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, 2022, 96 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, 2022.

Analysis: Appendix 1 summarizes the cumulative frequency of citings during the analysis period. The total number of citings is 183. The standards with the highest number of citings overall are: Standard 2 on Educational Program (110 citings) and Standard 5 on Patient Care Services (42 citings). The highest number of citings for a single area of compliance (with 13 citings) was Standard 2-24 h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Standard 2-19, which requires graduates to be competent in practice management received 11 citings. Standard 2-9, which requires availability of adequate patient experiences received 10 citings. Overall, Standard 2-24.a-o totaled 44 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 32 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 17 citings for Standard 1-Institutional Effectiveness, six (6) citings for Standard 3-Faculty and Staff, six (6) citings for Standard 4-Educational Support Services, and two (2) citings for Standard 6-Research Program. Of the 96 site visits conducted since the adoption of the current Accreditation Standards, 50 programs were in compliance with all requirements at the time of the site visit.

Summary: The frequency of citing suggests that a majority 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: 96
August 6, 2010 through October 31, 2022

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.
5	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:
1	a.	Achieve appropriate levels of diversity among its students, faculty and staff.
2	c.	Systematically evaluate comprehensive strategies to improve the institutional climate for diversity
2	1-5	The financial resources **must** be sufficient to support the dental school's stated purpose/mission, goals and objectives.
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.
9	2-5	The dental education program **must** employ student evaluation methods that measure its defined competencies.
3	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;
1	d.	incorporation of emerging information and achievement of appropriate sequencing.
10	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.

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
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.
1	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.
11	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.
7	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.

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
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:
3	a.	patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
2	b.	screening and risk assessment for head and neck cancer;
2	c.	recognizing the complexity of patient treatment and identifying when referral is indicated;
	d.	health promotion and disease prevention;
2	e.	local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
2	f.	restoration of teeth;
1	g.	communicating and managing dental laboratory procedures in support of patient care;
13	h.	replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
	i.	periodontal therapy;
2	j.	pulpal therapy;
2	k.	oral mucosal and osseous disorders;
1	l.	hard and soft tissue surgery;

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
3	m.	dental emergencies;
4	n.	malocclusion and space management; and
7	o.	evaluation of the outcomes of treatment, recall strategies, and prognosis.
3	2-25	Graduates **must** be competent in assessing the treatment needs of patients with special needs.

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

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
4	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**
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.
	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.

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:
4	a.	standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
6	b.	an ongoing review and analysis of compliance with the defined standards of care;
6	c.	an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
8	d.	mechanisms to determine the cause(s) of treatment deficiencies; and
8	e.	implementation of corrective measures as appropriate.
2	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.
5	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.

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

Non-Compliance Citings	Accreditation Standard	**Required Areas of Compliance**
1	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.
1	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, 2022, 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 site visits of Dental Therapy Education Programs, 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, 2022

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.

CONSIDERATION OF PROPOSED REVISION TO STANDARD 2-24 OF THE ACCREDITATION STANDARDS FOR DENTAL EDUCATION PROGRAMS

Background: On January 31, 2023, the Commission on Dental Accreditation (CODA) received a request from Dr. Amid Ismail, Dean of Temple University Kornberg School of Dentistry to consider a proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The request is found in **Appendix 1**.

Dr. Ismail believes that Standard 2-24h of the Dental Education Standards should be revised to represent the current demand for restoration of missing teeth using implant-supported crowns versus fixed partial dentures. Additionally, Dr. Ismail believes that Standard 2-24h should define and clarify the experiences that graduates must complete with patients to be competent in each procedure.

In a separate communication, on May 25, 2023, CODA received a request from Dr. Hong Chen, co-chair of the American Academy of Orofacial Pain (AAOP) Resident and Academic Training Committee to consider a proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs. The request is found in **Appendix 2**.

The AAOP believes that Standard 2-24k of the Dental Education Standards should add the phrase "orofacial pain" to ensure graduates of dental education programs demonstrate minimal clinical competency in managing dental patients with orofacial pain.

