 and proposed that Standard 4-4 be stricken. The Committee also believed that students must be advised of mandatory health and technical standards and proposed a new Standard 4-4 to address this requirement. The Ad Hoc Committee spent considerable time reviewing the Student Services section and concluded that several revisions were warranted, including creation of, and revision to, sections of the Standards for student support services, student due process, and student financial aid. Recognizing that the use of educational activity sites is increasing within dental education, the Ad Hoc Committee proposed a revision to proposed Standard 4-13 to require arrangement for access to health care for students at all sites where educational activity occurs. Additionally, influenza and COVID were added to proposed revised Standard 4-14 as additional immunizations for which students should be encouraged.

Standard 5 – Patient Care Services: The Ad Hoc Committee moved the requirement of current Standard 5-4 to the proposed Standard 5-1, related to quantitative criteria for student advancement not compromising the delivery of comprehensive patient care. The Committee also believed that all items within the intent statement of proposed Standard 5-2 must be covered in a patients' rights document, rather than serving as an intent statement to the Standard. The Ad Hoc Committee again noted the use of educational activity sites for clinical instruction and believed that all sites owned and/or operated by the program, and all sites where competency is assessed must have a formal system of continuous quality improvement (proposed Standard 5-4). Additionally, active patients at all sites owned and/or operated by the program, and all sites where competency is assessed must have access to professional services at all times (proposed Standard 5-5). The Committee proposed extensive revisions to address management of emergencies and requirements for basic life support or advanced cardiac life support (proposed Standard 5-6). Additionally, the Ad Hoc Committee believed that the Centers for Disease Control and Prevention should serve as the measure upon which all programs are reviewed to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste (proposed Standard 5-8).

Standard 6 – Research Program: The Ad Hoc Committee discussed the importance of research for the advancement of dentistry as a learned profession. As such, the Committee proposed revisions to all sub-Standards within Standard 6. The most significant proposed revision occurs in Standard 6-2, in which the Ad Hoc Committee believed that all dental schools must demonstrate evidence of active dental faculty members engaging in research.

Conclusions: The Ad Hoc Committee engaged in discussions related to the Commission's process for circulation of proposed revisions to obtain comments from the communities of interest. The Ad Hoc Committee believed that the proposed revisions to the Accreditation Standards for Dental Education Programs **(Appendix 1)** should be circulated for an initial period of six (6) months to CODA's communities of interest to obtain preliminary feedback on the draft document, including a Hearing in conjunction with the October 2024 American Dental Association Annual Meeting. The initial feedback received during the six-month circulation could inform the Ad Hoc Committee, Review Committee, and Commission about areas of continued concern or confusion, which could result in further modifications to the Standards and an additional circulation for feedback from the communities of interest.

A lack of feedback, or positive feedback received during the six-month period of circulation, would indicate that the communities of interest understand and support the revisions as presented, thus additional lengthy circulation of the proposed Standards may not be necessary.

Additionally, the Ad Hoc Committee believed that its current composition of members should be retained by the Commission to review the initial feedback received following the six-month period of circulation. The Ad Hoc Committee would consider the comments received and may provide additional input and guidance, including additional proposed revisions, for consideration by the Predoctoral Dental Education Review Committee and Commission subsequently.

Summary: At this meeting, the PREDOC RC and Commission are asked to consider the proposed revisions to the Accreditation Standards for Dental Education Programs **(Appendix 1)**, which is submitted by the Ad Hoc Committee to Review the Accreditation Standards for Dental Education Programs. The PREDOC RC may recommend additional revisions to the Standards and circulation of the proposed revisions to the communities of interest. Additionally, the Commission may direct circulation of the proposed revisions to the communities of interest for review and comment for a specified period, with Hearings conducted, and comments reviewed at a future Commission meeting.

Recommendation:

Prepared by: Dr. Sherin Tooks and Ms. Kelly Stapleton

Commission on Dental Accreditation

Proposed revisions submitted by the Ad Hoc Committee to Review the Accreditation Standards for Dental Education Programs, for consideration by the Review Committee on Predoctoral Dental Education and Commission on Dental Accreditation at the Summer 2024 Commission meetings.

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards For Dental Education Programs

Accreditation Standards for Dental Education Programs

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611-2678
(312) 440-4653
https://coda.ada.org/

Document Revision History

Date	Item	Action
~~August 6, 2010~~	~~Accreditation Standards for Dental Education Programs~~	~~Approved~~
~~February 1, 2012~~	~~Revised Compliance with Commission Policies section (Complaint~~	~~Approved~~
~~February 3, 2012~~	~~Revision to Standard 2-23 e and 3-2~~	~~Approved Implemented~~
~~August 10, 2012~~	~~Revised Mission Statement~~	~~Approved Implemented~~
~~July 1, 2013~~	~~Accreditation Standards for Dental Education Programs~~	~~Implemented~~
~~July 1, 2013~~	~~Revision to Standard 2-23 e and 3-2~~	~~Implemented~~
~~August 9, 2013~~	~~Revised Policy on Accreditation of Off-Campus Sites~~	~~Approved Implemented~~
~~January 29, 2014~~	~~Revised Policy on Accreditation of Off-Campus Sites~~	~~Approved Implemented~~
~~January 30, 2014~~	~~Revision to Policy on Complaints (Anonymous)~~	~~Approved Implemented~~
~~February 2015~~	~~Revision to Standard 4-3 and5-8~~	~~Approved Implemented~~
~~August 2015~~	~~Revision to Standard 4-6~~	~~Approved~~
~~February 5, 2016~~	~~Revised Accreditation Status Definitions~~	~~Approved Implemented~~
~~July 1, 2016~~	~~Revision to Standard 4-6~~	~~Implemented~~
~~August 5, 2016~~	~~Revised Mission Statement~~	~~Adopted~~

Date	Item	Action
January 1, 2017	Revised Mission Statement	Implemented
August 4, 2017	Revised Accreditation Status Definition	Implemented
August 4, 2017	Revision to Standard 2-23.e	Approved Implemented
August 4, 2017	Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2)	Approved
January 1, 2018	Areas of Oversight at Sites Where Educational Activity Occurs (new Standards 2-6 and 4-6, revisions to Standards 3-1 and 3-2)	Implemented
August 3, 2018	Revision to Standards 2-8 and 3-1	Approved
February 8, 2019	Revised Intent Statements Standards 2-20 and 2-24; New Intent Statement Standard 2-9	Approved Implemented
February 8, 2019	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Approved
July 1, 2019	Revision to Standards 2-8 and 3-1	Implemented
August 2, 2019	Standard 2-24d and 2-25	Approved
January 1, 2020	Definition of Terms (Research and Health Literacy); Standard 2-17; Standard 6-Research	Implemented
July 1, 2020	Standard 2-24d and 2-25	Implemented
August 7, 2020	Standard 2-24k	Approved
August 6, 2021	Definition of Terms (Should)	Approved Implemented
August 6, 2021	Revised Mission Statement	Approved
January 1, 2022	Revised Mission Statement	Implemented
July 1, 2022	Standard 2-24k	Implemented

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Mission Statement of the Commission on Dental Accreditation

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

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

Accreditation Status Definitions

1. Programs Which Are Fully Operational

Approval (without reporting requirements): An accreditation classification granted to an education 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 time frame 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: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

2. Programs Which 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. The developing education program must not enroll students/residents/fellows

with advanced standing beyond its regularly enrolled cohort, while holding the accreditation status of "initial accreditation."

