

**INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN
ORAL AND MAXILLOFACIAL RADIOLOGY**

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology were approved by the Commission on Dental Accreditation at its August 2, 2019 meeting with immediate implementation. Since that date, five (5) oral and maxillofacial radiology site visits have been conducted by visiting committees of the Commission utilizing the August 2019 Standards. At the time of this report, the Standards include 80 “must” statements addressing 98 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 2, 2019 through October 31, 2023. 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 is presented in **Appendix 1**. At the time of this report, there were no (0) areas of non-compliance cited.

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 ORAL AND MAXILLOFACIAL RADIOLOGY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 5
August 2, 2019 through October 31, 2023

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 19
Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF – 8 Required Areas of
Compliance

STANDARD 3- FACILITIES AND RESOURCES – 14 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION – 41 Required Areas of
Compliance

STANDARD 5- ADVANCED EDUCATION STUDENTS/RESIDENTS – 13 Required Areas
of Compliance

STANDARD 6- RESEARCH – 3 Required Areas of Compliance

**REPORT ON THE 2024 VALIDITY AND RELIABILITY STUDY OF THE
ACCREDITATION STANDARDS FOR ORAL AND MAXILLOFACIAL RADIOLOGY
EDUCATION PROGRAMS**

Background: The Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (**Appendix 1**) were adopted by the Commission on Dental Accreditation at its August 2, 2019 for immediate implementation.

According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accordance with this policy, the Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology was initiated in Spring 2024 with the results to be reviewed at the Summer 2024 meeting of the Commission.

A total of 423 individuals were invited by email to complete the online survey on May 21, 2024. In order to increase the response rate, follow-up mailings were administered to all non-respondents on May 29, 2024 and June 4, 2024. Data collection ended on June 9, 2024, yielding 84 respondents, for an overall adjusted response rate of 20.8% (excluding 20 individuals whose email addresses were invalid).

Summary: At this meeting, the Oral and Maxillofacial Radiology Review Committee Education (OMR RC) and the Commission are requested to consider the survey data and the written comments gathered through the Validity and Reliability Study for Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (**Appendix 2**).

The OMR RC and the Commission may wish to propose revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology at this time. The proposed revisions could be circulated to the communities of interest for review and comment. Hearings could be conducted at the October 2024 American Dental Association (ADA) Annual Meeting and the March 2025 American Dental Education Association (ADEA) Annual Session. Comments could be reviewed at the Commission’s Summer 2025 meeting.

Alternately, the Review Committee and Commission may wish to further study the survey data for proposed accreditation standards revision at the Winter 2025 meetings.

Recommendation:

Prepared by: Ms. Peggy Soeldner

Commission on Dental Accreditation

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

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Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

Document Revision History

Date	Item	Action
August 2, 2019	Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology	Adopted and Implemented
August 2, 2019	Revised Definition of “Patients with special needs”	Adopted and Implemented
August 2, 2019	Revised Definition of “Should”	Adopted
January 31, 2020	Revised Definition of “Should”	Implemented
August 11, 2023	New Standard 4-16	Adopted
August 11, 2023	Revised Accreditation Status Definitions	Adopted and Implemented
July 1, 2024	New Standard 4-16	Implemented

Table of Contents

	<u>PAGE</u>
Introduction	5
Mission Statement of the Commission on Dental Accreditation.....	6
Accreditation Status Definitions	7
Preface	8
Definition of Terms Used in Oral and Maxillofacial Radiology Accreditation Standards	10
 <u>Standards</u>	
1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS	12
EDUCATIONAL ACTIVITY SITES	13
2 - PROGRAM DIRECTOR AND TEACHING STAFF	15
3 - FACILITIES AND RESOURCES	17
4 - CURRICULUM AND PROGRAM DURATION.....	19
PROGRAM DURATION.....	21
ETHICS AND PROFESSIONALISM	21
CLINICAL ORAL AND MAXILLOFACIAL RADIOLOGY	21
ORAL AND MAXILLOFACIAL DIAGNOSTIC IMAGING TECHNIQUES	21
ASSOCIATED MEDICAL SCIENCES	22
EVALUATION AND RADIOLOGIC MANAGEMENT OF PATIENTS.....	22
MEDICAL RADIOLOGY	22
RADIATION AND IMAGING PHYSICS.....	23
RADIATION BIOLOGY	23
RADIATION PROTECTION	23
TEACHING EXPERIENCE	23
5 - ADVANCED EDUCATION STUDENTS/RESIDENTS.....	24
ELIGIBILITY AND SELECTION	24
EVALUATION.....	25
DUE PROCESS	25
RIGHTS AND RESPONSIBILITIES.....	25
6 - RESEARCH.....	26

Introduction

The science of oral and maxillofacial radiology is based on principles of physics, chemistry and biology (both normal and abnormal). An in-depth knowledge of the principles and applications of all diagnostic imaging modalities used in dentistry and other health care professions is fundamental to the discipline.

An in-depth knowledge of normal anatomy, as well as an understanding of the causes of diseases, their processes and effects, together with associated alterations in the head and neck are essential to the practice of oral and maxillofacial radiology. An understanding of the appearance of normal anatomy and disease processes in the rest of the body is important. Of equal importance is an in-depth knowledge of the use of radiation, magnetic fields and other imaging agents in a manner that minimizes risks to the patient, operator and the public.

An oral and maxillofacial radiologist must have the ability, knowledge and skill to:

- 1) conduct a clinical head and neck examination, take and evaluate medical and dental histories to determine appropriate imaging investigations;
- 2) prescribe, make or supervise the making of radiographs and utilize other imaging techniques relevant to dentistry;
- 3) advise on radiation protection and safety;
- 4) interpret radiographs and other diagnostic imaging studies;
- 5) prepare written interpretations and consultative reports; and
- 6) communicate effectively with colleagues and evaluate critically the scientific literature in order to contribute to maintaining competency.

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Revised: August 5, 2016

Accreditation Status Definitions

Programs That Are Fully Operational:

Approval (*without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status. The developing education program must not enroll students/residents/fellows with advanced standing beyond its regularly enrolled cohort, while holding the accreditation status of “initial accreditation.”

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the

potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).

Revised: 8/23; 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following disciplines of advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain. Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institutions and programs.. Each discipline develops discipline-specific standards for education programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the educational content, instructional activities, patient care

responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status.

The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).

Definitions of Terms Used in Oral and Maxillofacial Radiology Accreditation Standards

The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

Must or Shall: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Intent: Intent statements are presented to provide clarification to the advanced dental education programs in oral and maxillofacial radiology in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

May or Could: Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

Competencies: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

Competent: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

Patients with Special Needs: Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment as well as modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical conditions, significant physical limitations, and vulnerable older adults.

Other Terms:

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program is a planned sequence of advanced courses leading to a master's or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students' intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

*Epstein, R.M. (2007) *Assessment in Medical Education*. The New England Journal of Medicine, 387-96.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program **must** be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program **must** document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement.

***Intent:** The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial radiology and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial radiology. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.*

The financial resources **must** be sufficient to support the program's stated goals and objectives.

***Intent:** The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

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.

Examples of evidence to demonstrate compliance may include:

- *Written agreement(s)*
- *Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support.*

Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and

Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs **must** ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

The institution/program **must** have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority responsibility, and privileges necessary to manage the program.

- 1-1 Those portions of advanced oral and maxillofacial radiology education programs in medical radiology **must** be in programs approved and accredited by the Accreditation Council for Graduate Medical Education.
- 1-2 The program director and faculty **must** actively assess the outcomes of the oral and maxillofacial radiology program in terms of whether it is achieving its educational objectives.

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

- 1-3 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

***Intent:** The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).*

- 1-4 For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

If the program utilizes educational activity sites for clinical experiences or didactic instruction, please review the Commission's Policy on Reporting and Approval of Sites Where Educational Activity Occurs in the Evaluation and Operational Policies and Procedures manual (EOPP).

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program **must** be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

***Intent:** The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.*

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification.

(For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation- or Commission on Dental Accreditation of Canada-accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service.)

The program director **must** be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

Documentation of all program activities **must** be ensured by the program director and available for review.

- 2-1 The oral and maxillofacial radiology program **must** be directed by one individual who has a full-time appointment to the sponsoring institution.
- 2-2 The program director and faculty of an advanced oral and maxillofacial radiology program **must** demonstrate a commitment to teaching and supervision.
- 2-3 The program director and full-time faculty **must** have adequate time to develop and foster their own professional development.
- 2-4 The program **must** show evidence of an ongoing faculty development process.

***Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.*

Examples of evidence to demonstrate compliance may include:

Participation in development activities related to teaching, learning, and assessment
Attendance at regional and national meetings that address contemporary issues in education and patient care
Mentored experiences for new faculty
Scholarly productivity
Presentations at regional and national meetings
Examples of curriculum innovation
Maintenance of existing and development of new and/or emerging clinical skills
Documented understanding of relevant aspects of teaching methodology
Curriculum design and development
Curriculum evaluation
Student/Resident assessment
Cultural Competency
Ability to work with students/residents of varying ages and backgrounds
Use of technology in didactic and clinical components of the curriculum
Evidence of participation in continuing education activities

- 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

Institutional facilities and resources **must** be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies **must** be readily accessible and functional.

***Intent:** The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.*

The program **must** 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 bloodborne and infectious diseases. Policies **must** be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants for admission and patients.

***Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.*

Students/Residents, faculty and appropriate support staff **must** be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

***Intent:** The program should have written policy that encourages (e.g., delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.*

All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

***Intent:** Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.*

The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

Intent: *Required oral and maxillofacial radiology clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.*

- 3-1 An advanced oral and maxillofacial radiology education program **must** provide access for the student/resident to an active and well-organized diagnostic imaging facility.
- 3-2 The student/resident **must** have access to a clinical facility with adequate supervision for the comprehensive examination and diagnostic imaging management of patients.
- 3-3 The combination of radiographic cases, through a clinic or referral service and through indexed files and reports of diagnosed cases, **must** be sufficient in number and variety to afford adequate diagnostic experience in oral and maxillofacial radiology.
- 3-4 The oral and maxillofacial radiology service **must** provide sufficient space and equipment for the student/resident.
- 3-5 There **must** be sufficient technical and support personnel to ensure that the radiology clinic functions efficiently.
- 3-6 An advanced oral and maxillofacial radiology education program **must** provide access to an active and well-organized research facility.

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced dental education program **must** be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline’s practice as set forth in specific standards contained in this document.

***Intent:** The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.*

Advanced dental education programs **must** include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
 - Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs **must** be comparable.

***Intent:** The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*

Documentation of all program activities **must** be ensured by the program director and available for review.

If an institution and/or program enrolls part-time students/residents, the institution/program **must** have guidelines regarding enrollment of part-time students/residents. Part-time students/residents **must** start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis **must** ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

PROGRAM DURATION

- 4-1 The duration of an advanced oral and maxillofacial radiology program **must** be a minimum of 24 months full-time or its equivalent.
- 4-2 Students/residents **must** be enrolled on, at least, a half-time basis.

