

REPORT OF THE REVIEW COMMITTEE ON OROFACIAL PAIN EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Reny de Leeuw (interim chair, substituting for Dr. Joseph Cohen).

Committee Members: Dr. Steven Bender and Dr. Robert Windsor. Dr. Bessie Katsilometes attended a portion of the meeting. Dr. Joseph Cohen, Review Committee Chair, was unable to attend the meeting. Guest (Open Session Only, Virtual): Dr. Sheila Brear, chief learning officer, American Dental Education Association, attended the policy portion of the meeting. Staff Members: Ms. Peggy Soeldner, senior manager, Administration and Committees; Dr. Yesenia Ruiz and Ms. Taylor Weast, managers, Advanced Dental Education, and Ms. Bridget Blackwood, senior project assistant, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Orofacial Pain Education (OFP RC) was held on January 6, 2025 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO OROFACIAL PAIN EDUCATION

Informational Report on Orofacial Pain Programs Annual Survey Curriculum Data (p.

1700): At its Winter 2015 meeting, the Commission directed that all Review Committees consider the informational report on aggregate data from the Curriculum Section of the Annual Survey in years when this data is available. At this meeting, the Orofacial Pain RC reviewed the informational report on aggregate data from the Curriculum Section for the orofacial pain programs conducted in August/September 2024, without comment.

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

Consideration of Accreditation Standards for Orofacial Pain Programs Related to

Administrative Oversight at Major Sites Where Educational Activity Occurs (p. 1701): At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs. As directed, in advance of the Summer 2024 CODA meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director (**Appendix 1, Policy Report p. 1701**). The Committee noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites. Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is

needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

At its Winter 2025 meeting, the Review Committee on Orofacial Pain Education (OFP RC) considered the orofacial pain Accreditation Standards (**Appendix 1, Policy Report p. 1701**) related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted that Standard 3-2 addresses program director responsibilities but does not directly address responsibilities for activities at major sites where educational activity occurs. Additionally, the OFP RC noted Standard 3-9 requires adequate support staff to ensure efficient administration of the program at each site where educational activity occurs.

Following consideration, the Review Committee determined that no current Standard directly addresses overall administrative oversight of the program by the program director or a designee at all sites where a resident spends a majority or all their time. However, Standard 3-2 meets the intent by requiring the program director to have sufficient time and authority to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program. Therefore, the OFP RC believed the addition of a Standard related to administrative oversight at major sites where educational activity occurs is not warranted. Nonetheless, the OFP RC believed Standard 3-2 and its intent statement could be strengthened by adding an additional responsibility that includes ensuring on-site clinical supervision and administrative oversight at each major site where educational activity occurs to the intent statement. The proposed revision to the Orofacial Pain Accreditation Standards, specifically the intent statement, is found in **Appendix 1**. While the proposed revision is to the intent statement and not the "must" statement, the Review Committee recommended that the proposed revision be circulated to the communities of interest for review and comment for six (6) months, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting with review of all comments received by the Review Committee and Commission in Summer 2025.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the proposed revision to the intent statement of Standard 3-2 of the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 1**) related to administrative oversight at major sites where educational activity occurs be circulated to the communities of interest for review and comment for six (6) months, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting with review of comments received by the Review Committee and Commission in Summer 2025.

Consideration of Accreditation Standards for Orofacial Pain Programs Related to

Diversity and Humanistic Culture and Learning Environment (p. 1702): On December 1, 2023, the Commission received a letter from The National Coalition of Dentists for Health Equity (TNCDHE) (**Appendix 1, Policy Report p. 1702**), which provided short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs. In Winter 2024, each Review Committee of the Commission provided comment to CODA on TNCDHE letter. Following consideration of Review Committee Reports, the Commission directed establishment of an Ad Hoc Committee composed of all Commissioners who chair the discipline-specific Review Committees in dental, allied dental, and advanced dental education, and additional CODA Commissioners, to study the Accreditation Standards for possible revision related to the letter from TNCDHE.

In advance of the Commission's Summer 2024 meeting, the Ad Hoc Committee, which was comprised of all current CODA Commissioners, reviewed the background materials, which included the prior work of the Commission on this topic, the letters from TNCDHE, CODA Standards related to diversity and the humanistic culture including proposed revisions, Annual Survey data on dental programs related to diversity, and information from other accrediting agencies. The Committee noted that this is an important topic, but other considerations must also be acknowledged including differences among institutions related to missions, resources, funding, state and federal regulations, and legal considerations. It was noted that some states do not permit initiatives focused on diversity, and the Commission cannot impose Standards that would conflict with state or federal law. As such, the Committee noted the proposed predoctoral dental education Standard revision, which discusses diversity efforts, would be consistent with university policy and state law. At its Summer 2024 meeting, following consideration of the Ad Hoc Committee Report, the Commission directed that all Review Committees consider the proposed revisions for the Dental Standards 1-2 and 1-3 and revisions for the Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (adopted Summer 2024), for possible inclusion of similar Standards within the Review Committee's own discipline(s) to address diversity and the humanistic culture, with a report to the Commission in Winter 2025.