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: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Introduction

Accreditation

Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest.

The Commission on Dental Accreditation

The Commission on Dental accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs that provide basic preparation for licensure or certification in dentistry and the related disciplines.

Standards

Dental education programs leading to the D.D.S. or D.M.D. degree must meet the standards delineated in this document to achieve and maintain accreditation.

Standards 1 through 6 constitute *The Accreditation Standards for Dental Education Programs* by which the Commission on Dental Accreditation and its consultants evaluate Dental Education Programs for accreditation purposes. This entire document also serves as a program development guide for institutions that wish to establish new programs or improve existing programs. Many of the goals related to the educational environment and the corresponding standards were influenced by the work of the American Dental Education Association Commission on Change and Innovation and by best practices in accreditation from other health professions.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.

Although the standards are comprehensive and applicable to all institutions that offer dental education programs, the Commission recognizes that methods of achieving standards may vary according to the mission, size, type, and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission recognizes the importance of academic freedom, and an institution is allowed considerable flexibility in structuring its educational program so that it can meet the *Standards*. No curriculum has enduring value, and a program will not be judged by conformity to a given type. The Commission also recognizes that schools organize their faculties in a variety of ways. Instruction necessary to achieve the prescribed levels of knowledge and skill may be provided by the educational unit(s) deemed most appropriate by each institution.

The Commission has an obligation to the public, the profession and prospective students to assure that accredited Dental Education Programs provide an identifiable and characteristic core of required education, training, and experience.

Format of the Standards

Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Goals

The assessment of quality in educational programs is the foundation for the *Standards*. In addition to the emphasis on quality education, the *Accreditation Standards for Dental Education Programs* are designed to meet the following goals:

1. to protect the public welfare;
2. to promote an educational environment that fosters innovation and continuous improvement;
3. to guide institutions in developing their academic programs;
4. to guide site visit teams in making judgments regarding the quality of the program and;
5. to provide students with reasonable assurance that the program is meeting its stated objectives.

Specific objectives of the current version of the Standards include:

- streamlining the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
- increasing the focus on competency statements in curriculum-related standards; and
- emphasizing an educational environment and goals that foster critical thinking and prepare graduates to be life-long learners.

To sharpen its focus on the quality of dental education, the Commission on Dental Accreditation includes standards related to institutional effectiveness. Standard 1, "Institutional Effectiveness," guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous. Dental education programs are expected to demonstrate that planning and assessment are implemented at all levels of the academic and administrative enterprise. The *Standards* focus, where necessary, on institutional resources and processes, but primarily on the results of those processes and the use of those results for institutional improvement.

The following steps comprise a recommended approach to an assessment process designed to measure the quality and effectiveness of programs and units with educational, patient care, research, and services missions. The assessment process should include:

1. establishing a clearly defined purpose/mission appropriate to dental education, patient care, research, and service;
2. formulating goals consistent with the purpose/mission;
3. designing and implementing outcomes measures to determine the degree of achievement or progress toward stated goals;
4. acquiring feedback from internal and external groups to interpret the results and develop recommendations for improvement (viz., using a broad-based effort for program/unit assessment);
5. using the recommendations to improve the programs and units; and
6. re-evaluating the program or unit purpose and goals in light of the outcomes of this assessment process.

Implementation of this process will also enhance the credibility and accountability of educational programs.

It is anticipated that the *Accreditation Standards for Dental Education Programs* will strengthen the teaching, patient care, research, and service missions of schools. These *Standards* are national in scope and represent the minimum requirements expected for a dental education program. **However, the Commission encourages institutions to extend the scope of the curriculum to include content and instruction beyond the scope of the minimum requirements, consistent with the institution's own goals and objectives. [bolded for emphasis]**

The foundation of these *Standards* is a competency-based model of education through which students acquire the level of competence needed to begin the unsupervised practice of general dentistry. Competency is a complex set of capacities including knowledge, experience, critical thinking, problem-solving, professionalism, personal integrity, and procedural skills that are necessary to begin the independent and unsupervised practice of general dentistry. These components of competency become an integrated whole during the delivery of patient care.

Professional competence is the habitual and judicious use of communication, knowledge, critical appraisal, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities served. Accordingly, learning experiences help students blend the various dimensions of competency into an integrated performance for the benefit of the patient, while the assessment process focuses on measuring the student's overall capacity to function as an entry-level, beginning general dentist rather than measuring

individual skills in isolation.

In these *Standards* the competencies for general dentistry are described broadly. The Commission expects each school to develop specific competency definitions and assessment methods in the context of the broad scope of general dental practice. These competencies must be reflective of an evidence-based definition of general dentistry. To assist dental schools in defining and implementing their competencies, the Commission strongly encourages the development of a formal liaison mechanism between the dental school and the practicing dental community.

The objectives of the Commission are based on the premise that an institution providing a dental educational program will strive continually to enhance the standards and quality of both scholarship and teaching. The Commission expects an educational institution offering such a program to conduct that program at a level consistent with the purposes and methods of higher education and to have academic excellence as its primary goal.

Educational Environment

Among the factors that may influence predoctoral curricula are expectations of the parent institution, standing or emerging scientific evidence, new research foci, interfaces with specialty or other dental-related education programs, approaches to clinical education, and pedagogical philosophies and practices. In addition, the demographics of our society are changing, and the educational environment must reflect those changes. People are living longer with more complex health issues, and the dental profession will routinely be expected to provide care for these individuals. Each dental school must also have policies and practices to achieve an appropriate level of diversity among its students, faculty, and staff. While ~~diversity~~ variability of curricula is a strength of dental education, the core principles below promote an environment conducive to change, innovation, and continuous improvement in educational programs. Application of these principles throughout the dental education program is essential to achieving quality.

Comprehensive, Patient-Centered Care

The *Standards* reconfirm and emphasize the importance of educational processes and goals for comprehensive ~~patient~~ care and encourage patient-centered approaches in teaching and oral health care delivery. ~~Administration, faculty, staff, and students are~~ The program is expected to develop and implement ~~definitions,~~ practices, operations, and evaluation methods so that patient-centered comprehensive care is the norm.