ETHICS AND PROFESSIONALISM

- 4-3 Graduates **must** be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

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

CLINICAL ORAL AND MAXILLOFACIAL RADIOLOGY

- 4-4 Students/Residents **must** assume major responsibility for interpretations and consultative reports on an adequate number of imaging studies of sufficient variety to be competent, as graduates, in clinical oral and maxillofacial radiology.
- 4-5 Clinical oral and maxillofacial radiology case conferences **must** be held an average of, at least, once every two weeks.

Intent: The intent is to ensure that graduates understand and can explain the underlying principles of interpretation of disease processes.

- 4-6 Students/residents **must** participate in regularly scheduled literature reviews.

Intent: Graduates will have an in-depth knowledge of the current literature in oral and maxillofacial radiology.

ORAL AND MAXILLOFACIAL DIAGNOSTIC IMAGING TECHNIQUES

- 4-7 Training in oral and maxillofacial diagnostic imaging techniques **must** be provided to the students/residents with adequate instruction and supervision.
- 4-8 Graduates **must** be competent in the procedures performed in oral and maxillofacial radiology including, but not limited to: (a) intraoral, (b) panoramic, (c) cephalometric and other skull projections, and (d) cone-beam computed tomography/volumetric imaging.
- 4-9 Graduates **must** have an in-depth knowledge of other imaging techniques applicable to oral

and maxillofacial radiology, including, but not limited to: (a) multi-slice/detector computed tomography, (b) magnetic resonance imaging, (c) diagnostic ultrasonography, and (d) nuclear medicine imaging techniques.

Intent: Programs will provide students/residents with an in-depth knowledge of the technical procedures to acquire these studies but not necessarily experience in independent acquisition of these studies.

- 4-10 Graduates **must** understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility.

Intent: Graduates of oral and maxillofacial radiology programs will be prepared to assume the administrative responsibilities to direct a radiology facility.

ASSOCIATED MEDICAL SCIENCES

- 4-11 The program **must** provide advanced education in head and neck anatomy, and oral and maxillofacial pathology.

EVALUATION AND RADIOLOGIC MANAGEMENT OF PATIENTS

- 4-12 The program **must** provide students/residents with an understanding of and experience in the clinical manifestations of head and neck diseases and head and neck manifestations of systemic diseases as an important facet of the training and practice of oral and maxillofacial radiology.

- 4-13 Students/Residents **must** attend head and neck tumor board or a similar institutional interdisciplinary conference which includes radiology on a regular basis, but at least monthly.

- 4-14 Graduates **must** be competent in designing appropriate radiologic studies.

Intent: Graduates of oral and maxillofacial radiology programs will be prepared to serve as a resource to the referring clinician with respect to selecting the optimum examination.

- 4-15 The clinical training of oral and maxillofacial radiology students/residents in the routine activities of a screening/emergency or treatment planning clinics **must** be minimized.

- 4-16 Graduates **must** understand intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging.

Intent: Graduates of oral and maxillofacial radiology programs will be prepared to serve as a resource to the referring clinician with respect to guiding and discussing optimal application of artificial and augmented intelligence-based approaches in radiology practice.

MEDICAL RADIOLOGY

- 4-17 The program **must** provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent.

Intent: The practice of oral and maxillofacial radiology calls for the association, cooperation and frequent consultation with medical radiologists (general, head and neck, and/or neuroradiology). An understanding of the broad scope of radiology is important.

RADIATION AND IMAGING PHYSICS

- 4-18 Graduates **must** understand radiation physics including the basic imaging physics of: (a) analog and digital oral and maxillofacial radiography; (b) cone-beam computed tomography/volumetric imaging; (c) multi-slice computed tomography; (d) magnetic resonance imaging; (e) diagnostic ultrasonography; (f) nuclear medicine; and (g) image enhancement analysis concepts associated with diagnostic imaging.

RADIATION BIOLOGY

- 4-19 Graduates **must** have an in-depth knowledge of the biological effects of ionizing radiations.

Intent: Graduates will be able to describe both the biological changes and the clinical consequences of exposure to ionizing radiations

RADIATION PROTECTION

- 4-20 Graduates **must** have an in-depth knowledge of radiation protection and/or hygiene.

Intent: Graduates will be prepared to eliminate unnecessary exposure of patients, operators and the general public

TEACHING EXPERIENCE

- 4-21 A program in oral and maxillofacial radiology **must** include an organized teaching experience for students/residents with formal evaluation.
- 4-22 The amount of time devoted by the student/resident to teaching experience **must** be carefully evaluated and not exceed ten percent (10%) of the overall program.

STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation **must** be graduates from:

- a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
- b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
- c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures **must** be followed when admitting students/residents.

Intent: *Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process.*

Admission of students/residents with advanced standing **must** be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing **must** receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures on advanced standing.
- Results of appropriate qualifying examinations.
- Course equivalency or other measures to demonstrate equal scope and level of knowledge.

Intent: *Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

EVALUATION

A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;
- b. Provide to students/residents an assessment of their performance, at least semiannually;
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

***Intent:** (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.*

DUE PROCESS

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced dental education students/residents **must** be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced dental education students/residents **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

***Intent:** Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.*

STANDARD 6 - RESEARCH

Advanced dental education students/residents **must** engage in scholarly activity.

6-1 Graduates **must** understand research methodology.

6-2 Students/Residents **must** engage in scholarly and/or research-related activities.



Commission on Dental Accreditation

211 East Chicago Avenue
Chicago, Illinois 60611

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology Programs

Final Results

INTRODUCTION

At its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) decided that a validity and reliability study be conducted prior to considering any future revisions in the Advanced Dental Education Programs in Oral and Maxillofacial Radiology accreditation standards. The *2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology Programs* was designed and implemented as a result of this decision.

CODA, in conjunction with the ADA Health Policy Institute (HPI), designed the survey instrument used for this study (see Appendix). The survey was sent electronically by HPI to a diverse array of groups, including:

- Members of the American Academy of Oral and Maxillofacial Radiologists practicing in the United States
- Other professionally active oral and maxillofacial radiologists in the United States
- Deans of dental schools in the United States
- Chief administrative officers of the dental service of institutions sponsoring accredited Oral and Maxillofacial Radiology programs
- Directors of accredited Oral and Maxillofacial Radiology programs
- CODA site visitors for Oral and Maxillofacial Radiology programs
- Presidents of state dental societies
- Chief executive officers of the Federal Dental Services
- Executive directors of state boards of dentistry
- Executive directors of clinical testing agencies
- Executive directors of the following national dental organizations:
 - American Association of Public Health Dentistry
 - American Association of Endodontists
 - American Academy of Oral & Maxillofacial Pathology
 - American Association of Oral and Maxillofacial Surgeons
 - American Association of Orthodontists
 - American Academy of Pediatric Dentistry
 - American Academy of Periodontology
 - American Academy of Oral & Maxillofacial Radiology
 - American College of Prosthodontists
 - American Society of Dentist Anesthesiologists
 - American Academy of Orofacial Pain
 - American Board of Dental Public Health
 - American Board of Endodontics
 - American Board of Oral and Maxillofacial Pathology
 - American Board of Oral and Maxillofacial Radiology
 - American Board of Oral and Maxillofacial Surgery
 - American Board of Orthodontics
 - American Board of Pediatric Dentistry
 - American Board of Periodontology
 - American Board of Prosthodontics
 - American Dental Board of Anesthesiology
 - American Board of Oral Medicine
 - American Board of Orofacial Pain
 - American Board of General Dentistry
 - American Association of Dental Boards
 - Academy of General Dentistry
 - American Dental Education Association
 - American Student Dental Association
 - American Dental Association

A total of 423 individuals were invited by email to complete the online survey on May 21, 2024. In order to increase the response rate, follow-up mailings were administered to all non-respondents on May 29 and June 4. Data collection

ended on June 9, yielding 84 responses, for an overall adjusted response rate of 20.8% (excluding 20 individuals whose email addresses were undeliverable). A breakdown of responses by category is found in the table on the next page.

Number of Recipients, Number that Opened Survey, Number of Responses, Unadjusted Response Rate and Abandon Rate by Recipient Category

Category	Sent Survey	Opened Survey	Number of Responses	Unadj Resp Rate	Abandon Rate¹
OMR Program Director	9	6	5	55.6%	16.7%
OMR Site Visitor	5	4	3	60.0%	25.0%
Dental School Dean	73	25	18	24.7%	28.0%
Professionally Active Oral Radiologist	195	82	45	23.1%	45.1%
National Dental Organization/Board Executive Director	28	4	4	14.3%	0.0%
State Dental Society President	53	8	6	11.3%	25.0%
State Dental Board Executive Director	53	5	2	3.8%	60.0%
Chief of Federal Dental Services	4	0	0	0.0%	N/A
Clinical Testing Agency Executive Director	3	1	1	33.3%	0.0%
Total	423	135	84	19.9%	37.8%

¹ The Abandon Rate is calculated by subtracting the Number of Responses from the number that Opened Survey, then dividing that result by the number that Opened Survey. It signifies the percentage of survey recipients who accessed the online survey but did not complete it.

The survey had an abandonment rate of 37.8%, meaning that nearly four out of every 10 recipients who opened the online survey did not complete it (while about six of every 10 recipients who opened the online survey did complete it). The incomplete responses of those who abandoned the survey are not included in this report. It is worth noting that abandonment rates of 20% or higher in an online survey may signify issues to consider with the survey instrument, such as whether the length is appropriate, the difficulty of the questions, whether or not a programming glitch may be present, and the relevance of the survey topic to the recipients.

NOTES TO THE READER

Respondents were asked to rate each criterion in the survey using the following rating scale:

- *Too demanding* = Criterion is relevant to type of program but too demanding for programs and/or residents
- *Sufficiently demanding* = Criterion is relevant to type of program and sufficiently demanding for programs and/or residents
- *Not demanding* = Criterion is relevant but not demanding enough for programs and/or residents
- *Not relevant* = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or residents
- *No opinion* = No opinion on this criterion

The tables in this report provide frequency distributions for each question in the survey overall and by type of respondent. Please note that the respondent categories are based on the samples from which the individuals were drawn. Since many respondents were found in more than one sample, a hierarchy was established to determine the most appropriate category in which to place these individuals. For instance, if an individual appeared in both the oral and maxillofacial radiology site visitor and program director samples, that person would be assigned to the program director category.

The report is divided into two main sections: frequencies for the survey questions, and a list of open-ended responses. Each standard is numbered in the frequencies so that it can be cross-referenced with the copy of the survey in the Appendix in order to view the complete wording of the standard.

Although redactions have been made where comments identify a respondent or an educational institution, they are otherwise presented in the report as entered on the survey by respondents; misspellings and typographical errors have **not** been corrected.

Executive Summary – Professionally Active Oral and Maxillofacial Radiologists

The survey was sent to a list of 195 professionally active oral and maxillofacial radiologists in the United States. A total of 82 recipients opened the survey; 45 completed it, yielding a response rate of 23.1% (and a survey abandon rate of 45.1%).