Summary: The Predoctoral Dental Education Review Committee and Commission are requested to consider the proposed revision to Standard 2-24h (**Appendix 1**) submitted by Dr. Amid Ismail of Temple University Kornberg School of Dentistry and Standard 2-24k (**Appendix 2**) submitted by Dr. Hong Chen on behalf of the American Academy of Orofacial Pain. 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: Ms. Kelly Stapleton

Proposal to revise Standard 2-24 h

Submitted by Dean Amid Ismail, Temple University Kornberg

School of Dentistry January 31, 2023

I propose that CODA considers revising and explicitly stating the requirements to achieve Standard 2-24h. The current standard is:

(CURRENT) Standard 2-24 h (revised): replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

Be revised to:

(REVISED) 2-24-h Graduates must be competent in selecting and designing of appropriate prostheses to replace missing tooth/teeth, with consideration of patients' preferences and current evidence, using removable partial or complete dentures, and **either** implant-supported crowns **or** natural-tooth-retained fixed partial dentures.

Graduates should have at least one experience with patients or simulated experiences in providing tooth-retained fixed partial denture(s).

Rationale for the change:

The current standard does not specify the number of procedures that graduates must complete to achieve competency in all treatment modalities of missing teeth.

The demand for restoration of missing tooth/teeth using implant-supported crowns versus fixed partial dentures is high among patients. Implant-supported crowns are now widely accepted as the best conservative and effective treatment for missing teeth. Patients, where implants are contraindicated, represent a small percentage of the population of patients with single or multiple missing teeth, hence, the requirement that each student be competent to replace a missing tooth space using FPD represents a statistical improbability in dental education and practice. The current evidence indicate that single tooth implants have better outcomes than FPDs. CODA should be clear in defining the experiences with patients that each graduate must have as well as competency status for the procedures covered in this standard.

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May 25, 2023

Sherin Tooks, Ed.D, M.S.
Director, Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Dear Dr. Tooks,

My name is Dr. Hong Chen and I am Co-Chair of the American Academy of Orofacial Pain (AAOP) Resident and Academic Training Committee. I am writing on behalf of AAOP to propose a revision to section 2-24k of the CODA Accreditation Standards for Predoctoral Dental Education to include minimal clinical competency requirements for orofacial pain (OFP) disorders.

The major rationale for this includes:

1. Pain is the most common reason for which patients seek dental care. Although odontogenic pain is the most common source of dental pain, other sources of pain in the orofacial region may also result in pain in or around teeth. <u>Over 40% of general dentistry patients seeking care for pain had pain NOT related to teeth</u> (Horst et al. JADA 2015)[1]. Therefore, awareness of other sources of orofacial pain is crucial for appropriate dental diagnosis and management, and to avoid harmful, irreversible, and unwarranted dental interventions in an attempt to address orofacial pain of non-dental origin (Kohli & Thomas, JADA 2021)[2].

2. The <u>prevalence of chronic pain disorders is high (over 20%) in general population</u> [3]. Dental patients with chronic pain tend to have higher levels of dental pain and a higher chance of developing co-morbid non-dental orofacial pain conditions. For safe general dentistry practice, minimal clinical competency in managing dental patients with chronic pain disorders is as important as managing dental patients with other chronic medical conditions, such as cardiovascular diseases [4] and diabetes [5].

3. As the science of pain advances, evidence-based pain diagnosis and management are critical for best practice and outcomes. Current dental education mostly focuses on managing procedure-related trauma and inflammatory type of pain (i.e., nociceptive type of pain, most commonly found in acute dental pain). However, dental students lack training and competency in other types of pain, such as neuropathic pain, myofascial, and nociplastic pain that are common in chronic pain conditions [6]. <u>Not having a minimal clinical competency in identifying,</u>

preventing, and managing dental patients with these other types of pain may pose significant risk for a dental practice.