Institutional ~~definitions and~~ operations that support patient-centered care can have the following characteristics or practices:

1. ensure that patients' preferences to the recommended dental procedures, and their social, economic, emotional, physical, and cognitive circumstances are sensitively considered;
2. teamwork and cost-effective use of well-trained allied dental personnel are emphasized;
3. evaluations of practice patterns and the outcomes of care guide actions to improve both the quality and efficiency of care delivery; and
4. general dentists and dental specialists serve as role models for students to help them learn appropriate therapeutic strategies and how to refer patients who need advanced therapies beyond the scope of general dental practice.

Critical Thinking

Critical thinking is foundational to teaching and deep learning in any subject. The components of critical thinking are: the application of logic and accepted intellectual standards to reasoning; the ability to access and evaluate evidence; the application of knowledge in clinical reasoning; and a disposition for inquiry that includes openness, self-assessment, curiosity, skepticism, and dialogue. In professional practice, critical thinking enables the dentist to recognize pertinent information, make appropriate decisions based on a deliberate and open-minded review of the available options, evaluate outcomes of diagnostic and therapeutic decisions, and assess his or her own performance. Accordingly, the dental educational program must develop students who are able to:

- Identify problems and formulate questions clearly and precisely;
- Gather and assess relevant information, weighing it against extant knowledge and ideas, to interpret information accurately and arrive at well-reasoned conclusions;
- Test emerging hypotheses against evidence, criteria, and standards;
- Show intellectual breadth by thinking with an open mind, recognizing and evaluating assumptions, implications, and consequences;
- Communicate effectively with others while reasoning through problems.

Self-Directed Learning and Assessment

The explosion of scientific knowledge makes it impossible for students to comprehend and retain all the information necessary for a lifetime of practice. Faculty must serve as role models demonstrating that they understand and value scientific discovery and life-long learning in their daily interactions with students, patients, and colleagues. In an environment that emphasizes critical thinking and humanistic values, it is essential for students to develop the capacity to self-assess. Self-assessment is indicative of the extent to which students take responsibility for their own learning. Educational programs must depart from teacher-centered and discipline-focused pedagogy to enable and support the students' evolution as independent learners actively engaged in their curricula using strategies that foster integrated approaches to learning. Curricula must be contemporary, appropriately complex and must encourage students to take responsibility for their learning by helping them learn how to learn.

~~Humanistic~~ Learning Environment

Dental schools are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A ~~humanistic pedagogy~~ safe learning environment inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising, and small group interaction. A dental school environment characterized by:

- physical and psychological safety, free of intimidation, abuse, and retaliation;
- respectful and collegial professional relationships between and among faculty, staff, and students; and
- ~~establishes~~ a context for the development of interpersonal skills necessary for learning, ~~for~~ and patient care., ~~and for making meaningful contributions to the profession.~~

Scientific Discovery and the Integration of Knowledge

The interrelationship between the basic, behavioral, and clinical sciences is a conceptual cornerstone to clinical competence. Learning must occur in the context of real health care problems rather than within singular content-specific disciplines. Learning objectives that cut across traditional disciplines and correlate with the expected competencies of graduates enhance curriculum design. Beyond the acquisition of scientific knowledge at a particular point in time, the capacity to think scientifically, and to apply the scientific method, including evolving technology (e.g., artificial intelligence), is critical if students are to analyze and solve oral health problems, understand research, and practice evidence-based dentistry.

Evidence-based Care

Evidence-based dentistry (EBD) ~~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.[1] EBD~~ uses thorough, unbiased systematic reviews and critical appraisal of the best available scientific evidence in combination with clinical and patient factors to make informed decisions about appropriate health care for specific clinical circumstances. Curricular content and learning experiences must incorporate the principles of evidence-based inquiry and involve faculty who practice EBD and model critical appraisal for students during the process of patient care. As scholars, faculty contribute to the body of evidence supporting oral health care strategies by conducting research and guiding students in learning and practicing critical appraisal of research evidence.

Student Assessment

Dental education programs must conduct regular assessments of students' learning throughout their educational experiences. Such assessment not only focuses on whether the student has achieved the competencies necessary to advance professionally (summative assessment), but also assists learners in developing the knowledge, skills, attitudes, and values considered important at their stage of learning (formative assessment). ~~In an environment that emphasizes critical thinking and humanistic values, it is essential for students to develop the capacity to self-assess. Self-assessment is indicative of the extent to which students take responsibility for their own learning.~~ To improve curricula, assessment involves a dialogue between and among faculty, students, and administrators that is grounded in the scholarship of teaching and learning.

Data from program outcomes, assessment of student learning, and feedback from students and faculty can be used in a process that actively engages both students and faculty. Moreover, programs are encouraged to adopt innovations in assessment methods as they become available (e.g., Entrustable Professional Activities).

~~[1] American Dental Association, http://www.ada.org/prof/resources/positions/statements/evidencebased.asp. Accessed Oct 25, 2006.~~

Application of Technology

Technology enables dental education programs to improve patient care, and to revolutionize all aspects of the curriculum, from didactic courses to clinical instruction. Contemporary dental education programs regularly assess their use of technology and explore new applications of technological advances to enhance student learning and to assist faculty as facilitators of learning and designers of learning environments. Use of technology, including evolving technology (e.g., artificial intelligence), must include systems and processes to safeguard the quality of patient care and ensure the integrity of student performance. Technology has the potential to reduce expenses for teaching and learning and help to alleviate increasing demands on faculty and student time. Use of technology in dental education programs can support learning in different ways, including self-directed, distance and asynchronous learning.

~~Faculty~~ Professional Development

Faculty and staff development is a necessary condition for change and innovation in dental education. The environment of higher education is changing dramatically, and with it health professions education. Dental education programs can re-examine the relationship between what faculty do and how students learn to change from the sage authority who imparts information to a facilitator of learning and designer of learning experiences that place students in positions to learn by doing. Ongoing faculty and staff development is ~~a requirement~~ encouraged 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.

Collaboration with other Health Care Professionals

Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interprofessional/interdisciplinary team present an opportunity ~~challenge~~ for

educational programs. ~~Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment.~~ Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.

Diversity and Inclusion

Diversity and inclusion in education is essential to academic excellence. A significant amount of learning occurs through informal interactions among individuals who are of different races, ethnicities, national origin, gender identity, age, physical abilities/qualities, sexual orientation, religions, and ideologic backgrounds; come from ~~cities~~ urban, rural areas, and from various geographic regions; and have a wide variety of interests, ~~talents~~ abilities, and perspectives. These interactions allow students to directly and indirectly learn from their differences, and to stimulate one another to reexamine even their most deeply held assumptions about themselves and their world. Cultural competence cannot be effectively acquired in a relatively homogeneous environment. Programs ~~must~~ strive to create an environment that ensures an in-depth exchange of ideas and beliefs across gender, racial, ethnic, cultural, religious, and socioeconomic lines.

Summary

These principles and the following *Standards* create an environmental framework intended to foster educational quality and innovation in ways that are unique to the mission, strengths, and resources of each dental school. The Commission believes that implementation of the guidance incorporated in this document will ensure that dental education programs develop graduates who have the capacity for life-long and self-directed learning and are capable of providing evidence-based care to meet the needs their patients and of society.