Among all 85 individual “must” statements from the oral and maxillofacial radiology program accreditation standards listed in the survey, between 62.2% and 97.8% of the 45 oral and maxillofacial radiologists who responded indicated the standards were “**Sufficiently demanding**.”

The standards that were identified as “**Too demanding**” by the highest percentage of the oral and maxillofacial radiologists who completed the survey were:

- *Graduates must have an in-depth knowledge of other imaging techniques applicable to oral and maxillofacial radiology, including, but not limited to:*
 - *multi-slice/detector computed tomography,*
 - *magnetic resonance imaging,*
 - *diagnostic ultrasonography, and*
 - *nuclear medicine imaging techniques. (Standard 4-9) 22.2%*
- *Graduates must understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility. (Standard 4-10) 17.8%*

The standards that were identified as “**Not demanding**” by the most respondents in this group were:

- *Clinical oral and maxillofacial radiology case conferences must be held an average of, at least, once every two weeks. (Standard 4-5) 20.0%*
- *Students/residents must be enrolled on, at least, a half-time basis. (Standard 4-2) 17.8%*
- *The amount of time devoted by the student/resident to teaching experience must be carefully evaluated and not exceed ten percent (10%) of the overall program. (Standard 4-22) 15.6%*
- *Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:*
 - *Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or*
 - *Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or*
 - *International dental schools that provide equivalent educational background and standing as determined by the program. (Standard 5-1) 15.6%*

The standards that were most often identified as “**Not relevant**” by the professionally active oral and maxillofacial radiologists who responded to the survey (**11.1% each**) were:

- *Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). (Standard 1)*
- *Students/residents must be enrolled on, at least, a half-time basis. (Standard 4-2)*

The standard for which the highest percentage of oral and maxillofacial radiologist respondents had **no opinion (20.0%)** was: *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) must demonstrate successful achievement of Service-specific organizational inspection criteria. (Standard 1)*

Executive Summary – Directors and Site Visitors of Oral and Maxillofacial Radiology Programs

The survey was sent to nine directors of accredited oral and maxillofacial radiology education programs and five site visitors of oral and maxillofacial radiology education programs. A total of ten recipients opened the survey; 8 completed it, yielding a response rate of 57.1% (and a survey abandon rate of 20.0%).

Among all 85 individual “must” statements from the oral and maxillofacial radiology program accreditation standards listed in the survey, between 50.0% and 100.0% of the eight program directors and site visitors who responded indicated the standards were “**Sufficiently demanding**.”

The standards that were identified as “**Too demanding**” by the highest percentage of program directors and site visitors who completed the survey (**25.0% each**) were:

- *The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. (Standard 1)*
- *The program must provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent. (Standard 4-17)*

A total of 11 standards, all in Standards 1 and 4, were identified as “**Not demanding**” by **25.0%** of respondents in this group.

There were six standards, five of which were in Standard 4, that were identified as “**Not relevant**” by **12.5%** of the program directors and site visitors who responded to the survey.

The standards for which the highest percentage of program director and site visitor respondents had **no opinion** were:

- *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) must demonstrate successful achievement of Service-specific organizational inspection criteria. (Standard 1) **37.5%***
- *Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. (Standard 4) **25.0%***
- *The director of an accredited program who enrolls students/residents on a part-time basis must ensure that the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents. (Standard 4) **25.0%***
- *The director of an accredited program who enrolls students/residents on a part-time basis must ensure that there are an equivalent number of months spent in the program. (Standard 4) **25.0%***

Executive Summary – Dental School Deans

The survey was sent to 73 U.S. dental school deans. A total of 25 recipients opened the survey; 18 completed it, yielding a response rate of 24.7% (and a survey abandon rate of 28.0%).

Among all 85 individual “must” statements from the oral and maxillofacial radiology program accreditation standards listed in the survey, between 66.7% and 94.4% of the 18 dental school deans who responded indicated the standards were “**Sufficiently demanding**.”

The standard that was identified as “**Too demanding**” by the highest percentage of dental school deans who completed the survey (**27.8%**) was: *The oral and maxillofacial radiology program must be directed by one individual who has a full-time appointment to the sponsoring institution.* (Standard 2-1)

The standard that was identified as “**Not demanding**” by the most respondents in this group (**16.7%**) was: *Students/residents must be enrolled on, at least, a half-time basis.* (Standard 4-2)

Only 11 standards had as many as one dental school dean (**5.6%**) indicate they were “**Not relevant**”.

The standards for which the highest percentage of dental school dean respondents had **no opinion (22.2% each)** were:

- *United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) must demonstrate successful achievement of Service-specific organizational inspection criteria.* (Standard 1)
- *Those portions of advanced oral and maxillofacial radiology education programs in medical radiology must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education.* (Standard 1-1)

Executive Summary – Leaders of State and National Dental Organizations

The survey was sent to the executive directors of three clinical testing agencies and 28 national dental organizations, four chiefs of federal dental services, executive directors of 53 state dental boards, and presidents of 53 state dental societies. A total of 18 recipients opened the survey; 13 completed it, yielding a response rate of 9.2% (and a survey abandonment rate of 27.8%).

Among all 85 individual “must” statements from the oral and maxillofacial radiology program accreditation standards listed in the survey, between 69.2% and 92.3% of the 13 dental organization leaders who responded indicated the standards were “**Sufficiently demanding**.”

The standard that was identified as “**Too demanding**” by the highest percentage of dental organization leaders who completed the survey (**15.4%**) was: *Graduates must understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility.* (Standard 4-10)

The standard that was identified as “**Not demanding**” by the most respondents in this group (**23.1%**) was:

- *Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:*
 - *Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or*
 - *Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or*
 - *International dental schools that provide equivalent educational background and standing as determined by the program.* (Standard 5-1)

The standards that were most often identified as “**Not relevant**” by the dental organization leaders who responded to the survey (**7.7% each**) were:

- *The financial resources must be sufficient to support the program’s stated goals and objectives.* (Standard 1)
- *The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.* (Standard 1)
- *An advanced oral and maxillofacial radiology education program must provide access to an active and well-organized research facility.* (Standard 3-6)
- *The program must provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent.* (Standard 4-17)

The standards for which the highest percentage of dental organization leaders had **no opinion** were:

- *Those portions of advanced oral and maxillofacial radiology education programs in medical radiology must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education.* (Standard 1-1) **23.1%**
- *The duration of an advanced oral and maxillofacial radiology program must be a minimum of 24 months full-time or its equivalent.* (Standard 4-1) **23.1%**
- *The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.* (Standard 1) **15.4%**
- *Clinical oral and maxillofacial radiology case conferences must be held an average of, at least, once every two weeks.* (Standard 4-5) **15.4%**

Advanced Dental Education Programs in Oral and Maxillofacial Radiology Accreditation Standards

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

ST1.01 - 1. The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	75.0%	6	84.6%	11
Not demanding	2.2%	1	0.0%	0	25.0%	2	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST1.02 - 2. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	75.0%	6	84.6%	11
Not demanding	2.2%	1	0.0%	0	25.0%	2	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.03 - 3. The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.9%	4	0.0%	0	12.5%	1	0.0%	0
Sufficiently demanding	86.7%	39	94.4%	17	75.0%	6	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST1.04 - 4. The financial resources must be sufficient to support the program's stated goals and objectives.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	80.0%	36	94.4%	17	75.0%	6	84.6%	11
Not demanding	8.9%	4	0.0%	0	25.0%	2	0.0%	0
Not relevant	2.2%	1	0.0%	0	0.0%	0	7.7%	1
No opinion	4.4%	2	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.05 - 5. 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.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	75.0%	6	84.6%	11
Not demanding	6.7%	3	0.0%	0	25.0%	2	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

ST1.06 - 6. Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.07 - 7. Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.9%	4	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	73.3%	33	88.9%	16	75.0%	6	84.6%	11
Not demanding	2.2%	1	0.0%	0	12.5%	1	7.7%	1
Not relevant	11.1%	5	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	12.5%	1	7.7%	1
TOTAL		45		18		8		13

ST1.08 - 8. Educational institutions that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	84.4%	38	94.4%	17	75.0%	6	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	12.5%	1	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.09 - 9. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	0.0%	0	25.0%	2	0.0%	0
Sufficiently demanding	71.1%	32	94.4%	17	62.5%	5	76.9%	10
Not demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Not relevant	6.7%	3	0.0%	0	0.0%	0	7.7%	1
No opinion	6.7%	3	5.6%	1	12.5%	1	15.4%	2
TOTAL		45		18		8		13

ST1.10 - 10. United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) must demonstrate successful achievement of Service-specific organizational inspection criteria.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	71.1%	32	77.8%	14	62.5%	5	84.6%	11
Not demanding	2.2%	1	0.0%	0	0.0%	0	7.7%	1
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	20.0%	9	22.2%	4	37.5%	3	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.11 - 11. The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	6.7%	3	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	84.4%	38	94.4%	17	100.0%	8	84.6%	11
Not demanding	8.9%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

ST1.12 - 12. The institution/program must have a formal system of quality assurance for programs that provide patient care.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	92.3%	12
Not demanding	6.7%	3	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1.13a - 13a. The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	11.1%	2	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	77.8%	14	87.5%	7	92.3%	12
Not demanding	6.7%	3	5.6%	1	12.5%	1	0.0%	0
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

ST1.13b - 13b. The program director must have the authority, responsibility, and privileges necessary to manage the program.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	92.3%	12
Not demanding	6.7%	3	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1-1 - 14. Those portions of advanced oral and maxillofacial radiology education programs in medical radiology must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	0.0%	0	12.5%	1	0.0%	0
Sufficiently demanding	71.1%	32	77.8%	14	75.0%	6	76.9%	10
Not demanding	8.9%	4	0.0%	0	12.5%	1	0.0%	0
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	22.2%	4	0.0%	0	23.1%	3
TOTAL		45		18		8		13

ST1-2 - 15. The program director and faculty must actively assess the outcomes of the oral and maxillofacial radiology program in terms of whether it is achieving its educational objectives.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	100.0%	8	84.6%	11
Not demanding	8.9%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Use of Sites Where Educational Activity Occurs

ST1.14 - 16. The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	5.6%	1	12.5%	1	0.0%	0
Sufficiently demanding	91.1%	41	88.9%	16	87.5%	7	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST1-3 - 17. 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.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	12.5%	1	0.0%	0
Sufficiently demanding	84.4%	38	94.4%	17	87.5%	7	84.6%	11
Not demanding	13.3%	6	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST1-4 - 18. For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	6.7%	3	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	82.2%	37	88.9%	16	87.5%	7	84.6%	11
Not demanding	11.1%	5	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF

ST2.01 - 19. The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	92.3%	12
Not demanding	6.7%	3	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST2.02 - 20. The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	100.0%	8	92.3%	12
Not demanding	4.4%	2	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST2.03 - 21. Documentation of all program activities must be ensured by the program director and available for review.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	92.3%	12
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST2-1 - 22. The oral and maxillofacial radiology program must be directed by one individual who has a full-time appointment to the sponsoring institution.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	27.8%	5	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	66.7%	12	87.5%	7	84.6%	11
Not demanding	2.2%	1	0.0%	0	12.5%	1	7.7%	1
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST2-2 - 23. The program director and faculty of an advanced oral and maxillofacial radiology program must demonstrate a commitment to teaching and supervision.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	88.9%	16	87.5%	7	92.3%	12
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST2-3 - 24. The program director and full-time faculty must have adequate time to develop and foster their own professional development.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	86.7%	39	94.4%	17	100.0%	8	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST2-4 - 25. The program must show evidence of an ongoing faculty development process.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST2-5 - 26. 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.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.9%	4	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	80.0%	36	94.4%	17	87.5%	7	84.6%	11
Not demanding	6.7%	3	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 3 – FACILITIES AND RESOURCES

ST3.01 - 27. Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3.02 - 28. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	100.0%	8	92.3%	12
Not demanding	6.7%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3.03 - 29. The program must 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 bloodborne and infectious diseases.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	100.0%	8	92.3%	12
Not demanding	4.4%	2	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3.04 - 30. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	97.8%	44	94.4%	17	87.5%	7	84.6%	11
Not demanding	2.2%	1	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3.05 - 31. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3.06 - 32. Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	80.0%	36	83.3%	15	87.5%	7	84.6%	11
Not demanding	13.3%	6	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3.07 - 33. All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	88.9%	16	87.5%	7	84.6%	11
Not demanding	6.7%	3	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3.08 - 34. The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	5.6%	1	12.5%	1	0.0%	0
Sufficiently demanding	75.6%	34	88.9%	16	62.5%	5	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	6.7%	3	0.0%	0	12.5%	1	0.0%	0
No opinion	6.7%	3	5.6%	1	12.5%	1	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3-1 - 35. An advanced oral and maxillofacial radiology education program must provide access for the student/resident to an active and well-organized diagnostic imaging facility.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	97.8%	44	88.9%	16	87.5%	7	92.3%	12
Not demanding	2.2%	1	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3-2 - 36. The student/resident must have access to a clinical facility with adequate supervision for the comprehensive examination and diagnostic imaging management of patients.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	92.3%	12
Not demanding	6.7%	3	0.0%	0	12.5%	1	7.7%	1
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3-3 - 37. The combination of radiographic cases, through a clinic or referral service and through indexed files and reports of diagnosed cases, must be sufficient in number and variety to afford adequate diagnostic experience in oral and maxillofacial radiology.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	92.3%	12
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3-4 - 38. The oral and maxillofacial radiology service must provide sufficient space and equipment for the student/resident.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	88.9%	16	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST3-5 - 39. There must be sufficient technical and support personnel to ensure that the radiology clinic functions efficiently.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	88.9%	16	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	5.6%	1	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST3-6 - 40. An advanced oral and maxillofacial radiology education program must provide access to an active and well-organized research facility.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	80.0%	36	88.9%	16	87.5%	7	76.9%	10
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	2.2%	1	5.6%	1	0.0%	0	7.7%	1
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 4 – CURRICULUM AND PROGRAM DURATION

ST4.01 - 41. The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline's practice as set forth in the specific standards contained in this document.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	100.0%	8	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4.02 - 42. Advanced dental education programs must include instruction or learning experiences in evidence-based practice.

Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	100.0%	8	84.6%	11
Not demanding	4.4%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4.03 - 43. The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	100.0%	8	84.6%	11
Not demanding	8.9%	4	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4.04 - 44. Documentation of all program activities must be ensured by the program director and available for review.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	92.3%	12
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4.05 - 45. If an institution and/or program enrolls part-time students/residents, the institution/program must have guidelines regarding enrollment of part-time students/residents.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	80.0%	36	88.9%	16	75.0%	6	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	15.4%	2
Not relevant	6.7%	3	5.6%	1	12.5%	1	0.0%	0
No opinion	4.4%	2	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4.06 - 46. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	73.3%	33	83.3%	15	62.5%	5	84.6%	11
Not demanding	4.4%	2	0.0%	0	0.0%	0	7.7%	1
Not relevant	8.9%	4	5.6%	1	12.5%	1	0.0%	0
No opinion	8.9%	4	5.6%	1	25.0%	2	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4.07 - 47. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	82.2%	37	88.9%	16	62.5%	5	84.6%	11
Not demanding	4.4%	2	0.0%	0	0.0%	0	7.7%	1
Not relevant	4.4%	2	5.6%	1	12.5%	1	0.0%	0
No opinion	4.4%	2	5.6%	1	25.0%	2	7.7%	1
TOTAL		45		18		8		13

ST4.08 - 48. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that there are an equivalent number of months spent in the program.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	86.7%	39	88.9%	16	62.5%	5	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	7.7%	1
Not relevant	4.4%	2	5.6%	1	12.5%	1	0.0%	0
No opinion	2.2%	1	5.6%	1	25.0%	2	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4-1 - 49. The duration of an advanced oral and maxillofacial radiology program must be a minimum of 24 months full-time or its equivalent.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	86.7%	39	88.9%	16	100.0%	8	69.2%	9
Not demanding	11.1%	5	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	11.1%	2	0.0%	0	23.1%	3
TOTAL		45		18		8		13

ST4-2 - 50. Students/residents must be enrolled on, at least, a half-time basis.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	64.4%	29	77.8%	14	50.0%	4	84.6%	11
Not demanding	17.8%	8	16.7%	3	25.0%	2	7.7%	1
Not relevant	11.1%	5	0.0%	0	12.5%	1	0.0%	0
No opinion	6.7%	3	5.6%	1	12.5%	1	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Ethics and Professionalism

ST4-3 - 51. Graduates must be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	100.0%	8	84.6%	11
Not demanding	4.4%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Clinical Oral and Maxillofacial Radiology

ST4-4 - 52. Students/Residents must assume major responsibility for interpretations and consultative reports on an adequate number of imaging studies of sufficient variety to be competent, as graduates, in clinical oral and maxillofacial radiology.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	100.0%	8	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4-5 - 53. Clinical oral and maxillofacial radiology case conferences must be held an average of, at least, once every two weeks.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	11.1%	2	0.0%	0	0.0%	0
Sufficiently demanding	77.8%	35	77.8%	14	75.0%	6	76.9%	10
Not demanding	20.0%	9	5.6%	1	25.0%	2	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	15.4%	2
TOTAL		45		18		8		13

ST4-6 - 54. Students/residents must participate in regularly scheduled literature reviews.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	84.6%	11
Not demanding	11.1%	5	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Oral and Maxillofacial Diagnostic Imaging Techniques

ST4-7 - 55. Training in oral and maxillofacial diagnostic imaging techniques must be provided to the students/residents with adequate instruction and supervision.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	87.5%	7	84.6%	11
Not demanding	2.2%	1	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4-8 - 56. Graduates must be competent in the procedures performed in oral and maxillofacial radiology including, but not limited to:

- a. **intraoral,**
- b. **panoramic,**
- c. **cephalometric and other skull projections, and**
- d. **cone-beam computedtomography/volumetric imaging.**

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	84.6%	11
Not demanding	6.7%	3	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4-9 - 57. Graduates must have an in-depth knowledge of other imaging techniques applicable to oral and maxillofacial radiology, including, but not limited to:

- a. **multi-slice/detector computed tomography,**
- b. **magnetic resonance imaging,**
- c. **diagnostic ultrasonography, and**
- d. **nuclear medicine imaging techniques.**

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	22.2%	10	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	68.9%	31	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4-10 - 58. Graduates must understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	17.8%	8	0.0%	0	0.0%	0	15.4%	2
Sufficiently demanding	62.2%	28	88.9%	16	100.0%	8	69.2%	9
Not demanding	8.9%	4	5.6%	1	0.0%	0	15.4%	2
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	6.7%	3	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Associated Medical Sciences

ST4-11 - 59. The program must provide advanced education in head and neck anatomy, and oral and maxillofacial pathology.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	75.0%	6	84.6%	11
Not demanding	6.7%	3	0.0%	0	25.0%	2	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Evaluation and Radiologic Management of Patients

ST4-12 - 60. The program must provide students/residents with an understanding of and experience in the clinical manifestations of head and neck diseases and head and neck manifestations of systemic diseases as an important facet of the training and practice of oral and maxillofacial radiology.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	100.0%	8	84.6%	11
Not demanding	4.4%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4-13 - 61. Students/Residents must attend head and neck tumor board or a similar institutional interdisciplinary conference which includes radiology on a regular basis, but at least monthly.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	82.2%	37	88.9%	16	75.0%	6	84.6%	11
Not demanding	6.7%	3	0.0%	0	25.0%	2	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4-14 - 62. Graduates must be competent in designing appropriate radiologic studies.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	86.7%	39	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST4-15 - 63. The clinical training of oral and maxillofacial radiology students/residents in the routine activities of a screening/emergency or treatment planning clinics must be minimized.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	11.1%	2	0.0%	0	0.0%	0
Sufficiently demanding	77.8%	35	83.3%	15	75.0%	6	84.6%	11
Not demanding	8.9%	4	0.0%	0	25.0%	2	15.4%	2
Not relevant	6.7%	3	0.0%	0	0.0%	0	0.0%	0
No opinion	6.7%	3	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST4-16 - 64. Graduates must understand intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	86.7%	39	94.4%	17	100.0%	8	84.6%	11
Not demanding	6.7%	3	0.0%	0	0.0%	0	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Medical Radiology

ST4-17 - 65. The program must provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	8.9%	4	0.0%	0	25.0%	2	0.0%	0
Sufficiently demanding	77.8%	35	88.9%	16	62.5%	5	84.6%	11
Not demanding	13.3%	6	5.6%	1	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	7.7%	1
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Radiation and Imaging Physics

ST4-18 - 66. Graduates must understand radiation physics including the basic imaging physics of:

- a. **analog and digital oral and maxillofacial radiography;**
- b. **cone-beam computed tomography/volumetric imaging;**
- c. **multi-slice computed tomography;**
- d. **magnetic resonance imaging;**
- e. **diagnostic ultrasonography;**
- f. **nuclear medicine; and**
- g. **image enhancement analysis concepts associated with diagnostic imaging.**

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	86.7%	39	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Radiation Biology

ST4-19 - 67. Graduates must have an in-depth knowledge of the biological effects of ionizing radiations.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Radiation Protection

ST4-20 - 68. Graduates must have an in-depth knowledge of radiation protection and/or hygiene.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	87.5%	7	92.3%	12
Not demanding	4.4%	2	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Teaching Experience

ST4-21 - 69. A program in oral and maxillofacial radiology must include an organized teaching experience for students/residents with formal evaluation.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	4.4%	2	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	82.2%	37	94.4%	17	75.0%	6	76.9%	10
Not demanding	6.7%	3	0.0%	0	25.0%	2	15.4%	2
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

