

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

**Background:** Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) were approved by the Commission on Dental Accreditation at its August 5, 2022 meeting with immediate implementation. Since that date, 55 AEGD site visits have been conducted by visiting committees of the Commission utilizing the August 2022 Standards. At the time of this report, the Standards included 56 “must” statements addressing 96 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 5, 2022 through October 31, 2024. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

**Analysis:** The data in **Appendix 1** indicates that a total of 44 citings of non-compliance were made. Of these, five (5) were related to Standard 1 – Institutional and Program Effectiveness; 28 were related to Standard 2 – Educational Program; two (2) were related to Standard 3 – Faculty and Staff; one (1) was related to Standard 4 – Educational Support Services, and three (3) were related to Standard 5 – Patient Care Services.

Analysis of the data indicates that the most frequently cited areas of non-compliance with 2 citings each were Standard 1-8 d, related to community service goals and objective; Standard 1-9, related to outcomes assessment; Standard 2-2 a, related to operative dentistry; Standard 2-2 g, related to pain and anxiety control; Standard 2-3, written curriculum plan; Standard 2-5 a, related to rotation objectives; and Standard 5-3 related to continuous quality improvement.

**Summary:** The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

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

Total Number of Programs Evaluated = 55  
August 5, 2022 through October 31, 2024

**Standard 1 – Institutional and Program Effectiveness (17 Required Areas of Compliance)**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	1-6	There <b>must</b> be opportunities for program faculty to participate in institution-wide committee activities.
	1-8	The program must develop overall program goals and objectives that emphasize:
1		a) general dentistry,
1		b) resident education,
1		c) patient care, and
2		d) community service
2	1-9	The program <b>must</b> have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's stated goals and objectives are being met and make program improvements based on an analysis of that data.

**Standard 2 – Educational Program (47 Required Areas of Compliance)**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	2-2	The program <b>must</b> have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or

		case complexity beyond that accomplished in pre-doctoral training:
<b>2</b>		a) operative dentistry;
<b>1</b>		b) restoration of the edentulous space;
<b>1</b>		c) periodontal therapy;
<b>1</b>		d) endodontic therapy;
<b>1</b>		e) oral surgery;
<b>1</b>		f) evaluation and treatment of dental emergencies; and
<b>2</b>		g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.
<b>2</b>	<b>2-3</b>	The program must have a written curriculum plan that includes structured clinical experiences and didactic sessions in dentistry and medicine, designed to achieve the goals and objectives or competencies for resident training.
	<b>2-4</b>	The program <b>must</b> provide training to ensure that upon completion of the program, the resident is able to manage the following:
<b>1</b>		a) medical emergencies;
<b>1</b>		b) implants;
<b>1</b>		c) oral mucosal diseases;
<b>1</b>		d) temporomandibular disorder; and
<b>1</b>		e) orofacial pain
	<b>2-5</b>	For each assigned rotation or experience in an affiliated institution or extramural facility, there <b>must</b> be:
<b>2</b>		a) objectives that are developed in cooperation with the department chairperson, service chief, or facility director to which the residents are assigned;
<b>1</b>		b) resident supervision by designated individuals who are familiar with the objectives of the rotation or experience; and
<b>1</b>		c) evaluations performed by the designated supervisor.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	<b>2-6</b>	The program must provide formal instruction in physical evaluation and medical assessment, including:
<b>1</b>		a) taking, recording, and interpreting a complete medical history;
<b>1</b>		b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases;
<b>1</b>		c) understanding the relationship between oral health care and systemic diseases; and
<b>1</b>		d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.
<b>1</b>	<b>2-7</b>	The program <b>must</b> provide instruction in the principles of practice management.
<b>1</b>	<b>2-13</b>	The program <b>must</b> have written goals and objectives or competencies for resident didactic and clinical training in the optional second year of training that are at a higher level than those of the first year of the program.
	<b>2-15</b>	The program's resident evaluation system <b>must</b> assure that, through the director and faculty, each program:
<b>1</b>		a) periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the program's written goals and objectives or competencies for resident training using appropriate written criteria and procedures
		b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions <b>must</b> be taken; and
		c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