Definition of Terms Used in Accreditation Standards for Dental Education Programs

Community-based patient experience: Refers to opportunities for dental students to provide patient care in community-based clinics or private practices. ~~Community-based experiences are not intended to be synonymous with community service activities where dental students might go to schools to teach preventive techniques or where dental students help build homes for needy families.~~

Community-based service experience: Refers to non-patient-based experiences and yet provide meaningful interaction with a community such as teaching preventive techniques or where dental students help build homes for needy families.

Comprehensive patient-centered care: The system of patient care ~~in which individual students or providers, examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring through appropriate controls and monitoring that the patient has received total oral care~~ where the patient benefits from an examination and evaluation leading to a thorough treatment plan that is focused on restoring and maintaining overall oral health rather than correcting specific/focused dental problems. This may be accomplished by an individual student or team of students providing a majority of care appropriate to a general dentist and referring to dental specialists as needed. Appropriate controls and monitoring mechanisms are used to ensure the patient has received optimum oral care.

~~Competencies~~**Competency Statements:** Written statements describing the ~~levels of~~ knowledge, skills and values expected of graduates to begin independent, unsupervised dental practice.

Competency Assessments: The mechanisms used to evaluate a student's attainment of knowledge, skills and values required to begin independent, unsupervised dental practice. Competency assessment strategies across the curriculum include a process of formative and summative evaluations. Each competency statement is evaluated through a process consistent for all students, which includes independent, high-stakes assessment measures and defined critical errors.

~~Competent~~**Competence:** The attainment ~~levels~~ of knowledge, skills and values required by the new graduates to begin independent, unsupervised dental practice.

Cultural competence: Having the ability to provide care to patients with diverse backgrounds, values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Cultural competence training includes the development of a skill set for more effective provider-patient communication and stresses the importance of providers' understanding the relationship between diversity of culture, values, beliefs, behavior, and language and the needs of patients.

~~**Dimensions of Diversity:** The dimensions of diversity include: structural, curriculum and institutional climate.~~

Diversity - Structural: Structural diversity, also referred to as compositional diversity, focuses on ~~the numerical distribution of~~ students, faculty, and staff from diverse backgrounds in a program or institution.

> ~~**Curriculum:** Curriculum diversity, also referred to as classroom diversity, covers both the diversity-related curricular content that promote shared learning and the integration of skills, insights, and experiences of diverse groups in all academic settings, including distance learning.~~

Diversity - Institutional Climate: Institutional climate, also referred to as interactional diversity, focuses on the general environment created in programs and institutions that support diversity as a core value and provide opportunities for informal learning among diverse peers.

Evidence-based dentistry (EBD): 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 regarding their health care.

Examples of evidence to demonstrate compliance may include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Must: Indicates an imperative need or a duty; an essential or indispensable item; mandatory.

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Intent: Intent statements are presented to provide clarification to dental education programs in the application of and in connection with compliance with the *Accreditation Standards for Dental Education Programs*. 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.

Patients with special health care needs: Those patients whose medical, physical, psychological, cognitive, or social situations make it necessary to consider a wide range of assessment and care options, including necessary referral, in order to provide dental treatment. These individuals include~~, but are not limited to,~~ people with one or more of the following characteristics: intellectual and developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Patients with special health care needs may require a modification or accommodation to patient care.

Predoctoral: Denotes training leading to the DDS or DMD degree.

Quality ~~assurance~~ improvement: A cycle ~~of PLAN, DO, CHECK, ACT~~ that involves setting goals, determining outcomes, and collecting data in an ongoing and systematic manner to measure attainment of goals and outcomes. The final step in quality ~~assurance~~ improvement involves identification and implementation of corrective measures designed to strengthen the program.

~~**Service learning:** A structured experience with specific learning objectives that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental professions through provision of patient care and related services in response to community-based problems.~~

Research: The process of scientific inquiry involved in the development and dissemination of new knowledge. Research may be broadly defined to include biomedical, translational, clinical, implementation, educational, behavioral, epidemiological, health services, and other forms of scientific inquiry.

Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content, and value; criterion used as a model or pattern.

Strategic Planning: A systematic and structured process to define the program's long-term direction, priorities, allocated resources, and decisions, to achieve the program's goals and objectives. The strategic plan involves regular review of the program to ensure effectiveness and student achievement.

~~**Research:** The process of scientific inquiry involved in the development and dissemination of new knowledge.~~

~~**Health literacy:** "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." (Institute of Medicine. 2004. *Health Literacy: A Prescription to End Confusion*. Washington, DC: The National Academies Press. https://doi.org/10.17226/10883.)~~

Accreditation Standards for Dental Education Programs

STANDARD 1-INSTITUTIONAL EFFECTIVENESS

~~**1-1** The dental school **must** develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.~~

~~**Intent:**~~
~~*A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the institution.*~~

~~**1-2** Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.~~

~~**Intent:**~~
~~*Assessment, planning, implementation and evaluation of the educational quality of a dental education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of general dentistry.*~~

1-1 The dental school **must**:

a. have a clearly stated mission statement and strategic plan appropriate to dental education addressing teaching, patient care, research, and service, which is regularly reviewed;
b. have a broad-based, systematic, and continuous formal outcomes assessment process, with measurable goals and objectives, designed to achieve all aspects of the mission and assess institutional effectiveness and student achievement; and
c. collect, analyze, and use the outcomes data for program improvement.

~~1-3~~ **1-2** The dental education program **must** ~~have a stated~~ demonstrate a commitment to a ~~humanistic culture and~~ learning environment that includes: ~~is regularly evaluated.~~

a. a stated commitment and activities to promote a safe learning environment;
b. regular evaluation of the learning environment, with input from faculty, staff, and students;
c. actions aimed at enhancing the learning environment based on the results of regular evaluation.

~~**Intent:**~~

~~*The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.*~~

Examples of evidence to demonstrate compliance may include:

- Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available
- Development of a Code of Conduct
- Training to recognize and mitigate microaggressions, implicit and explicit bias, racism, gender identity and sexual orientation, hate speech, or other derogatory or harmful behaviors
- Student, faculty, and ~~patient~~ staff groups involved in ~~promoting diversity,~~ professionalism and/or leadership support for their activities
- Focus groups and/or surveys directed towards gathering information on student, faculty, ~~patient, and alumni~~ and staff perceptions of the ~~cultural~~ learning environment

~~1-4~~ **1-3** The dental school **must** have policies and practices related to diversity and inclusion consistent with University policies and state law to:

~~a. achieve appropriate levels of diversity among its students, faculty and staff;~~
~~b.~~ a. engage in ongoing systematic and focused efforts to attract and retain students, faculty, and staff from diverse backgrounds; ~~and~~
~~c.~~ b. systematically evaluate ~~comprehensive~~ strategies to improve the ~~institutional climate for~~ dental school's diversity and inclusion~~.~~; and
c. engage in actions aimed at enhancing the program's diversity and inclusion based on results of regular evaluation.