ST4-22 - 70. The amount of time devoted by the student/resident to teaching experience must be carefully evaluated and not exceed ten percent (10%) of the overall program.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	6.7%	3	5.6%	1	0.0%	0	0.0%	0
Sufficiently demanding	68.9%	31	83.3%	15	75.0%	6	76.9%	10
Not demanding	15.6%	7	5.6%	1	25.0%	2	15.4%	2
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

Eligibility and Selection

ST5.01 - 71. Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

- **Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or**
- **Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or**
- **International dental schools that provide equivalent educational background and standing as determined by the program.**

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	84.4%	38	94.4%	17	87.5%	7	76.9%	10
Not demanding	15.6%	7	0.0%	0	12.5%	1	23.1%	3
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST5.02 - 72. Specific written criteria, policies and procedures must be followed when admitting students/residents.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	93.3%	42	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST5.03 - 73. Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	75.0%	6	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	12.5%	1	0.0%	0
TOTAL		45		18		8		13

ST5.04 - 74. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	75.0%	6	84.6%	11
Not demanding	6.7%	3	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	12.5%	1	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Evaluation

75. A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:

ST5.05a - 75a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	6.7%	3	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	84.4%	38	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST5.05b - 75b. Provide to students/residents an assessment of their performance, at least semiannually;

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	88.9%	40	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

75 (continued). A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:

ST5.05c - 75c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	2.2%	1	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

ST5.05d - 75d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	95.6%	43	94.4%	17	87.5%	7	84.6%	11
Not demanding	2.2%	1	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

Due Process

ST5.06 - 76. There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	4.4%	2	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Rights and Responsibilities

ST5.07 - 77. At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	84.6%	11
Not demanding	4.4%	2	0.0%	0	12.5%	1	15.4%	2
Not relevant	2.2%	1	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST5.08 - 78. Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Sufficiently demanding	91.1%	41	94.4%	17	87.5%	7	84.6%	11
Not demanding	8.9%	4	0.0%	0	12.5%	1	15.4%	2
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

STANDARD 6 – RESEARCH

ST6.01 - 79. Advanced dental education students/residents must engage in scholarly activity.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	82.2%	37	94.4%	17	100.0%	8	76.9%	10
Not demanding	2.2%	1	0.0%	0	0.0%	0	7.7%	1
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	7.7%	1
TOTAL		45		18		8		13

ST6-1 - 80. Graduates must understand research methodology.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	2.2%	1	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	88.9%	40	94.4%	17	100.0%	8	84.6%	11
Not demanding	8.9%	4	0.0%	0	0.0%	0	7.7%	1
Not relevant	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

2024 Accreditation Standards Validity and Reliability Survey – Oral and Maxillofacial Radiology

ST6-2 - 81. Students/Residents must engage in scholarly and/or research-related activities.

	Oral and Maxillofacial Radiologist		Dean		Program Director/Site Visitor		State/Nat'l Org	
Too demanding	11.1%	5	0.0%	0	0.0%	0	7.7%	1
Sufficiently demanding	80.0%	36	94.4%	17	100.0%	8	76.9%	10
Not demanding	4.4%	2	0.0%	0	0.0%	0	15.4%	2
Not relevant	4.4%	2	0.0%	0	0.0%	0	0.0%	0
No opinion	0.0%	0	5.6%	1	0.0%	0	0.0%	0
TOTAL		45		18		8		13

Responses to Open-ended Questions

Standard 1 – Institutional Commitment/Program Effectiveness

Questions 1-5 (Standard 1.1 to 1.5) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

For point 4, the financial resources from the institution must also directly support the residents. Residents should not have to pay tuition, especially if they are contributing sufficient labor to interpretation of radiographs.

I answered "not demanding" for questions 1 and 3. In response to question 1, I believe every residency in oral radiology functions very differently, there isn't much standardization between the programs in terms of providing equal or sufficient training (clinical, didactics or research). This creates inequitable opportunities for the graduates and is disadvantageous to the field. In response to question 3, to some extent, outcome assessment should also be standardized across programs. Formal tests should be aimed at preparing the residents in didactics/clinical and assess their ability to challenge the boards in future, every program does not offer this.

Q #4: Financial resources 'not demanding', meaning that radiology programs serve every discipline/specialty within dentistry. As such, the specialty of radiology should be entitled to a greater share of a dental school's financial resources as it strives to develop its' educational services for residents.

Question 4 - The standard should also include a time component in case the program intends to close or enter teach-out whereby adequate funding and support is ensured until every resident is graduated/finished.

The education of OMRs must reflect the digital imaging needs of the entire dental community. At present most of the OMR programs are too heavily focused on CBCT and ignore basic intraoral (IO) radiography as well as panoramic and cephalometric. OMR programs teach "exotic" imaging and do not reflect the reality. According to the 2014-15 NEXT FDA study, IO accounts account for 95% of all dental radiographic exposures, panoramic and cephalometric imaging about 3% and less than 2% is CBCT imaging. Despite this almost every OMR program devotes over 75% of time and resources to teach CBCT imaging. There is almost nothing taught in OMR programs on the aspects of image processing on how the digital radiographs are produced and then processed with software algorithms. There is nothing taught in many OMR programs on Quality Assurance for IO radiography, panoramic and cephalometric imaging and CBCT despite the existence of ANSI/ADA Standard 1094 QA for Digital IO Radiographic Systems, ANSI/ADA Standard 1099 QA for Digital Panoramic and Cephalometric Imaging and FDA requirements for QA with CBCT equipment. The OMR programs are only training CBCT readers whose knowledge of physics, radiation safety, radiation biology, QA and knowledge of other radiographic imaging such as IO and panoramic and cephalometric is so limited that the candidates for the board certification exam struggle. In many cases, material other than CBCT is taught only to pass the board certification exam and the acknowledge to appropriately respond to questions and problems from other dentists in the field is not met.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents 4 and 5 - these criteria are for institutions and often beyond the program and resident's control.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standard 1.1 to 1.5.**

Questions 6-13 (Standard 1.6 to 1.13) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

11, 13 a, 13b

7, 8, 11 - These criteria are beyond the program's control. 9 - This standard allows eligibility, without actually providing privileges. This standard should include actual privileges.

7. I would have this as an option, since it may reduce the number of opportunities for advanced education opportunities.

Department of Education is federal and does not need to be involved. The military does not have a radiology program and radiologist do not admit people to the hospital thus not relevant to this speciality.

For point 12, the program should have a form system of quality assurance that persistently follows up with patients and residents to ensure meaningful changes can be made when necessary. For point 13a, the position of the program should be consistent with other parallel programs within the institution AND other OMFR programs to ensure consistency between programs. There should be a universe curriculum that is followed at each school to ensure equity and a high caliber of education.

Question 11 - I would also like to see language that designates the specific department/college sponsoring the program instead of just the "sponsoring institution." I think there is too much leeway to allow say a University in general to influence what a specific college within the university or department within the university is required to do.

Question 7 and 8- oral radiology are not hospital based programs, a portion of training is completed at the university affiliated hospitals.

There is only one agency the IAC that "accredits" dental facilities. The mere purpose of this "accreditation" is to allow billing to Medicare and Medicaid. The criteria developed by the IAC were largely performed without input from the AAOMR, ABOMR, the ADA and only involved a few OMRs. As a result the criteria for accreditation established by the IAC is unrealistic and any facility without an OMR and not generating 150 cases per year would never meet the criteria. With regards to item 9, the staff should have a unrestricted practicing license and not merely a faculty license to be eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. The granting of faculty license in the past was mainly for didactic rather than clinical practice and as the role of the staff person expands to include eligibility for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients; this decision must be revisited. In the past, a faculty license meant that you only saw patients on a limited basis and only within your academic institution. As the need for teaching and patient care expands, one must reconsider whether having a "faculty" license is appropriate to be eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients. What is the difference between a unrestricted license and a faculty license then if holders of both of these types of licensure can do the exact same functions. With regards to item 11, there must be oversight from CODA and if complaints are registered, there is a need to have an external party assigned to review the complaint that is not associated with the

sponsoring institution. You cannot the institution or any of its related components reviewing itself. There must be adequate transparency and the removal of any bias real or perceived. CODA should set some criteria for QA as well so that there is a minimum standard that must be met by all accredited programs.

Questions 6-13 (Standard 1.6 to 1.13) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Program Director/Site Visitor

9. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees. I would exclude admit, and discharge patients. This may not be relevant to OMRs.

* **No comments received from Deans or State/National Dental Organizations for Standard 1.6 to 1.13.**

Questions 14-18 (Standards 1-1 to 1-4) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

14 - is beyond the control of the program, thus too demanding of a program.

Advanced oral and maxillofacial radiology education programs should not have to be in programs approved and accredited by the Accreditation Council for Graduate Medical Education. The purpose of the OMR program is to educate dentists for advanced training in IO radiology, pan/ceph and CBCT, MRI, ultrasound imaging which may share some similarities with medical radiology but there are sufficient differences between the two OMR and medical radiology where it would not apply in dental or viceversa. For example, IO radiography is similar to 2D projectional medical radiography but it is also very different in that it is only radiographic imaging where the x-ray beam can extend beyond the borders of the image receptor, it is only imaging modality where the image receptor may be selected by the user independent of the x-ray source, the user largely reads and interprets his own radiographs and all acquired radiographs do not flow to the radiologist for interpretation. Having stated that, then the OMR has to have a sufficiently robust knowledge to identify errors in image acquisition, the application of post-processing software, equipment failure and whether it is the x-ray generator, the software failure, the image receptor, etc. With regards to item 18, where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience with a valid unrestricted license to practice and who is also current with technology and not the subject of investigation

Although the education activity of a resident within a site away from the primary site is supervised by attending or clinical personnel, having an on-site supervisor may be too demanding as it requires sufficient funding by the site

to delegate the responsibility unless it is a joint responsibility for the supervisor along with all other trainees from different specialties or sub-specialties. This is something each sponsoring site must look into and indicate what best can be done for proper supervision of the educational component of the resident's training.

Question 15- outcome assessment should be standardized across programs

Question 17 - There should also be some mention as to the duration of the agreement.

Dean

may be difficult to identify sufficient numbers of OMFR faculty; is a general dentist clinically experienced for said role?

The responsibility should be shared.

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations for Standard 1-1 to 1-4.**

Standard 1 Comments - *Please use the space below to enter any comments you have related to Standard 1 - Institutional Commitment/Program Effectiveness. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral and Maxillofacial Radiologist

16. The primary sponsor of the educational program AND the program director must accept full responsibility 17. The educational arrangements must be simply stated and organized in ONE document. Many institutions have separate listings across multiple documents that are stored digitally across many servers/sites and can be inconsistent. This needs to change. 18. Clinical supervisors must be qualified by education AND experience, not AND/OR. Also, please use "they" instead of "he/she"

At present there is insufficient time and resources devoted to teaching other aspects of dental imaging such as IO, pan/ceph, MRI, ultrasound, visible light imaging as well as the required storage formats such as DICOM, stl, ply, amf etc to ensure image integrity, security and diagnostic value to allow for interoperability and emerging technologies of computer assisted dentistry, teledentistry, and AI. Further, there is no education being taught on how different programs such as the PACS are to communicate with each other databases using existing and emerging HL7 protocols.