**Standard 3 – Faculty and Staff (13 Required Areas of Compliance)**

<u><b>Non-Compliance Citings</b></u>	<u><b>Accreditation Standard</b></u>	<u><b>Required Areas of Compliance</b></u>
<b>1</b>	<b>3-1</b>	The program <b>must</b> be administered by a director who has authority and responsibility for all aspects of the program.
<b>1</b>	<b>3-4</b>	All sites where educational activity occurs <b>must</b> be staffed by faculty who are qualified by education and/or clinical experience in the curriculum areas for which they are responsible and have collective competence in all areas of dentistry included in the program.

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

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

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

<u><b>Non-Compliance Citings</b></u>	<u><b>Accreditation Standard</b></u>	<u><b>Required Areas of Compliance</b></u>
<b>2</b>	<b>5-3</b>	The program <b>must</b> conduct and involve residents in a structured system of continuous quality improvement for patient care.

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	5-5	The program <b>must</b> document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and blood-borne and infectious diseases.
	5-5	Policies <b>must</b> provide to all residents, faculty and appropriate support staff and continuously monitored for compliance.
	5-5	Additionally, policies on blood-borne and infectious diseases <b>must</b> be made available to applicants for admission and patients.

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

**Background:** Accreditation Standards for Advanced Dental Education Programs in General Practice Residency (GPR) were approved by the Commission on Dental Accreditation at its August 5, 2022 meeting with immediate implementation. Since that date, 75 GPR site visits have been conducted by visiting committees of the Commission utilizing the August 2022 Standards. At the time of this report, the Standards included 61 “must” statements addressing 122 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits August 5, 2022 through October 31, 2024. If special (focused or comprehensive), pre-enrollment, or pre-graduation site visits were conducted during this period, citings from those visits are also included.

**Analysis:** The data in **Appendix 1** indicates that a total of 31 citings of non-compliance were made. Of these, five (5) were related to Standard 1 – Institutional and Program Effectiveness, 15 were related to Standard 2 – Educational Program, three (3) were related to Standard 3 – Faculty and Staff, four (4) were related to Standard 4 – Educational Support Services, and four (4) were related to Standard 5 – Patient Care Services.

Analysis of the data indicates that the most frequently cited area of non-compliance, with four (4) citations, was Standard 2-19 a, related to resident evaluations. The second most frequently cited area of non-compliance, with three (3) citations, was Standard 5-4 related to basic life support recognition/certification.

**Summary:** The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

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

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

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

Total Number of Programs Evaluated = 75  
August 5, 2022 through October 31, 2024

**Standard 1 – Institutional and Program Effectiveness (22 Required Areas of Compliance)**

<b><u>Non-Compliance Citings</u></b>	<b><u>Accreditation Standard</u></b>	<b><u>Required Areas of Compliance</u></b>
<b>2</b>	<b>1-1</b>	Each sponsoring and co-sponsoring institution <b>must</b> be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).
	<b>1-8</b>	The program <b>must</b> develop overall program goals and objectives that emphasize:
		a) general dentistry,
		b) resident education,
		c) patient care, and
<b>2</b>		d) community service
		and include training residents to provide oral health care in a hospital setting.
<b>1</b>	<b>1-9</b>	The program <b>must</b> have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program's overall goals and objectives are being met and make program improvements based on an analysis of that data.

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

<b><u>Non-Compliance Citings</u></b>	<b><u>Accreditation Standard</u></b>	<b><u>Required Areas of Compliance</u></b>
	<b><u>2-1</u></b>	The program <b>must</b> provide didactic and clinical training to ensure that upon completion of training, the resident is able to:
		a) Act as a primary oral health care provider to include:
		1) providing emergency and multidisciplinary comprehensive oral health care;
		2) obtaining informed consent;
		3) functioning effectively within interdisciplinary health care teams, including consultation and referral;
		4) providing patient-focused care that is coordinated by the general practitioner; and
		5) directing health promotion and disease prevention activities.
<b><u>1</u></b>		b) Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.
		c) Manage the delivery of patient-focused oral health care.
	<b><u>2-2</u></b>	The program <b>must</b> have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:
		a) operative dentistry;
		b) restoration of the edentulous space;
<b><u>2</u></b>		c) periodontal therapy;
		d) endodontic therapy;
		e) oral surgery;
		f) evaluation and treatment of dental emergencies; and
		g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	<b>2-5</b>	Residents <b>must</b> be assigned to an anesthesia rotation with supervised practical experience in the following:
		a) preoperative evaluation;
		b) assessment of the effects of behavioral and pharmacologic techniques;
<b>1</b>		c) venipuncture technique;
		d) patient monitoring;
		e) airway management;
		f) understanding of the use of pharmacologic agents;
		g) recognition and treatment of anesthetic emergencies; and
		h) assessment of patient recovery from anesthesia.
	<b>2-11</b>	Residents <b>must</b> receive training and experience in the management of inpatients or same-day surgery patients, including:
		a) reviewing medical histories and physical examinations;
		b) prescribing treatment and medication;
<b>1</b>		c) providing care in the operating room; and
<b>1</b>		d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.
<b>2</b>	<b>2-12</b>	Formal patient care conferences <b>must</b> be held at least twelve (12) times a year.
<b>1</b>	<b>2-17</b>	The goals and objectives or the competencies for resident didactic and clinical training in the optional second year of training must be at a higher level than those of the first year of the program.
	<b>2-19</b>	The program's resident evaluation system must assure that, through the director and faculty, each program:
<b>4</b>		a) periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures;

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2		b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions <b>must</b> be taken; and
		c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

**Standard 3 – Faculty and Staff (13 Required Areas of Compliance)**

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
1	3-1	The program <b>must</b> be administered by a director who has authority and responsibility for all aspects of the program.
	3-9	At each site where educational activity occurs, adequate support staff <b>must</b> be consistently available to ensure:
2		a) residents do not regularly perform the tasks of allied dental personnel and clerical staff,
		b) resident training and experience in the use of current concepts of oral health care delivery and
		c) efficient administration of the program.

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

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
	4-5	The program's description of the educational experience to be provided <b>must</b> be available to program applicants and include:
1		a) A description of the educational experience to be provided,

<u>Non-Compliance Citings</u>	<u>Accreditation Standard</u>	<u>Required Areas of Compliance</u>
2		b) A list of goals and objectives or for resident training, and
1		c) A description of the nature of assignments to other departments or institutions.

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

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

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

**Background:** At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed (**Appendix 1**). Changes include the addition of one (1) organization, removal of organizations, and changes in the acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

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

**Summary:** The Review Committee on Postdoctoral General Dentistry Education (PGD RC) and the Commission on Dental Accreditation are requested to examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview, related to sponsoring institution and authority, found in **Appendix 1**, with a report to the Commission at the August 2025 meeting.

### **Recommendation:**

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

Additions are underlined; Deletions are ~~stricken~~

### Examples of evidence to demonstrate compliance may include:

- Accreditation certificate or current official listing of accredited institutions from a United States Department of Education recognized accreditation organization
- Evidence of successful achievement of Service-specific organizational inspection criteria
- Accreditation certificate or current official listing of accredited institution from an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). For example: Accreditation Association for Ambulatory Health Care (AAAHHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASFQuadA~~); ~~American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP)~~; Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation ~~Program~~ Partner (CHAP); DNV ~~GL~~ Healthcare (DNV~~GL~~); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (~~TJC~~); National Association of Boards of Pharmacy (NABP); Utilization Review Accreditation Commission (URAC).
- Evidence of successful achievement of receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.