Intent:

~~*The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate.*~~ *The dental school* ~~*should*~~ *articulate*~~*s*~~ *its expectations regarding diversity*, *equity, inclusion, and belonging* ~~*across its academic community in the context of local and national responsibilities*~~, *and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity and inclusion in their planning that include, but are not limited to, gender, ethnicity, race, cultural, and socioeconomic factors.* ~~*gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*~~

~~1-5~~ **1-4** The financial resources **must** be sufficient to support the dental school's stated ~~purpose/~~mission, goals, and objectives.

Intent:

The institution ~~*should have*~~ *has the financial resources required to develop and sustain the program on a continuing basis. The program* ~~*should have*~~ *has 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 operating budget. Financial resources* ~~*should*~~ *ensure that the program will be in a position to recruit and retain qualified faculty*~~*. Annual appropriations should*~~ *and provide for innovation*~~*s*~~ *and change*~~*s*~~*.* ~~*necessary to reflect current concepts of education in the 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.*

~~1-6 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)~~
- ~~Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)~~

~~1-7~~ **1-5** The authority and final responsibility for curriculum development ~~and approval~~, student selection, faculty selection, and ~~administrative matters~~ program operations **must** rest within the dental program, consistent with the sponsoring institution policies and procedures, and not be influenced by support from outside entities.

Examples of evidence to demonstrate compliance may include:

- Institutional and/or program bylaws
- Institutional and/or program procedural codes
- Admissions and hiring practices and procedures
- Purchasing policies
- Institutional gift policies
- Written agreement(s)
- Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)

~~1-8~~ **1-6** The dental school **must** be a component of a higher education institution that is accredited by a United States Department of Education recognized accrediting agency (i.e., formerly known as a regional accrediting agency) and has within its scope the accreditation of doctoral degree granting programs.

~~1-9 The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.~~

STANDARD 2-EDUCATIONAL PROGRAM

Instruction

2-1 In advance of each course or other unit of instruction, students **must** 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 course grades ~~and competency~~ are determined, and identifies applicable competencies.

~~**2-2** If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations **must** be performed that lead to an appropriate decision in accordance with institutional due process policies.~~

Curriculum Management

~~2-3~~ **2-2** The curriculum **must** include at least four academic years of instruction or its equivalent.

Intent: *The school's academic year is defined by and compliant with the definition of the sponsoring institution and institutional accrediting agency, as applicable. The school has a policy for students' time away from the program that ensures all students meet the program's academic expectations and competencies needed for graduation are completed within the formal program and conforms to institutional policies on student attendance.*

~~2-4 The stated goals of the dental education program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.~~

~~2-5~~ **2-3** The dental education program **must**:

a. establish competency statements that, at a minimum, are consistent with the Commission on Dental Accreditation Standards, and

b. employ student ~~evaluation~~ assessment methods that measure ~~its defined~~ the competencies defined for graduation and readiness for independent dental practice.

Intent:

~~*Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills.*~~ *The evaluation of competence is an ongoing process that requires a variety of assessments performed independently by each individual student that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary ~~for entry level practice~~ to begin independent dental practice.*

~~**Examples of evidence to demonstrate compliance may include:**~~

- ~~Narrative descriptions of student performance and professionalism in courses where teacher-student interactions permit this type of assessment~~
- ~~Objective structured clinical examination (OSCE)~~
- ~~Clinical skills testing~~

~~2-6 Students **must** receive comparable instruction and assessment at all sites where required educational activity occurs through calibration of all appropriate faculty.~~

~~**Examples of Evidence to demonstrate compliance may include:**~~

- ~~On-going faculty training~~
- ~~Calibration Training Manuals~~
- ~~Periodic monitoring for compliance~~
- ~~Documentation of faculty participation in calibration-related activities~~

~~2-7 Biomedical, behavioral and clinical science instruction must be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies.~~

2-8 **2-4** The dental ~~school~~ education program **must** have a curriculum management plan that ensures:

a. an ongoing curriculum review and evaluation process which includes input from faculty, ~~students,~~ administration and ~~other appropriate sources~~ students, including student evaluation of instruction;

b. evaluation of all courses with respect to the defined ~~competencies of the school to include student evaluation of instruction~~ competency statements;

c. elimination of unwarranted repetition~~,~~ and outdated material~~, and unnecessary material~~;

d. ongoing evaluation of sequencing of curriculum content;

e. integration of biomedical, behavioral, and clinical science instruction; and

f. incorporation of emerging information and technologies. ~~and achievement of appropriate sequencing;~~

~~g. incorporation of emerging didactic and clinical technologies to support the dental education program curriculum.~~

~~2-9 The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.~~

~~**Intent:**~~
~~*The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice.*~~

Critical Thinking

2-10 **2-5** Graduates **must** be competent in the use of critical thinking~~, and problem-solving,~~ including accessing and critically appraising scientific literature, popular media, and consumer information, as it relates to providing evidence-based patient care. ~~their use in the comprehensive care of patients, scientific inquiry and research methodology.~~

Intent:
The educational program introduces students to critical thinking regarding interpretation of available information (e.g., scientific evidence, websites, social media, artificial intelligence, marketing), as it pertains to patient care. ~~*Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem-solving skills.*~~

Examples of evidence to demonstrate compliance may include:

- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards
- Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care

Self-Assessment

~~2-11~~ **2-6** ~~Graduates~~Students **must** demonstrate the ability to self-assess through reflective practice.~~, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.~~

Intent:

The ~~E~~educational program ~~should~~ prepares students to assume responsibility for their own learning. The education program ~~should~~ teaches students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.

Examples of evidence to demonstrate compliance may include:

- Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
- Students identify learning needs and create personal learning plans
- ~~Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and~~

~~feedback.~~

Biomedical Sciences

~~2-12~~ 2-7 Biomedical science instruction ~~in dental education~~ **must** ensure ~~an~~ in-depth ~~Understanding~~ foundation knowledge of basic biological principles, ~~consisting of a core of information on the fundamental~~ including:

a. structures, functions and interrelationships of the body systems, with emphasis on the oro-facial complex, and

b. abnormal biological conditions, including systemic and craniofacial disorders.

Intent:
Biological science instruction includes etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment, and prognosis as it relates to patient care.

~~2-13 The biomedical knowledge base **must** emphasize the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.~~

~~2-14 In-depth information on abnormal biological conditions **must** be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.~~

~~2-15~~ 2-8 Graduates **must** be competent in the application of biomedical sciences ~~knowledge~~ in the delivery of patient care.

~~**Intent:**~~
~~*Biological science knowledge should be of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.*~~

Social and Behavioral Sciences

2-9 Instruction in social and behavioral sciences **must** be at an in-depth level and include:

a. patient management, including cultural diversity and interpersonal communications skills;

b. intra-professional collaboration, including communicating with other members of the oral health care team;
c. inter-professional collaboration, including communicating with other members of the health care team;
d. professional conduct, including ethical decision making;
e. legal and regulatory concepts related to patient care;
f. basic principles of practice management, including models of oral health care delivery, and how to function successfully as the leader of the oral health care team; and
g. oral epidemiology, dental public health, and social determinants of health.