Expectations of outcome assessment is adequate in standards. However, site visitors need more guidance on reviewing the outcomes and its adequacy for program goals. This is an area of weakness in programs.

I think all of the 18 items in Standard 1 are appropriate and sufficiently demanding.

If an institution shows a lack of commitment to a CODA accredited program, why should the program lose accreditation? Shouldn't the institution lose its ability to have any CODA accredited programs?

Overall, Standard 1 requirements appear 'sufficiently demanding' and appropriate.

There needs to be a support for the diagnostic sciences in a dental education institution. The generation of procedures, patient care and revenue all are based on the diagnosis for treatment. Appropriate value and pricing needs to be considered to support the program. If any radiology equipment is within the school setting, radiology should play an important role in the other programs (OMS, Orthodontics, Advanced General Dentistry, et. al).

Dean

The responsibility should be shared.

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations related to Standard 1.**

Standard 2 – Program Director and Teaching Staff

Questions 19-26 (Standards 2-1 to 2-5) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

24. The responsibilities held by faculty are incredibly demanding. Often, the work falls on those that are willing to take it and they become overwhelmed. Consider facilitating a process where faculty interested in education and teaching are fully supported in this pathway, without needing to "wear all of the hats" of teacher, researcher, mentor, and director. 25. See 24 26. CODA needs to create or endorse a standard curriculum before you can consider 'calibration'. Where is the standard curriculum that you are using to judge faculty at different institutions?

Question #26 Ture calibration is too difficult and hard to measure

Question 19 - Should also include that the individual is a full-time faculty member. Question 23 - Should also include sufficient time to do so.

Dean

(Std 2-22 - Requiring the program director to be "full time" is not reasonable. For example, a competent program director could have a 4 day/wk appointment and 1 day/wk for private practice and still manage the program.

Program directors should be permitted to be less than full time as long as they dedicate adequate and appropriate time and effort to ensure that the program is meetings its stated goals and objectives

recruitment of FT faculty is often challenging; 80% appointment? 75% appointment?

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations for Standards 2-1 to 2-5.**

Standard 2 Comments - Please use the space below to enter any comments you have related to Standard 2 – Program Director and Teaching Staff. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

The program directors of most programs lack sufficient knowledge to train and adequately prepare the residents to address the rapidly changing needs of computer assisted treatment (YOMI), teledentistry, AI and even how these function themselves. Radiology in the past has largely existed in a bubble but with the advent of improved technologies the need for much more engagement with other programs, products and devices is necessary.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 2.**

Standard 3 – Facilities and Resources

Questions 27-34 (Standards 3.1 to 3.8) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

27 - again, this is beyond the program/resident's control

27. Public institutions are continuously reducing financial support to and budgets of their graduate programs. What do you have in place to hold those institutions accountable, as this happens every year? If you don't have a system to hold schools accountable for ensuring a consistent budget that can be counted on from year to year, then this shouldn't be a standard. 32. I understand the need for freedom of choice, but I think immunization should be at minimum "strongly encouraged" if not "mandated unless documentable reason/excuse"

32, Immunizations should be mandatory.

Despite the existence of ANSI/ ADA Standards, state legislation on radiation protection, etc many programs are unaware of these obligatory requirements and confuse them with recommendations and guidelines where discretion is applicable.

Question 27- it is imperative that programs update or enhance their equipment for radiology training.

Question 28 - I would clarify to state only when in direct patient care. Often times the work of an oral and maxillofacial radiologist, including teaching, is done privately and separate from direct patient care.

Dean

Not sure why a private office needs approval

This specialty does not provide clinical patient care

State/National Dental Organization

#31- it does not seem necessary to provide patients with something they are unlikely to read or comprehend.

* No comments received from Program Directors or Site Visitors for Standards for Standards 3.1 to 3.8.

Questions 35-40 (Standards 3-1 to 3-6) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

#40. Substitute "should" for "must"

36. Near-immediate access 37. Again, what is your standard? "Sufficiently" needs to be measurable. CODA should create, endorse, or help implement a standard case bank for programs.

An active and well-organized research facility may not be necessary for certificate only programs.

Question 38- this is not being met by some programs

Since most of the OMR programs have migrated away from a thesis defence in favor of only requiring submission of an article to a journal for publication to fulfill research requirements, the quality of research has dropped immensely. There is no requirement for the article to be published and there is little or no incentive to the residents in training to understand the research to even sufficiently articulate what the research proved or refuted. The lack of adequate research has failed to teach the the residents in training programs how to prepare and conduct a research project on their own.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standards 3-1 to 3-6.**

Standard 3 Comments - Please use the space below to enter any comments you have related to Standard 3 – Facilities and Resources. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

since these are learning institutions, access to previous imaging files not assigned to the residents will expand the type of cases they will encounter and learn from. a growing Anonymized file provided and continuously updated by the faculty is one way to approach this.

The number of research hours must be given the same importance and consideration as CBCT training. Most programs now place little or no value on research as it does not generate income or revenue for the OMR programs such as reading and interpreting CBCT cases. Residents should not be treated as employees in sweat shops to read a defined number of CBCT cases daily. Some CBCT cases are more challenging than others and the residents must be offered the appropriate time to long from these cases. This may involve further reading and research to strengthen the residents knowledge and inhibit or prevent them from reading and interpreting a fixed number of cases daily.

Dean

32 - must be encouraged is ambiguous. Should follow policies of the sponsoring institution.

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations related to Standard 3.**

Standard 4 – Curriculum and Program Duration

Questions 41-48 (Standard 4.01 to 4.08) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

43. Again, what is your standard for 'comparable'? There needs to be a standard curriculum implemented across all programs with standard cases that each students sees and learns from. 47. This feels too demanding, especially if a student is enrolled part-time. Often, a change in enrollment is a response to a dramatic life change or special circumstances - the student must be given allowances for what is required, and timelines should be adjusted to fit their needs.

46 How much of the already classes the new Program will accept should be a case by case decision by the new Program.

46. Perhaps change to "should".

Despite the statement in item 41, that the advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training most programs do not provide this knowledge or skills for IO, and pan/ceph imaging. In most D.D.S. or D.M.D. training programs, the undergraduate students do not get taught anything on Quality Assurance for these imaging modalities, how image processing works on digital radiographs, the application of post processing filters, how to properly store radiographs using a stable and secure format such as DICOM to ensure storage, transfer, archival and interoperability, the same is true in OMR training programs. With regards to panoramic and cephalometric imaging, both the advanced dental education program and undergraduate programs do not train them on how to acquire a diagnostic quality and instead rely upon auxillary staff to accomplish this. However, when the dental assistant, dental hygenist or the dental radiographer in some states cannot acquire these panoramic and cephalometric, the dentist and the OMR are required to give them adequate instruction and training to accomplish what they themselves have not been properly trained for.

How do you define "comparable" when comparing discipline-specific instruction at different institutions? All training programs should meet a minimum requirement of instruction.

I do not believe there should be part time residencies.

Q #45: Guidelines for part-time residents, 'Not demanding'. It would seem that a simple requirement to have guidelines for part-time residents regarding enrollment is too vague, instead a requirement that a resident enrolled part-time should complete a program within a maximum time period of 4 years, which means the student is progressing on a half-time basis, just for instance, would seem to be a reasonable approach. At least having a maximum guideline offers some concrete guidance for the part-time resident enrollment period.

Question 43- degree and certification programs are not comparable

Questions 41-48 (Standards 4.01 to 4.08) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

46. Programs might be administered by partnering institutions.

This program does not have part time students or residents.

Program Director/Site Visitor

45-48: We do not enroll part-time residents.

No Part time resident/students should be admitted to the advance dental education program

***No comments received from State/National Dental Organizations for Standard 4.01 to 4.08.**

Questions 49-55 & 58 (Standards 4-1 to 4-7 and 4-10) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

58 Administration should be considered as required but more as a month rotation to have an appreciation of administration. Further instruction could be an elective.

#53 There should be at least one case conference per week not every two weeks. Learning how to administer a OMF facility is not relevant as most graduates are now going into private practice which basically means reading CBCT scans.

#58. This may not be relevant for some graduates.

52. If you are going to hold residents to this standard, you should ensure that they are financially compensated for their report. 53. I completely agree with this, but I want to emphasize that some schools offer CRCs much more frequently, to the detriment of the residents. 58. Why is this a standard? This should only be a standard if students are interested in pursuing a faculty position.

53: the better programs will offer more interpretation lessons and opportunities. This number should be weekly.

Questions 49-55 & 58 (Standards 4-1 to 4-7 and 4-10) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

54. Students/residents must participate in regularly scheduled literature reviews. Standard needs more direction on frequency so that the intent can be met

All students should be full time.

I believe all students to OMFR programs should be required to enroll "full-time"

Learning administration procedures would be irrelevant unless the graduate intends on entering academia

Q #'s 53 & 54: instead of the terms 'every two weeks' and 'regularly scheduled' for OMFR case conferences and literature reviews, holding these on a weekly schedule appears to be the standard, at least in the programs with which I am familiar. And, some programs have these learning activities on a twice weekly schedule each.

Question 50- students/residents are only enrolled on a full time basis Questions 52,53,54,58- This is not met by all programs

Question 52 - An adequate number of imaging studies needs to be better defined. Who determines what is adequate? Question 55 - Same as above, adequate needs to be better defined. Question 58 - Oral and maxillofacial radiology facilities are declining and an understanding of their administration is not useful. A basic overview of how an imaging clinic is administered would be sufficient.

STANDARD 4 - CURRICULUM AND PROGRAM DURATION 49. The duration of an advanced oral and maxillofacial radiology program must be a minimum of 24 months full-time or its equivalent. 24 months is too short a time for training in radiology. It must be at least 36 months in duration, with more exposure to applied physics, radiation biology, safety and protection, and advanced imaging techniques including hospital rotations, so that students can start challenging the board examination before they graduate. 24 months is too short a time to incorporate techniques in AI/DL, decision support systems, clinic/business ops etc. Most students do not feel prepared to challenge the board exams after a 24 month program. More experience in image interpretation is central to the success of OMRs in practice. Besides, dilution of the experience through a shorter program leads to the possibility

The duration of 24 months is very short and with the lack of adequate training in present programs on QA, image storage systems, file storage formats such as DICOM, stl, ply, etc., data sharing, teledentistry, AI and cybersecurity requirements, the length of the program may need to be increased.

Dean

53. Too prescriptive

Questions 49-55 & 58 (Standards 4-1 to 4-7 and 4-10) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

58. associated with the administrative aspects of operating and managing a ...

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations for Standards 4-1 to 4-7 and 4-10.**

Question 56 (Standard 4-8) - (Optional) Please specify the element(s) of Question 56 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating: Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

Skull projections are obsolete and should be phased out of requirement. MRI should be introduced as a listed requirement, at least of the TMJs.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standard 4-8.**

Question 57 (Standard 4-9) - (Optional) Please specify the element(s) of Question 57 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating: Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

57 Nuclear Medicine though important should be considered as an elective.

57. Many programs have almost no emphasis on these imaging techniques. Again, there need to be standard cases created that help support this curriculum. Otherwise, you shouldn't have this standard.