4. Pain conditions including orofacial pain often result in missed work, long-term disability, opioid dependence, and significantly higher costs of care. Persistent and uncontrolled orofacial pain after dental procedures may result in opioid overuse, addiction, and chronic pain. Preventing chronic pain is the responsibility of all health professionals including dentists.

5. Because orofacial structures also have close associations with functions of eating, communication, sight, and hearing as well as form the basis for appearance, self-esteem and personal expression, orofacial pain can deeply affect an individual's function and quality of life.

6. Improving access to care for patients with orofacial pain disorders is a priority for our healthcare system but is often not available because the lack of awareness and training about these conditions. All dentists need to be familiar with orofacial pain disorders.

We much appreciate CODA updating the Accreditation Standards for Predoctoral Dental Education to include Temporomandibular Disorders (TMD) in 2022. However, this change did not include reference to orofacial pain disorders that often present to dentists in addition to dental and TMD pain.

Therefore, we propose to add the following phrase to the predoctoral CODA Standard 2-24k to ensure minimal clinical competency in managing dental patients with orofacial pain:

Current standard 2-24k. oral mucosal, temporomandibular, and osseous disorders.

Proposed standard 2-24k. oral mucosal, temporomandibular, ***orofacial pain***, and osseous disorders.

Intent: *Graduate should have minimal clinical competency in screening orofacial pain disorders, making appropriate clinical decisions regarding referral and/or treatment, and preventing chronic pain after dental procedures.*

We are happy to provide further assistance and rationale regarding this issue. Please feel free to contact me at [redacted] or contact Dr. Rich Cohen at [redacted].

Thank you for your consideration.

Best regards,

Hong Chen, DDS, MS

Co-Chair, AAOP Residency and Academic Training Committee
Fellow, American Academy of Orofacial Pain
Assistant Professor
Dept. of Preventive and Community Dentistry, University of Iowa College of Dentistry
[redacted]
Office phone: [redacted]

Cc:
Dr. James Hawkins [redacted]
Co-Chair, AAOP R&AT Committee

AAOP R&AT Committee, Predoctoral Education Subcommittee
Dr. James R. Fricton [redacted]
Dr. Joseph (Rich) Cohen [redacted]
Dr. John Dinan [redacted]
Dr. Seema Kurup [redacted]
Dr. Shawn McMahon [redacted]
Dr. Dennis R Bailey [redacted]
Dr. Jeffry R. Shaefer [redacted]

References

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REPORT OF THE STANDING COMMITTEE ON INTERNATIONAL ACCREDITATION

Background: The Standing Committee on International Accreditation (Predoctoral only) has the following charge:

- Provide international consultation fee-based services to international predoctoral dental education programs, upon request.
- Develop and implement international consultation policies and procedures to support the international consultation program.
- Monitor and make recommendations to the Commission regarding changes that may affects its operations related to international issues.

April 7, 2023 Meeting: The Standing Committee on International Accreditation met via conference call on Friday, April 7, 2023.

The following members were present for the meeting: Dr. Terry Fiddler (ADA, Chair), Dr. Carol Anne Murdoch-Kinch (CODA), Dr. Perry Tuneberg (ADA), and Dr. Frank Licari (CODA). Dr. Lawrence Wolinsky, Standing Committee on International Accreditation Consultant. Dr. Bryan Edgar (ADA), was unable to attend. CODA Commissioner: Dr. Maxine Feinberg, vice chair, Commission on Dental Accreditation. CODA Staff: Dr. Sherin Tooks, senior director, CODA, and Ms. Kelly Stapleton, manager, Predoctoral Dental Education, CODA. ADA Staff: Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, ADA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, as available.

The Standing Committee considered the following program during its meeting:

- Saveetha Institute of Medical and Technical Sciences, Chennai, India (PACV Survey)
- Instituto Tecnológico y de Estudios Superiores de Monterrey, Monterrey, Nuevo Leon, Mexico (PACV Survey)

Standing Committee Actions: The Standing Committee on International Accreditation directed that formal letters be sent to the programs reviewed, as applicable, in accordance with the actions taken by the Committee.

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

Prepared by: Dr. Sherin Tooks