2-10 Following patient experiences, graduates **must** demonstrate competence in social and behavioral sciences including:
a. patient management, including cultural diversity and interpersonal communications skills;
b. demonstration of intra-professional collaboration, including communicating with other members of the oral health care team;
c. demonstration of inter-professional collaboration, including communicating with other members of the health care team
d. adherence to professional conduct, including ethical decision making; and
e. compliance with legal and regulatory concepts related to patient care.

~~2-16 Graduates **must** 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.~~

~~2-17 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.~~

~~**Intent:**~~
~~*Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in:*~~
~~• *basic principles of culturally competent health care;*~~
~~• *basic principles of health literacy and effective communication for all patient*~~

~~*populations*~~

- ~~*recognition of health care disparities and the development of solutions;*~~
- ~~*the importance of meeting the health care needs of dentally underserved populations, and;*~~
- ~~*the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*~~

~~**Practice Management and Health Care Systems**~~

~~2-18 Graduates **must** be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.~~

~~2-19 Graduates **must** 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.~~

~~2-20 Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.~~

~~**Intent:**~~
~~*In attaining competence, students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*~~

~~**Ethics and Professionalism**~~

~~2-21 Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.~~

~~**Intent:**~~
~~*Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.*~~

Clinical Sciences

~~2-22 Graduates **must** be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.~~

~~**Intent:**~~
~~*The education program should introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, applied, and explained to patients.*~~

~~2-23~~ 2-11 Graduates **must** be competent in providing oral health care ~~within the scope of general dentistry~~ to all patients ~~in all stages of life~~, including children with primary dentition, children with mixed dentition, adults, and geriatric patients.

~~2-24 At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:~~
~~a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;~~
~~b. screening and risk assessment for head and neck cancer;~~
~~c. recognizing the complexity of patient treatment and identifying when referral is indicated;~~
~~d. health promotion and disease prevention, including caries management;~~
~~e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;~~
~~f. restoration of teeth;~~
~~g. communicating and managing dental laboratory procedures in support of patient care;~~
~~h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;~~
~~i. periodontal therapy;~~
~~j. pulpal therapy;~~
~~k. oral mucosal, temporomandibular, and osseous disorders;~~
~~l. hard and soft tissue surgery;~~
~~m. dental emergencies;~~
~~n. malocclusion and space management; and~~
~~o. evaluation of the outcomes of treatment, recall strategies, and prognosis~~

~~**Intent:**~~

~~*Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate's readiness to enter the practice of general dentistry.*~~

2-12 Instruction in clinical sciences **must** be at an in-depth level and include:

a. Diagnosis and Treatment Planning
   1. patient assessment;
   2. history taking;
   3. clinical examination;
   4. radiographic examination;
   5. caries risk assessment;
   6. hard and soft tissue pathology assessment;
   7. oral cancer risk assessment and screening;
   8. periodontal risk assessment; and
   9. treatment planning, including referrals when indicated.

b. Prevention and Wellness
   1. health promotion and disease prevention;
   2. prophylaxis;
   3. oral hygiene instruction;
   4. dental sealants;
   5. space maintenance; and
   6. nutrition.

c. Oral Health Care
   1. *Operative Dentistry*, to include direct and indirect restorations;
   2. *Fixed Prosthodontics,* to include fixed partial dentures;
   3. *Removable Prosthodontics,* to include partial and complete dentures;
   4. *Implant Dentistry,* to include placement and restoration of dental implants;
   5. *Endodontics,* to include pulpal therapy, non-surgical and surgical root canal therapy, endodontic retreatment;
   6. *Periodontics,* to include non-surgical and surgical periodontal therapy, and periodontal maintenance;
   7. *Oral & Maxillofacial Surgery*, to include exodontia, alveoloplasty, mucosal and osseous disorders;

8. *Orthodontics*, to include diagnosis and treatment of malocclusion, and;
9. *Management and Control of Chronic and Acute Pain*, including diagnosis and treatment of orofacial pain/temporomandibular joint disorders, anxiety control, local anesthesia, and conscious sedation.

d. Practice and Profession
   1. obtaining informed consent;
   2. recognition and management of patients with special health care needs, including dental/medical/behavioral complexities requiring modification of treatment or referral;
   3. communicating with dental laboratories/laboratory technicians and evaluating the resultant restorations and appliances;
   4. digital dentistry and emerging clinical technologies;
   5. management of dental and medical emergencies;
   6. prescribing practices, including screening, brief intervention, and referral for treatment (SBIRT) for substance use disorders;
   7. use of standards of care/clinical guidelines;
   8. infection prevention and control practices;
   9. assessment of treatment outcomes; and
   10. recall strategies.

2-13 Patient-based instruction and experiences in clinical sciences **must** include direct care provided by the student, for the following:

a. Diagnosis and Treatment Planning
   1. patient assessment;
   2. history taking;
   3. clinical examination;
   4. radiographic examination;
   5. caries risk assessment;
   6. hard and soft tissue pathology assessment;
   7. oral cancer risk assessment and screening;
   8. periodontal risk assessment; and
   9. treatment planning, including referrals when indicated.

b. Prevention and Wellness
   1. health promotion and disease prevention;
   2. prophylaxis;
   3. oral hygiene instruction;
   4. dental sealants;
   5. analysis of space maintenance needs; and
   6. nutritional counseling.

c. Oral Health Care
   1. *Operative Dentistry*, to include direct and indirect restorations;

2. *Fixed Prosthodontics,* to include fixed partial dentures;
3. *Removable Prosthodontics,* to include partial and complete dentures;
4. *Implant Dentistry,* to include restoration of dental implants;
5. *Endodontics,* to include pulpal therapy, non-surgical root canal therapy;
6. *Periodontics,* to include non-surgical periodontal therapy, and periodontal maintenance;
7. *Oral & Maxillofacial Surgery*, to include exodontia;
8. *Orthodontics,* to include diagnosis of malocclusion; and
9. *Pain Control*, to include anxiety control and local anesthesia.

d. Practice and Profession
1. obtaining informed consent;
2. recognition and management of patients with special health care needs, including dental/medical/behavioral complexities requiring modification of treatment or referral;
3. communicating with dental laboratories/laboratory technicians and evaluating the resultant restorations and appliances;
4. digital dentistry and emerging clinical technologies;
5. management of dental emergencies;
6. prescribing practices, including screening for substance use disorder;
7. infection prevention and control practices;
8. assessment of treatment outcomes; and
9. recall strategies.

Intent:
Patient experiences are critical to the educational preparation of students to enter practice as a general dentist. Programs may achieve sufficient patient experiences in a number of ways, including rotations to sites where educational activity occurs related to the clinical program, and other methods.