Not all programs have available resources for "in-depth" knowledge of ultrasound or nuclear medicine

Oral radiologist should have knowledge of these imaging modalities. But as these imaging is not being used on day-to-day basis too in-depth information is not needed.

Question 57 - These imaging modalities are rarely, if ever, seen in practice as an oral and maxillofacial radiologist and will always come with an official interpretation from a physician radiologist. A graduate should be comfortable with these imaging modalities but an in-depth knowledge is not necessary,

See comments above regarding making MRI a required procedure, at least of the TMJs.

Ultrasound and nuclear imaging are generally irrelevant to OMR outside of academia

Program Director/Site Visitor

Due to increasing scope of MRI and Ultrasounds imaging in Oral and Maxillofacial, residents should be trained on Interpretation of these imaging modalities. ABOMR tests residents on diagnosis of diseases on MRI, CT and US imaging.

*** No comments received from Deans or State/National Dental Organizations for Standard 4-9.**

Questions 59-65 (Standards 4-11 to 4-17) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

62 For oral and maxillofacial radiology.

59. Again, there needs to be a standard applied across all programs that is followed at each program. 61. There should be a regular interdisciplinary conference between the OMFR programs, not just the individual programs and the medical radiologists.

61. Excessive requirement - attending such boards during year 02 of a 2 year program should be sufficient. 65. 3 month duration is excessive - can be reached if diagnostic radiology, nuclear medicine, radiation oncology, medical radiology subspecialties are all available and included in the rotation(s). Time now spent in CBCT physics, anatomy and interpretation used to be part of medical radiology rotations that has now become integral to the basic OMFR program within the OMFR department.

63: the future experience of many of the graduates are varied. They should be trained to be able to handle many different situations and responsibilities. 65: we currently pay lip service without any serious engagement with medical colleagues and programs. While watching someone read the scans is interesting and as much fun as watching paint dry, engagement in seminars, classes, lectures, research will provide greater learning experiences. My medical experience highly depended on the responsiveness of the Attending and the Medical Residents. Some were fantastic in allowing me to ask questions and get involved, most were not.

Q #65: the use of the term 'hospital-based radiology department' is too broad, rather a more specific description of 'head & neck and/or neuroradiology departments of a hospital-based radiology department' may be more useful or applicable for OMFR residents

Question 62 - Should clarify for oral and maxillofacial procedure related to dentistry. We are not physicians and it is not appropriate for us to design studies for patients/diagnoses outside the scope of dentistry. Question 64 - The use and scope of AI is evolving so rapidly I don't know how this could be adequately addressed. Additionally, I know of few, if any, oral and maxillofacial radiologists that I would deem experts in AI that could adequately teach residents. Question 65 - Should clarify in an area of head and neck radiology. This could be fulfilled by sending residents to an MSK or general radiology department which would be of minimal to no use.

Question 64- not met by the programs

Residents must have in-depth knowledge, not merely an understanding, or artificial intelligence and its applications in head and neck radiology.

Residents should be available for imaging consultations, not screening emergency patients.

while it is possible to have a three month training in a medical radiology facility, it is not always possible, so some flexibility in this part is desirable and a minimum of 2 months must be mandated but not three months.

Questions 59-65 (Standards 4-11 to 4-17) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

61. - "at least monthly" is too prescriptive. 63. - This standard is not necessary.

63. should be relevant to the discipline specific content of the program 65. meaningful - be more specific

Program Director/Site Visitor

65: Three months of hospital rotation is too long. In the past, where medical rotation was the only method to train residents on 3D imaging. However, the advent of CBCT has enabled teaching 3D imaging in a dental school setting. A two month medical rotation may be adequate.

The training in Medical radiology should be at least of 6 months duration to understand the principles of interpretation of MRI, contrast studies and US imaging.

*** No comments received from State/National Dental Organizations for Standards 4-11 to 4-17.**

Question 66 (Standard 4-18) - (Optional) Please specify the element(s) of Question 66 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating: Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

Drop analog radiography.

Question 66 - Most of these modalities are never seen in private oral and maxillofacial radiology. Focus should be on analog/digital radiography, CBCT, MDCT, and MRI.

Residents must have in-depth knowledge, not just an understanding, of radiation physics in these imaging systems.

yes some knowledge is important. Currently the programs seem to be trying to make mini-physicists from the residents. While basics of this topic is important, Greater understanding of how to use this information to generate better images, understand patient and technician protection, would be more helpful in the long run. This also applies to the Board exam, which is heavy on the theory of radiation physics and mostly lacking in what do these concepts mean in real practice.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standard 4-18.**

Questions 67-70 (Standards 4-19 to 4-22) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

70. The 10% limit is arbitrary and can negatively impact the experience of a resident with a career goal of teaching and scholarly pursuits in a University setting. Much is learned by teaching. Limiting to 10% (1/2 day per week) could severely degrade the experience of such a resident.

70: i disagree in creating hard numbers. If a student wants to pursue a university and teaching career, then 10% may not be enough. if a student wants to enter private practice then 10% may be enough.

At least half of oral radiologists go in to private practice and never teach. I think a teaching requirement should be left to the institution to decide and not a requirement for accreditation

For this standard, some programs expect residents to create their own content for these teaching experiences. The time to do this well is not listed in the resident's schedule, meaning that residents will spend significantly more time on teaching material compared to what is listed in their written schedule. This needs to be addressed.

I think 15-20% of time teaching may be acceptable.

Question 69,70- teaching experience is not provided by all programs

Should be less than 10%

teaching experience with formal evaluation is not very relevant as most graduates are going into private practice,

Dean

10% is reasonable, but not excessive

*** No comments received from Program Directors, Site Visitors or State/National Dental Organizations for Standards 4-19 to 4-22.**

Standard 4 Comments - *Please use the space below to enter any comments you have related to Standard 4 – Curriculum and Program Duration. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral and Maxillofacial Radiologist

70. I am not certain about the amount of time dedicated to teaching experience.

There are many more standards on this survey than the provided website (<https://coda.ada.org/standards>)

Program Director/Site Visitor

Teaching time by residents spent teaching radiographic technique and providing interpretation/consults is integral to clinical experience as an OMR. The limitation of 10 % can be increased if OMR residents are engaged in teaching radiographic technique and interpretation and providing radiographic consults for predoctoral students.

*** No comments received from Deans or State/National Dental Organizations related to Standard 4.**

Standard 5 – Advanced Dental Education Students and Residents

Question 71 (Standard 5.1) – *Please specify the element(s) of Question 71 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral and Maxillofacial Radiologist

If you are attending a US residency program you should hold a US dental license

OMR programs should participate in the MATCH program and the selection of candidates from international dental schools that provide equivalent educational background and standing should be limited to exceptional cases only. There are advanced training programs for candidates from international dental schools to receive an undergraduate degree from a CODA accredited program so there should little to no need for accepting candidates who have not graduated from one of the other programs.

Question 77 - The equivalent educational background of international students should be determined by an independent third party, not the sponsoring program.

State/National Dental Organization

Internationally trained dentists should be tested based on US standards to ensure competency prior to entry into a program.

*** No comments received from Deans, Program Directors or Site Visitors for Standard 5.1.**

Questions 72-74 (Standards 5.2 to 5.4) - *(Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral and Maxillofacial Radiologist

Questions 72,74- not met by all programs

There are no programs that teach sufficient dental imaging to have students/residents with advanced standing. If they are as educated as claimed to have the need for advanced standing why is there a need for enrollment in an OMR program? Foreign trained OMRs should have to fulfill the needs as any other foreign trained dentist by enrolling in an advanced undergraduate dental training program and obtaining a DDS or DMD degree first.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standards 5.2 to 5.4.**

Questions 75-78 (Standards 5.5 to 5.8) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

75c. Residents should be financially advanced as well 78. This should be in ONE PLACE, again, not scattered across multiple sites and multiple servers.

Quarterly performance assessments would be better

Questions 75a,75b,77,78- not met by the programs

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standards 5.5 to 5.8.**

Standard 5 Comments - Please use the space below to enter any comments you have related to Standard 5 - Advanced Dental Education Students/Residents. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

*** No comments received from Oral and Maxillofacial Radiologists, Deans, Program Directors, Site Visitors or State/National Dental Organizations related to Standard 5.**

Questions 79-81 (Standards 6, 6-1 and 6-2) - (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Oral and Maxillofacial Radiologist

If the program is too short the research project my take longer. How will this affect completion of the program unless there is a certificate and or masters project.

Questions 79 and 81 - Must engage needs to be better defined. What does engage mean? Does it mean lead a project themselves or could it be fulfilled by just running a journal club.

Questions 79,80,81- not all programs provide this opportunity

Research can be a required part of Masters/PhD, but the residency should primarily be clinical (similar to DDS).

Residents must have in-depth knowledge, not just an understanding, of research methods, including statistical analysis.

Residents should not have to participate in research if they are not interested in research. Participating in literature review should suffice.

*** No comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations for Standards 6, 6-1 or 6-2.**

Standard 6 Comments - Please use the space below to enter any comments you have related to Standard 6 - Research. Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Dean

Most programs are delivering insufficient research training in these programs

State/National Dental Organization

Need clinicians. Research is optional

*** No comments received from Oral and Maxillofacial Radiologists, Program Directors, or Site Visitors related to Standard 6.**

Any other comments? *Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).*

Oral and Maxillofacial Radiologist

All questions were great. All requirements mentioned are good enough for a residency program.

Each resident must be able to publish one paper in a peer-reviewed and indexed journal as part of their residency program requirements. This will allow them to be a more prepared faculty member in the future. Attendance in the specialty annual conferences must be mandated too to allow them to interact with other residents across the country. This will better prepare them for the future.

Implementation of standards via site visitors needs to be enhanced.

Please consider enforcing a standard curriculum across programs and encouraging programs to create accessible channels for residents from other programs learning together.

Please take into account that not all institution can provide an equal experience due to resources (funding, faculty and facility). Have options to meet these standards may make it easier and possible CE education at other institutions.

Thank you for the opportunity to provide feedback.

*** No other comments received from Deans, Program Directors, Site Visitors or State/National Dental Organizations.**

Appendix

Survey Instrument

Validity and Reliability Surveys - OMR (2024)

Start of Block: INTRODUCTION

Q2

To begin, click the "Next" button below. Please note that the "Next" button will allow you to move from one page to the next.

Please complete all questions either by selecting the appropriate response or typing your answer in the appropriate field.

If at any time you need to pause the survey and return to it at a later time, simply complete the page you are on and go to the next page, then close your browser. You can return to your survey with your answers saved by clicking the link in your email invitation.

When you reach the end of the survey, click "Finish" to submit your responses.

Page Break

Q71 Listed in this survey are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate Oral and Maxillofacial Radiology programs for accreditation purposes. ([The complete standards for Oral and Maxillofacial Radiology Programs are available here.](#))

For each "must" statement in the standards, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Please be aware that, while every effort has been made to present the standards in their original wording, certain modifications to the presentation and arrangement have been made in order to incorporate the standards into the survey design.

