

Background

In Winter 2015, CODA directed each Review Committee to review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each Review Committee review aggregate data of its Annual Survey Curriculum Section, as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted every other year for endodontics. The most recent Curriculum Section was conducted in August/September 2025. The next Curriculum Section will be conducted in August/September 2026. The draft Curriculum Section for review by the Review Committee on Endodontics Education is provided in **Appendix 1**.

Summary

The Review Committee on Endodontics Education is requested to review the draft of its discipline-specific Annual Survey Curriculum Section (**Appendix 1**).

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

Part II - Endodontics Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time do students/residents devote to each of the following areas during the entire program?

Column must add up to 100%. Do not enter percent signs.

a. Clinical (include related laboratory activity)	<input type="text"/>	%
b. Didactic (include assigned laboratory activity)	<input type="text"/>	%
c. Research	<input type="text"/>	%
d. Teaching	<input type="text"/>	%
e. Other, please specify <input type="text"/>	<input type="text"/>	%
Total	<input type="text"/>	%

22. Basic science instruction in advanced endodontics can be provided in a variety of settings. Identify the number of clock hours students/residents spend in formal courses, lectures or seminars, and on rotation to other services to receive instruction in the following subject areas during the entire program.

a. Head and neck anatomy (gross and micro)	<input type="text"/>
b. Embryology	<input type="text"/>
c. Infectious and immunologic processes in oral health and disease	<input type="text"/>
d. Pathophysiology of pulpal/periradicular disease	<input type="text"/>
e. Wound healing	<input type="text"/>
f. Oral medicine and oral pathology	<input type="text"/>
g. Pharmacotherapeutics	<input type="text"/>
h. Research methodology and statistics	<input type="text"/>
i. Neuroscience	<input type="text"/>
j. Biomaterials	<input type="text"/>
Total	<input type="text"/>

23. Identify the number of endodontic diagnostic and treatment planning conferences/seminars conducted by the program during the past 24-month period.

24. On average, how many endodontic cases per student/resident have been completed in the past 24-month period?

Make sure to enter the number of cases divided by the number of students/residents, NOT the total number of cases for the entire program.

Cases per student/resident

a. Non-surgical

b. Surgical

c. Non-surgical retreatment

Use this space to enter comments or clarifications for your answers for Questions 21-24.

Part II - Endodontics Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

25. How many patients were managed on average per student/resident as a result of traumatic injuries in the past 24-month period?

Make sure to enter the number of patients divided by the number of students/residents, NOT the total number of patients for the entire program.

26. In which of the following interdisciplinary approaches did students/

residents receive instruction or gain clinical consultation experience during the past 24-month period for the management of dental patients?

	Instruction provided?		Clinical experience provided?	
	Yes	No	Yes	No
a. Endodontics / periodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Endodontics / pediatric dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Endodontics / oral and maxillofacial surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Endodontics / prosthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Endodontics / restorative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How often does the program conduct formal documented evaluations of student/resident clinical performance?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Biannually (i.e., twice a year)
- ☐ Annually
- ☐Other, please specify

28. How often does the program conduct formal documented evaluations of faculty?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Biannually (i.e., twice a year)
- ☐ Annually
- ☐ Other, please specify

Use this space to enter comments or clarifications for your answers for Questions 25-28.

Background

On September 28, 2025, the Commission on Dental Accreditation (CODA) received a request from Dr. George T.-J. Huang, acting director for advanced endodontics at University of Tennessee Health Science Center to consider proposed revisions to Standard 2-3 and 4-8 of the Accreditation Standards for Advanced Dental Education Programs in Endodontics. The request is found in **Appendix 1**. Dr. Huang believes the composition of the faculty should be 100% educationally certified endodontists, and a minimum of endodontic surgical cases be required.

Summary

The Endodontics Education Review Committee and Commission are requested to consider the proposed revisions (**Appendix 1**) submitted by Dr. George T.-J. Huang. If proposed changes are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

THE UNIVERSITY OF TENNESSEE
Health Science Center



September 28, 2025

To: CODA Endodontics Review Committee

Subject: Proposal for Consideration of Endodontics Standards 2-3 and 4-8 Revision

Dear Ms. Burgus,

I would like to ask that CODA via the ERC considers a revision to Endodontics Standards 2-3 and 4-8:

2-3 The number of faculty and the professional education and development of faculty must be sufficient to meet the program's objectives and outcomes.

My proposal is that the ERC considers adding below phrases under 2-3.1.

2-3.1

The composition of faculty in the Department of Endodontics should be 100% educationally certified endodontists (US-, Canada-trained or the equivalent from non-US or -Canada trained). If exceptionally as a temporary measure, the faculty who are non-educationally certified in the department of endodontics should not exceed 10% of the faculty body.

My rationale is as follows:

- 1) General dentist faculty cannot teach endodontic residents in advanced programs. This limits the overall capacity of endodontic education provided by the department and school.
- 2) The quality of endodontic education is critical to generate qualified dental graduates. General dentist faculty has limited capacity to teach predoctoral endodontic courses, particularly at the preclinical lab and clinical settings. The level of endodontic knowledge and clinical skills of general dentists is not comparable to that of endodontists.
- 3) The leadership of the dental school should make every effort, without excuses, to recruit good quality endodontist faculty for the department of endodontics.

4-8 The educational program must provide in-depth instruction and clinical training so that students/residents are competent in:

a. Diagnosis, treatment planning and prognosis;

b. Non-surgical and surgical endodontic treatment and retreatment;

My proposal is that the ERC considers adding below phrase under 4-8 b as b-1.

4-8b-1. The minimum number for endodontic surgical cases is 10 (must include upper and lower molars), and for retreatment is 30.

My rationale is as follows:

- 1) There are endodontists who graduated from accredited programs not performing certain common categories of cases such as surgical cases. This may have something to do with the lack of setting a minimum requirement during the training period.
- 2) For example, less than 5 surgical cases is considered a low level of exposure to performing surgical cases during training, which does not prepare the resident to be able to conduct endodontic surgeries as an endodontist.
- 3) There are endodontists referring surgical cases to oral surgeons. Oral surgery has not been developing sophisticated skills, instruments and equipment to perform endodontic microsurgeries. Referring to oral surgeons for endodontic microsurgery does not provide patients with the needed quality of care.
- 4) Endodontists not able to perform endodontic surgeries are not representing the scope of service that endodontists are recognized to provide.
- 5) One of the very reasons that endodontic specialty exists is that endodontists possess skills to retreat failed endodontic cases. The failed cases usually present with very complex situations that require sufficient training to be able to handle those cases successfully. Therefore, a minimal number should be required.

Thank you in advance for your consideration,

Sincerely,



George T.-J. Huang, DDS, MSD, DSc
Professor (tenured)
Diplomate, American Board of Endodontics
Acting Director for Advanced Endodontics
Department of Endodontics
Former Director for Stem Cells and Regenerative Therapies

[REDACTED]

Professor (Joint)
Department of Physiology
College of Medicine

[REDACTED]

[REDACTED]

[REDACTED]