2-14 Graduates **must** demonstrate competence in the following areas within the scope of general dentistry, with the majority of competency assessments in each category (i.e., a-d) completed through direct patient care assessments:

a. Diagnosis and Treatment Planning
1. patient assessment;
2. history taking;
3. clinical examination including hard and soft tissue pathology assessment;
4. radiographic examination;
5. caries risk assessment;
6. oral cancer risk assessment and screening
7. periodontal risk assessment; and
8. treatment planning, including referrals when indicated.

b. Prevention and Wellness
   1. health promotion and disease prevention;
   2. prophylaxis;
   3. oral hygiene instruction;
   4. dental sealants; and
   5. nutritional counseling.

c. Oral Health Care
   1. *Operative Dentistry*, to include direct and indirect restorations;
   2. *Prosthodontics,* to include replacement of teeth using fixed, removable or dental implant prosthodontic therapies;
   3. *Endodontics,* to include pulpal therapy and non-surgical root canal therapy;
   4. *Periodontics,* to include non-surgical periodontal therapy;
   5. *Oral & Maxillofacial Surgery*, to include exodontia;
   6. *Orthodontics,* to include diagnosis of malocclusion; and
   7. *Pain Control*, to include anxiety control and local anesthesia.

d. Practice and Profession
   1. obtaining informed consent;
   2. recognition and management of patients with special health care needs, including dental/medical/behavioral complexities requiring modification of treatment or referral;
   3. communicating with dental laboratories/laboratory technicians and evaluating the resultant restorations and appliances; management of medical and dental emergencies;
   4. prescribing practices, including screening for substance use disorder;
   5. infection prevention and control practices; and
   6. assessment of treatment outcomes and recall strategies.

~~2-23 Graduates **must** be competent in assessing and managing the treatment of patients with special needs.~~

~~**Intent:**~~

~~*An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. As defined by the school, these individuals may include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques including the use of respectful nomenclature, assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.*~~

~~2-25~~ 2-15 ~~Dental education programs~~ The dental education program **must** make available community-based patient experience opportunities and encourage students to ~~engage in service learning experiences and/or community-based learning experiences~~ interact with and treat patients in varied clinical environments.

Intent:

~~Service learning experiences and/or c~~Community-based learning experiences are ~~essential~~ valuable to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the ~~value of~~ community ~~service~~.

STANDARD 3- FACULTY AND STAFF

3-1 The number~~,~~ and distribution ~~and qualifications~~ of faculty and staff **must** be sufficient to meet the dental school's stated ~~purpose/~~mission, goals and objectives, at all sites where required educational activity occurs.

3-2 The faculty member responsible for the specific discipline **must** be qualified through appropriate knowledge and experience in the discipline as determined by the credentialing process of the ~~individual faculty as defined by the~~ program/institution.

Intent: *Faculty ~~should have~~ has knowledge and experience at an appropriate level for the curriculum areas for which they are responsible. The collective faculty of the dental school ~~should have~~ has competence in all areas of the dentistry covered in the program.*

3-3 Faculty **must** be calibrated to ensure consistency in instruction and assessment of students at all sites where educational activity occurs.

Intent:
Calibration is consistent with areas in which a faculty provides instruction and/or assessment of students.

Examples of Evidence to demonstrate compliance may include:

- On-going faculty training
- Calibration training materials
- Documentation of faculty participation in calibration-related activities
- Periodic monitoring for compliance

~~3-2~~ **3-4** The dental school/institution **must** ~~show evidence of~~ provide an ongoing faculty development ~~process~~ program.

Intent:
Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and ~~job~~ career 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:

- Program/Institutional faculty development offerings and numbers of faculty participating
- Participation in faculty development activities related to teaching and learning

- Attendance at ~~regional and national~~ professional meetings ~~that address education~~
- Mentored experiences for new faculty
- ~~Scholarly productivity~~
- ~~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 of varying ages and backgrounds~~
- ~~Use of technology in didactic and clinical components of the curriculum~~
- ~~Records of Calibration of Faculty~~

~~3-3~~ 3-5 Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.

~~3-4~~ 3-6 A defined evaluation process **must** exist that ensures objective measurement of the performance of ~~each~~ faculty members regularly involved ~~in teaching, patient care, scholarship and service~~ in regard to their area(s) of contribution to the program.

Intent:
Faculty who have at least a weekly commitment are considered regularly involved with the program.

~~3-5~~ 3-7 The dental school **must** have a stated process for promotion and tenure (where tenure exists) that is clearly communicated to the faculty.

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Admissions

4-1 ~~Specific w~~Written criteria, policies and procedures, including policies and procedures designed to recruit and admit a diverse student population, **must** be followed when admitting predoctoral students.

4-2 Admission of students with advanced standing **must** be based on the ~~same~~ comparable standards of achievement required by students regularly enrolled in the program.

4-3 Students with advanced standing **must** receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students 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 students cannot exceed ~~/residents will not result in an increase of~~ the program's approved total number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students~~/residents~~ in the conventional program and be held to the same academic standards. Advanced standing students~~/residents~~, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

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

~~4-4 Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population.~~

Intent 4-1 to 4-3 ~~4-4~~:

The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures ~~should~~ ensures the selection of a

diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, ~~should~~ establish admissions procedures that are non- discriminatory and ensure the quality of the program.

4-4 The dental school **must** advise prospective students of mandatory health and technical standards that will ensure that prospective students are qualified to undertake dental studies.

Facilities and Resources

~~4-5~~ **4-5** The dental school **must** 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.

Written Agreements

~~4-6~~ **4-6** Any site not owned by the sponsoring institution where required educational activity occurs **must** have a written agreement that clearly defines the roles and responsibilities of the parties involved.

Student**s** ~~Services~~

4-7 Student support services **must** include the following:

~~a. P~~personal wellness~~, academic and career counseling of students;~~
b. academic counseling,
c. career counseling, and
d. financial aid counseling

~~b. assuring student participation on appropriate committees;~~
~~c. providing appropriate information about the availability of financial aid and health services;~~
~~d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;~~
~~e. student advocacy;~~
~~f. maintenance of the integrity of student performance and evaluation records; and~~
~~g. Instruction on personal debt management and financial planning.~~

~~**Intent:**~~
~~*All policies and procedures should protect the students and provide avenues for appeal*~~

~~*and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.*~~

4-8 Students **must** be assured participation on appropriate committees.

4-9 The program **must** maintenance the integrity of student performance and evaluation records.

4-10 The program **must** have policies and procedures that ensure mechanisms for students to report mistreatment and grievances without retaliation.

Student Due Process

4-11 The program **must** have written policies and procedures to ensure:

a. academic due process;
b. misconduct disciplinary due process; and
c. guidance on navigating due process resources.

Intent:
Due process includes individual student review of performance and/or behavior that leads to an appropriate decision. All policies and procedures protect the students and provide avenues for appeal.

Student Financial Aid

~~4-8~~ **4-12** ~~At the time of acceptance, s~~Students **must** be advised of the total expected cost of their dental education and the availability of financial aid, at the time of acceptance and throughout enrollment.

Intent:
*Financial information ~~should~~ include*s *estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.*

~~4-5 The institution **must** be in compliance with all federal and state regulations relating to student financial aid and student privacy.~~

Health Services

~~4-6 The dental school **must** advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies.~~

~~4-11~~ **4-13** There **must** be ~~a mechanism~~ an established arrangement for ready access to health care for students while they are enrolled in dental school, including for all sites where educational activity occurs.

Intent:
At all sites where educational activity occurs, including distant clinical educational activity sites, the program assures that students will have access to health care services. Medical insurance alone does not assure access to health care services.

~~4-12~~ **4-14** Students **must** be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, ~~and~~ hepatitis ~~B~~, influenza, and COVID, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

STANDARD 5 - PATIENT CARE SERVICES

5-1 The dental school **must** have a stated commitment to patient-centered care that ensures the use of quantitative criteria for student advancement and graduation does not compromise the delivery of comprehensive patient care.

~~**5-1**~~ **5-2** The dental school **must** have a ~~published~~ formal policy addressing ~~the meaning of and commitment to patient-centered care and distribute the written~~ the rights of patients, that is visible ~~policy~~ to each patient, student, faculty, and staff~~, and patient~~ and includes:

~~**Intent:**~~

~~*A written statement of patient rights should include:*~~

a. *considerate, respectful and confidential treatment;*
b. *continuity and completion of treatment;*
c. *access to complete and current information about his/her condition;*
d. *advance knowledge of the cost of treatment;*
e. *informed consent;*
f. *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
g. *treatment that meets the ~~standard of~~ accepted care in the profession.*

~~**5-2**~~ **5-3** ~~Patient care **must** be evidenced-based, integrating the best research evidence and patient values.~~ The dental school **must** demonstrate a commitment to evidence-based patient care.

Intent:

*The dental school ~~should~~ use*s *evidence to evaluate new treatments, technology, and products and to guide diagnosis and treatment decisions.*

Examples of Evidence to Demonstrate Compliance May Include:

- *Policies and procedures related to evidence-based patient care*
- *Committee meeting minutes reflecting review of current literature*
- *Contemporary guidelines of care*

~~5-3~~ 5-4 The dental school **must** conduct a formal system of continuous quality improvement for the patient care program, at sites that it owns and/or operates and all sites where competency is assessed, that demonstrates evidence of:

a. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
b. an ongoing review and analysis of compliance with the defined standards of care;
c. an ongoing review of a representative sample of patients and patient records to assess the appropriateness~~, necessity~~ and quality of the care provided;
d. mechanisms to determine the cause(s) of treatment deficiencies; and
e. implementation of corrective measures as appropriate.

Intent:
Dental education programs ~~should~~ create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence- based practice.

~~5-4 The use of quantitative criteria for student advancement and graduation **must** not compromise the delivery of comprehensive patient care.~~

5-5 The dental school **must** ensure that active patients have access to professional services at all times for the management of dental emergencies, at sites that it owns and/or operates and all sites where competency is assessed.

5-6 ~~All students, faculty and support staff involved in the direct provision of patient care **must** be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.~~ At sites that it owns and/or operates and all sites where competency is assessed, the dental education program **must**:

a. have a written and distributed plan to manage medical emergencies;
b. ensure that all students, faculty, and support staff involved in the direct provision of patient care are continuously certified in basic life support (B.L.S.) or advanced cardiac life support (A.C.L.S.); and
c. ensure that faculty involved in the direct provision of patient care are able to manage common medical emergencies.

5-7 Written policies and procedures **must** be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.

5-8 The dental school **must** 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~~ in accordance with Centers for Disease Control and Prevention (CDC) guidelines.

5-9 The dental school's policies and procedures **must** ensure ~~that~~ the confidentiality and protection of information pertaining to ~~the health status of~~ each individual patient is strictly maintained.

STANDARD 6 - RESEARCH PROGRAM

6-1 Research~~, the process of scientific inquiry involved in the development and dissemination of new knowledge,~~ **must** be an integral component of the ~~purpose/~~mission, goals and objectives of the dental school.

Intent:

Research is the process of scientific inquiry involved in the development and dissemination of new knowledge. The ~~institution~~ dental school ~~should~~ develops and sustain a research program on a continuing basis. The dental school ~~should~~ develops strategies to address the research mission and regularly assess how well such expectations are being achieved. ~~Annual evaluations should provide evidence of innovations and advances which reflect research leadership within research focus areas of the institution.~~

Examples of evidence to demonstrate compliance may include:

- Established research areas and ongoing funded support of the research activities
- Commitment to research reflected in ~~institution~~ the mission statement, strategic plan, and financial support
- Evidence of regular ongoing research programmatic review
- Extramural grant and/or foundation support of the research program
- Other evidence of the global impact of the research program

6-2 The dental school ~~faculty, as appropriate to meet the school's purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity~~ **must** demonstrate evidence of active dental faculty member engagement in research.

Intent:

~~Schools should~~ The dental school establishes focused~~, significant,~~ and sustained research programs ~~to recruit and retain faculty suitable to the institution's research themes, and or scholarly activity~~. The ~~program should~~ dental school employs an adequate number of ~~full-time~~ dental faculty with time dedicated to the research mission of the institution. Dental faculty are encouraged to establish inter-disciplinary collaborations consistent with the dental school's research mission. Financial resources ~~should~~ ensure that the ~~program~~ dental school will be in a position to recruit and retain qualified research faculty.

Examples of evidence to demonstrate compliance may include:

- Faculty roster of full-time equivalents dental faculty dedicated to research

- Extramural funding of dental faculty
- Documentation of research dental faculty recruitment efforts
- Dental faculty research mentorship programs
- Peer reviewed ~~scholarly~~ publications (manuscripts, abstracts, books, etc.) based on original research
- Presentation at scientific meetings and symposia
- Other evidence of the impact of the research program and research productivity

6-3 ~~Dental education programs~~ The dental education program **must** ~~provide~~ make available opportunities~~,~~ and encourage~~, and support~~ students to ~~participation~~ participate in research and other scholarly activities mentored by faculty.

Intent:

The dental education program ~~should~~ provides students with opportunities to experience research including, but not limited to, biomedical, translational, clinical, implementation, educational, behavioral, epidemiological, health services, and other forms of scientific inquiry. ~~biomedical, translational, educational, epidemiologic and clinical research.~~ Such activities ~~should~~ align with clearly defined research mission and goals of the ~~institution~~ dental school. The dental education program ~~should~~ introduces students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.

Examples of evidence to demonstrate compliance may include:

- Formal presentation of student research at school or university events
- Scholarly publications with student authors based on original research
- Presentation at scientific meetings
- Research abstracts and table clinics based on student research