Please note that certain standards have multiple items to be rated.

End of Block: INTRODUCTION

Start of Block: STANDARD 1

Q72 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

For the rating scale use the following definitions:

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS



ST1.01 1. The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1.02 2. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.03 3. The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced education student/resident achievement.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.04 4. The financial resources must be sufficient to support the program's stated goals and objectives.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1.05 5. 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.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST1.1_1.5_Q1_5comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q84 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q139 **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS (continued)**



ST1.06 6. Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1.07 7. Hospitals that sponsor advanced dental education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS).

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.08 8. Educational institutions that sponsor advanced dental education programs must be accredited by an agency recognized by the United States Department of Education.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.09 9. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs must ensure that dentists are eligible for medical staff membership and privileges

including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.10 10. United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) must demonstrate successful achievement of Service-specific organizational inspection criteria.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.11 11. The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.12 12. The institution/program must have a formal system of quality assurance for programs that provide patient care.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.13a 13a. The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1.13b 13b. The program director must have the authority, responsibility, and privileges necessary to manage the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST1.06-1.13Q6_13comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q75 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q116 **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS (continued)**



ST1-1 14. Those portions of advanced oral and maxillofacial radiology education programs in medical radiology must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1-2 15. The program director and faculty must actively assess the outcomes of the oral and maxillofacial radiology program in terms of whether it is achieving its educational objectives.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q123 Use of Sites Where Educational Activity Occurs



ST1.14 16. The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST1-3 17. 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.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST1-4 18. For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which he/she is responsible.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST1-1_4_Q14-18comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St1comm Please use the space below to enter any comments you have related to Standard 1 - Institutional Commitment/Program Effectiveness.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 1

Start of Block: STANDARD 2

Q155 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

For the rating scale use the following definitions:

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF



ST2.01 19. The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST2.02 20. The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program's effectiveness in meeting its goals.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2.03 21. Documentation of all program activities must be ensured by the program director and available for review.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-1 22. The oral and maxillofacial radiology program must be directed by one individual who has a full-time appointment to the sponsoring institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-2 23. The program director and faculty of an advanced oral and maxillofacial radiology program must demonstrate a commitment to teaching and supervision.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-3 24. The program director and full-time faculty must have adequate time to develop and foster their own professional development.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-4 25. The program must show evidence of an ongoing faculty development process.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST2-5 26. 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.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST2_all_Q19-26comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St2comm Please use the space below to enter any comments you have related to Standard 2 - Program Director and Teaching Staff.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 2

Start of Block: STANDARD 3

Q46 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q141 STANDARD 3 - FACILITIES AND RESOURCES



ST3.01 27. Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST3.02 28. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.03 29. The program must 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 bloodborne and infectious diseases.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.04 30. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.05 31. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.06 32. Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.07 33. All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3.08 34. The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST3.01_08_Q27_34comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q125 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q126 **STANDARD 3 - FACILITIES AND RESOURCES (continued)**



ST3-1 35. An advanced oral and maxillofacial radiology education program must provide access for the student/resident to an active and well-organized diagnostic imaging facility.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-2 36. The student/resident must have access to a clinical facility with adequate supervision for the comprehensive examination and diagnostic imaging management of patients.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-3 37. The combination of radiographic cases, through a clinic or referral service and through indexed files and reports of diagnosed cases, must be sufficient in number and variety to afford adequate diagnostic experience in oral and maxillofacial radiology.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-4 38. The oral and maxillofacial radiology service must provide sufficient space and equipment for the student/resident.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST3-5 39. There must be sufficient technical and support personnel to ensure that the radiology clinic functions efficiently.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST3-6 40. An advanced oral and maxillofacial radiology education program must provide access to an active and well-organized research facility.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST3-1_6_Q35-40comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St3comm Please use the space below to enter any comments you have related to Standard 3 - Facilities and Resources.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 3

Start of Block: STANDARD 4

Q73 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q142 STANDARD 4 - CURRICULUM AND PROGRAM DURATION

ST4.01 41. The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline's practice as set forth in the specific standards contained in this document.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST4.02 42. Advanced dental education programs must include instruction or learning experiences in evidence-based practice.

Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic

assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.03 43. The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.04 44. Documentation of all program activities must be ensured by the program director and available for review.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.05 45. If an institution and/or program enrolls part-time students/residents, the institution/program must have guidelines regarding enrollment of part-time students/residents.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.06 46. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.07 47. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4.08 48. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that there are an equivalent number of months spent in the program.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST4.01-08_Q41-48comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q83 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q85 **STANDARD 4 - CURRICULUM AND PROGRAM DURATION (continued)**



ST4-1 49. The duration of an advanced oral and maxillofacial radiology program must be a minimum of 24 months full-time or its equivalent.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-2 50. Students/residents must be enrolled on, at least, a half-time basis.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q117 Ethics and Professionalism



ST4-3 51. Graduates must be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q91 Clinical Oral and Maxillofacial Radiology



ST4-4 52. Students/Residents must assume major responsibility for interpretations and consultative reports on an adequate number of imaging studies of sufficient variety to be competent, as graduates, in clinical oral and maxillofacial radiology.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-5 53. Clinical oral and maxillofacial radiology case conferences must be held an average of, at least, once every two weeks.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-6 54. Students/residents must participate in regularly scheduled literature reviews.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q140 Oral and Maxillofacial Diagnostic Imaging Techniques



ST4-7 55. Training in oral and maxillofacial diagnostic imaging techniques must be provided to the students/residents with adequate instruction and supervision.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST4-8 56. Graduates must be competent in the procedures performed in oral and maxillofacial radiology including, but not limited to: intraoral, panoramic, cephalometric and other skull projections, and cone-beam computed tomography/volumetric imaging.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-8_Q56comm (Optional) Please specify the element(s) of Question 56 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating:
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST4-9 57. Graduates must have an in-depth knowledge of other imaging techniques applicable to oral and maxillofacial radiology, including, but not limited to: multi-slice/detector computed tomography, magnetic resonance imaging, diagnostic ultrasonography, and nuclear medicine imaging techniques.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-9_Q57comm (Optional) Please specify the element(s) of Question 57 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating:
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST4-10 58. Graduates must understand administrative procedures associated with the directorship of an oral and maxillofacial radiology facility.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-1_10_Q49_58comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q92 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q94 **STANDARD 4 - CURRICULUM AND PROGRAM DURATION (continued)**
Associated Medical Sciences



ST4-11 59. The program must provide advanced education in head and neck anatomy, and oral and maxillofacial pathology.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

Q97 **Evaluation and Radiologic Management of Patients**



ST4-12 60. The program must provide students/residents with an understanding of and experience in the clinical manifestations of head and neck diseases and head and neck manifestations of systemic diseases as an important facet of the training and practice of oral and maxillofacial radiology.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-13 61. Students/Residents must attend head and neck tumor board or a similar institutional interdisciplinary conference which includes radiology on a regular basis, but at least monthly.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-14 62. Graduates must be competent in designing appropriate radiologic studies.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-15 63. The clinical training of oral and maxillofacial radiology students/residents in the routine activities of a screening/emergency or treatment planning clinics must be minimized.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-16 64. Graduates must understand intended applications and limitations of artificial and augmented intelligence-based approaches in dentomaxillofacial imaging.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q102 Medical Radiology



ST4-17 65. The program must provide for a meaningful period of education in medical radiology in an active, hospital-based radiology department or other similar facility of, at least, three months duration, or its part-time equivalent.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

ST4-11_17_Q59-65comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break



Q151 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q152 **STANDARD 4 - CURRICULUM AND PROGRAM DURATION (continued)**
Radiation and Imaging Physics



ST4-18 66. Graduates must understand radiation physics including the basic imaging physics of: analog and digital oral and maxillofacial radiography; cone-beam computed tomography/volumetric imaging; multi-slice computed tomography; magnetic resonance imaging; diagnostic ultrasonography; nuclear medicine; and image enhancement analysis concepts associated with diagnostic imaging.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-18_Q66comm (Optional) Please specify the element(s) of Question 66 that is "Too demanding", "Not demanding", or "Not relevant", and describe the reason for the rating:

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q155 Radiation Biology



ST4-19 67. Graduates must have an in-depth knowledge of the biological effects of ionizing radiations.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q156 Radiation Protection



ST4-20 68. Graduates must have an in-depth knowledge of radiation protection and/or hygiene.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q158 Teaching Experience



ST4-21 69. A program in oral and maxillofacial radiology must include an organized teaching experience for students/residents with formal evaluation.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST4-22 70. The amount of time devoted by the student/resident to teaching experience must be carefully evaluated and not exceed ten percent (10%) of the overall program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST4-19_22_Q67-70comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St4comm Please use the space below to enter any comments you have related to Standard 4 - Curriculum and Program Duration.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 4

Start of Block: STANDARD 5

Q268 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q118 **STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS AND RESIDENTS**
Eligibility and Selection

ST5.01 71. Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from: Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or International dental schools that provide equivalent educational background and standing as determined by the program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5.01_Q71comm (Optional) Please specify the element(s) of Question 71 that was Too Demanding, Not Demanding, or Not Relevant, and describe the reason for the rating.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).



ST5.02 72. Specific written criteria, policies and procedures must be followed when admitting students/residents.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5.03 73. Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST5.04 74. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5.02-04_Q72-74comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Page Break

Q120 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q274 STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS AND RESIDENTS (continued)
Evaluation

ST5.05 75. A system of ongoing evaluation and advancement must ensure that, through the director and faculty, each program:



ST5.05a 75a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST5.05b 75b. Provide to students/residents an assessment of their performance, at least semiannually;

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST5.05c 75c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST5.05d 75d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q276 Due Process



ST5.06 76. There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-

Q278 Rights and Responsibilities



ST5.07 77. At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST5.08 78. Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST5.05-08_Q75-78comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St5comm Please use the space below to enter any comments you have related to Standard 5 - Advanced Dental Education Students/Residents.
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 5

Start of Block: STANDARD 6

Q143 For each "must" statement, please select the option that most closely reflects your opinion in terms of the relevance of the criterion to the Oral and Maxillofacial Radiology educational program.

Too demanding = Criterion is relevant to type of program but too demanding for programs and/or students/residents

Sufficiently demanding = Criterion is relevant to type of program and sufficiently demanding for programs and/or students/residents

Not demanding = Criterion is relevant but not demanding enough for programs and/or students/residents

Not relevant = Criterion not relevant to type of program, regardless of how demanding it is for programs and/or students/residents

No opinion = No opinion on this criterion

Q143 STANDARD 6 - RESEARCH



ST6.01 79. Advanced dental education students/residents must engage in scholarly activity.

- Too demanding
 - Sufficiently demanding
 - Not demanding
 - Not relevant
 - No opinion
-



ST6-1 80. Graduates must understand research methodology.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion



ST6-2 81. Students/Residents must engage in scholarly and/or research-related activities.

- