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

Background: The Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry were approved by the Commission on Dental Accreditation on August 7, 2020 with implementation July 1, 2021. Since the implementation date, 64 site visits have been conducted by visiting committees of the Commission utilizing the July 2021 Standards. At the time of this report, the Standards include 122 "must" statements addressing 306 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from July 1, 2021 through October 31, 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 distribution of citings found in **Appendix 1** indicates a total of 35 citings of non-compliance have been made. The most frequently cited pediatric dentistry-specific area of non-compliance, with four (4) citings, is Standard 4-7b2a, completing a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used, of which each student/resident acting as sole primary operator in a minimum of 25 sedation cases. The second most frequently cited pediatric dentistry-specific area of non-compliance, also with four (4) citings each, is Standard 1-1 a, c, d, and e, related to items required in inter-institutional agreements.

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

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

Prepared by: Ms. Taylor Weast

ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PEDIATRIC DENTISTRY

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 64
July 1, 2021 through October 31, 2024

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 27 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	1-1	All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.
	1-1	The following items **must** be covered in such inter-institutional agreements:
4		a. Designation of a single program director;
3		b. The teaching staff;
4		c. The educational objectives of the program
4		d. The period of assignment of students/residents;
4		e. Each institution's financial commitment; and
2		f. Documentation of the liability coverage

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 29 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	2-3.3	The program clinical faculty and attending staff **must** have specific and regularly scheduled clinic assignments to ensure the continuity of the program.
1	2-3.4	Clinical faculty **must** be immediately available to provide direct supervision to students/residents for all clinical sessions.
1	2-5	All faculty, including those at major and minor educational activity sites, **must** be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

STANDARD 3- FACILITIES AND RESOURCES – 26 Required Areas of Compliance

1	3-4.2	Personnel resources **must** include: adequate allied dental personnel assigned to the program to ensure clinical and laboratory technical support are suitably trained and credentialed.

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 202 Required Areas of Compliance

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	4-7	Clinical experiences in behavior guidance must enable students/residents to achieve competency in patient management using behavior guidance:

		a. Experiences must include infants, children and adolescents individuals with special health care needs, using:
1		2. Sedation
		b. Students/Residents must perform adequate patient encounters to achieve competency:
1		2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.
4		a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.
1		b. Of the remaining sedation cases (those not performed as the sole primary operator), each student/resident gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.
1		c. It is recommended that all sedation cases be completed in accordance with the recommendations of the REFERENCE MANUAL, and/or applicable institutional policies and state regulations
	4-9	Clinical Experiences: Clinical experiences **must** enable students/residents to achieve competency in
		b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:
2		2. Transverse arch dimensional problems involving simple posterior crossbites;

2		3. Anterior crossbite discrepancies associated with localized dentoalveolar crossbite displacement and functional anterior shifts (e.g. pseudo-Class III);
1		4. Anterior spacing with or without dental protrusion;
1		5. Deleterious oral habits;
	4-25	Clinical Experiences: Clinical experiences **must** enable students/residents to acquire knowledge and skills to function as health care providers within the hospital setting.
		d. Additional Hospital Experiences:
1		1. Each student/resident **must** participate in continually accessible call through the hospital emergency department and provide treatment in collaboration with other disciplines.
1		2. Each student/resident **must** participate on interdisciplinary/multidisciplinary teams, including participation on a Craniofacial Team.

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1		2. Students/Residents must complete a minimum of 50 patient encounters in which sedative agents other than nitrous oxide (but may include nitrous oxide in combination with other agents) are used. The agents may be administered by any route.
4		a. Of the 50 patient encounters, each student/resident must act as sole primary operator in a minimum of 25 sedation cases.
1		b. Of the remaining sedation cases (those not performed as the sole primary operator), each student/resident gain clinical experience, which can be in a variety of activities or settings, including individual or functional group monitoring and human simulation.
1		c. It is recommended that all sedation cases be completed in accordance with the recommendations of the REFERENCE MANUAL, and/or applicable institutional policies and state regulations
	4-9	Clinical Experiences: Clinical experiences must enable students/residents to achieve competency in:
		b. Treatment of those conditions that can be corrected or significantly improved by evidence-based early interventions which might require guidance of eruption, space supervision, and interceptive orthodontic treatments. These transitional malocclusion conditions include, the recognition, diagnosis, appropriate referral and/or focused management of:
1		2. Transverse arch dimensional problems involving simple posterior crossbites;
1		4. Anterior spacing with or without dental protrusion;

STANDARD 5- ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 16 Required Areas of Compliance

STANDARD 6- RESEARCH – 6 Required Areas of Compliance

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

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

The AAPD noted the existence of Standards on patient safety, most notably Standards 4-6 and 4-20, within the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Additionally, the AAPD believes the adoption of Oral and Maxillofacial Surgery Standard 4-18 within the pediatric dentistry standards would "introduce a clearer and more robust standard on patient safety" into the Standards for Advanced Dental Education Programs in Pediatric Dentistry. The AAPD proposed the following Standard be added to the Pediatric Dentistry Standards (underline indicates addition):

> **Residents must receive formal training in programs, policies, and procedures enhancing patient safety.**
>
> ***Intent:*** *An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.*
>
> Examples of evidence to demonstrate compliance may include:
> - Documentation of an active, ongoing clinical safety training program. This may include participation in institution-wide programs, or documentation of training in Crew Resource Management, Root Cause Analysis, or other safety-focused protocols
> - Formative and summative evaluation of residents' knowledge of and engagement and compliance with safety initiatives (e.g. use of Benchmarks)

Summary: The Review Committee on Pediatric Dentistry and the Commission on Dental Accreditation are requested to consider the letter from Dr. Scott D. Smith on behalf of the AAPD **(Appendix 1)**, proposing addition of a new Standard on patient safety in the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. If revisions to the Accreditation Standards are proposed, the Commission may wish to circulate the proposed revisions to the communities of interest for review and comment.

Recommendation:

Prepared by: Ms. Taylor Weast

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

March 5, 2025 *Delivered electronically*

Dear Commission on Dental Accreditation:

The American Academy of Pediatric Dentistry and our nearly 10,800 members strive each day to uphold the highest standards of patient safety. The existing Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry include concepts of safety and quality improvement, most notably in Standards 4-6 and 4-20. However, we believe there is a **timely opportunity to introduce a clearer and more robust standard on patient safety into the postdoctoral pediatric dentistry standards**. This would help foster a culture of safety among trainees and faculty and ensure activities promoting safety are embedded in practice during the foundational years of residency and early careers.

The AAPD would like to propose to the Commission the adoption of Standard 4-18 from the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery into the Accreditation Standards for Advanced Dental Education Programs in Pediatric Dentistry. Standard 4-18 (OMFS) reads as follows:

> **Residents must receive formal training in programs, policies, and procedures enhancing patient safety.**
>
> ***Intent**: An ongoing, comprehensive focus on promoting safety and quality improvement is an essential part of quality patient care. Residents are exposed throughout training to theoretical and practical means to ensure that consideration of patient safety is routine and consistent.*
>
> Examples of evidence to demonstrate compliance may include:
> - Documentation of an active, ongoing clinical safety training program. This may include participation in institution-wide programs, or documentation of training in Crew Resource Management, Root Cause Analysis, or other safety-focused protocols
> - Formative and summative evaluation of residents' knowledge of and engagement and compliance with safety initiatives (e.g., use of Benchmarks)

This standard would offer clarity for postdoctoral pediatric dentistry program directors and provide concrete examples for training activities in patient safety. At AAPD, we support our members involved in education with resources – such as our *Safety in Pediatric Dental Care: Curriculum for Pediatric Dentistry Residency Programs* – and we commit to continuing to develop and share these resources widely. We would be more than happy to engage in a discussion and address any questions regarding this proposal; please contact Dr. Chelsea Fosse, Director, Research & Policy Center, to coordinate. Thank you for your consideration.

Sincerely,

Scott D. Smith, DDS, MS
President

CC: Dr. John Rutkauskas, Chief Executive Officer, AAPD
Dr. Joseph Castellano, Chair, Safety & Quality Improvement Committee, AAPD

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 Pediatric Dentistry Education (PED 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:

Prepared by: Ms. Taylor Weast

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 (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (~~AAAASF~~QuadA); ~~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.