At its Winter 2025 meeting, the Review Committee on Orofacial Pain Education (OFP RC) considered the orofacial pain Accreditation Standards and reference materials including the proposed Dental Standards 1-2 and 1-3 and adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 (**Appendix 2, Policy Report p. 1702**) for possible inclusion of similar Standards to address diversity and the humanistic culture and learning environment. The Review Committee agreed this is an important topic and that other considerations must also be acknowledged. Further, following close review of the Orofacial Pain Accreditation Standards, the OFP RC confirmed there is no current Standard to address diversity and the humanistic culture.

Following consideration, the Review Committee determined that the Standards should be revised to address diversity and the humanistic culture and learning environment and believed the adopted revisions for Oral and Maxillofacial Surgery Standards 1-11 and 2-1.7 should be added

to the Orofacial Pain Accreditation Standards. The proposed new Standards for inclusion in the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain are found in **Appendix 2**. The Review Committee recommended that the proposed new Standards be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Session and American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.

Recommendation: It is recommended that the Commission on Dental Accreditation direct the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (**Appendix 2**) related to diversity and the humanistic culture and learning environment be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting and American Dental Association (ADA) Annual Session, with review of comments received by the Review Committee and Commission in Winter 2026.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

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

CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF OROFACIAL PAIN EDUCATION

The Review Committee on Orofacial Pain Education (OFP RC) considered site visitor appointments for 2025-2026. The Committee's recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

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

Respectfully submitted,

Dr. Reny de Leeuw
Interim Chair, Review Committee on Orofacial Pain Education

Commission on Dental Accreditation

Proposed Revision to Intent Statement of Standard 3-2

Additions are Underlined

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Commission on Dental Accreditation

Proposed Revisions to Standard 1 (New Standard 1-11 and 1-12)

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

1 **STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS**

2
3
4 **1-1** Each sponsoring or co-sponsoring United States-based educational institution, hospital
5 or health care organization **must** be accredited by an agency recognized by the United
6 States Department of Education or accredited by an accreditation organization
7 recognized by the Centers for Medicare and Medicaid Services (CMS) or receive
8 regular on-site inspections through the Health Resources and Services Administration
9 Operational Site Visit (HRSA-OSV) process.

10
11 United States military programs not sponsored or co-sponsored by military medical
12 treatment facilities, United States-based educational institutions, hospitals or health
13 care organizations accredited by an agency recognized by the United States
14 Department of Education or accredited by an accreditation organization recognized by
15 the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful
16 achievement of Service-specific organizational inspection criteria.

17
18 **Examples of evidence to demonstrate compliance may include:**

19 Accreditation certificate or current official listing of accredited institutions from a
20 United States Department of Education recognized accreditation organization.
21 Evidence of successful achievement of Service-specific organizational inspection
22 criteria.

23 Accreditation certificate or current official listing of accredited institution from an
24 accreditation organization recognized by the Centers for Medicare and Medicaid
25 Services (CMS). For example: Accreditation Association for Ambulatory Health
26 Care (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC);
27 American Association for Accreditation of Ambulatory Surgery Facilities
28 (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation
29 Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ);
30 Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV
31 GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team
32 (TCT); The Joint Commission (JC).

33 Evidence of successful achievement of regular on-site inspections through the Health
34 Resources and Services Administration Operational Site Visit (HRSA-OSV)
35 process.

36
37 Advanced dental education programs conferring a certificate **must** have state or
38 federal approval to operate and, as applicable, to confer a certificate. Advanced dental
39 education programs conferring a degree **must** have institutional accreditation and
40 authority to confer a degree.
41

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

7
8 **Examples of evidence to demonstrate compliance may include:**

9 State license or federal authority documenting the institution's approval to operate and
10 confer a credential.

11 Institutional accreditation indicating approval to confer a degree.

- 12
13 **1-2** The sponsoring institution **must** ensure that support from entities outside of the
14 institution does not compromise the teaching, clinical and research components of the
15 program.

16
17 **Examples of evidence to demonstrate compliance may include:**

18 Written agreement(s)

19 Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to
20 facilities, funding, and faculty financial support

- 21
22 **1-3** The authority and final responsibility for curriculum development and approval,
23 resident selection, faculty selection and administrative matters **must** rest within the
24 sponsoring institution.

- 25
26 **1-4** The financial resources **must** be sufficient to support the program's stated
27 purpose/mission, goals and objectives.

28
29 **Examples of evidence to demonstrate compliance may include:**

30 Program budgetary records

31 Budget information for previous, current and ensuing fiscal year

- 32
33 **1-5** Arrangements with all sites not owned by the sponsoring institution where educational
34 activity occurs **must** be formalized by means of current written agreements that clearly
35 define the roles and responsibilities of the parties involved.

36
37 **Intent:** *Sites where educational activity occurs include any dental practice setting (e.g.*
38 *private offices, mobile dentistry, mobile dental provider, etc.). The items that are*
39 *covered in agreements do not have to be contained in a single document. They may be*
40 *included in multiple agreements, both formal and informal (e.g., addenda and letters of*
41 *mutual understanding).*

42

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

2 Written agreements

- 3
4 **1-6** There **must** be opportunities for program faculty to participate in institution-wide
5 committee activities.

6
7 **Examples of evidence to demonstrate compliance may include:**

8 Bylaws or documents describing committee structure

9 Copy of institutional committee structure and/or roster of membership by dental faculty

- 10
11 **1-7** Orofacial pain residents **must** have the same privileges and responsibilities provided
12 residents in other professional education programs.

13
14 **Examples of evidence to demonstrate compliance may include:**

15 Bylaws or documents describing resident privileges

- 16
17 **1-8** The medical staff bylaws, rules, and regulations of the sponsoring, co-sponsoring,
18 or affiliated hospital **must** ensure that dental staff members are eligible for
19 medical staff membership and privileges.

20
21 ***Intent:** Dental staff members have the same rights and privileges as other medical
22 staff of the sponsoring, co-sponsoring or affiliated hospital, within the scope of
23 practice.*

24
25 **Examples of evidence to demonstrate compliance may include:**

26 All related hospital bylaws

27 Copy of institutional committee structure and/or roster of membership by dental faculty

- 28
29 **1-9** The program **must** have written overall program goals and objectives that emphasize:

- 30
31 a. orofacial pain,
32 b. resident education,
33 c. patient care, and
34 d. research.

35
36 ***Intent:** The “program” refers to the Advanced Dental Education Program in Orofacial
37 Pain that is responsible for training residents within the context of providing patient
38 care. The overall goals and objectives for resident education are intended to describe
39 general outcomes of the residency training program rather than specific learning
40 objectives for areas of residency training as described in Standard 2-2. Specific
41 learning objectives for residents are intended to be described as goals and objectives or*

1 *competencies for resident training and included in the response to Standard 2-2. An*
2 *example of overall goals can be found in the Goals section on page 8 of this document.*
3

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

5 Written overall program goals and objectives
6

- 7 **1-10** The program **must** have a formal and ongoing outcomes assessment process that
8 regularly evaluates the degree to which the program's overall goals and objectives are
9 being met and make program improvements based on an analysis of that data.

10
11 ***Intent:** The intent of the outcomes assessment process is to collect data about the*
12 *degree to which the overall goals and objectives described in response to Standard 1-9*
13 *are being met.*
14

15 *The outcomes process developed should include each of the following steps:*

- 16 *1. development of clear, measurable goals and objectives consistent with the program's*
17 *purpose/mission;*
18 *2. implementation of procedures for evaluating the extent to which the goals and*
19 *objectives are met;*
20 *3. collection of data in an ongoing and systematic manner;*
21 *4. analysis of the data collected and sharing of the results with appropriate audiences;*
22 *5. identification and implementation of corrective actions to strengthen the program;*
23 *and*
24 *6. review of the assessment plan, revision as appropriate, and continuation of the*
25 *cyclical process.*
26

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

28 Written overall program goals and objectives

29 Outcomes assessment plan and measures

30 Outcomes results

31 Annual review of outcomes results

32 Meeting minutes where outcomes are discussed

33 Decisions based on outcomes results

34 Successful completion of a certifying examination in Orofacial Pain
35

- 36 **1-11** **The program and sponsoring institution's collaborative responsibilities must include**
37 **an ongoing effort for recruitment and retention of a diverse and inclusive workforce of**
38 **faculty, residents and staff.**
39

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

41 **Nondiscriminatory policies and practices at all organizational levels.**

42 **Mission and policy statements which promote diversity and inclusion.**

1 Evidence of training in diversity, inclusion, equity, and belonging.

2
3 1-12 The program **must** have a stated commitment to a humanistic culture and learning
4 environment that is regularly evaluated.

5
6 *Intent: The program should ensure collaboration, mutual respect, cooperation, and*
7 *harmonious relationships between and among administrators, faculty, residents, staff,*
8 *and alumni. The program should also support and cultivate the development of*
9 *professionalism and ethical behavior by fostering diversity of faculty, residents, and*
10 *staff, open communication, leadership, and scholarship.*

11
12 **Examples of evidence to demonstrate compliance may include:**

13 Established policies regarding ethical behavior by faculty, staff and residents that are
14 regularly reviewed and readily available

15 Resident, faculty, and patient groups involved in promoting diversity, professionalism
16 and/or leadership support for their activities

17 Focus groups and/or surveys directed towards gathering information on resident,
18 faculty, patient, and alumni perceptions of the cultural environment

19
20 **Ethics and Professionalism**

21
22 1-11 13 The program **must** ensure that residents are able to demonstrate the application of the
23 principles of ethical reasoning, ethical decision making and professional responsibility
24 as they pertain to the academic environment, research, patient care, and practice
25 management.

26
27 *Intent: Residents should know how to draw on a range of resources such as*
28 *professional codes, regulatory law, and ethical theories to guide judgment and action*
29 *for issues that are complex, novel, ethically arguable, divisive, or of public concern.*
30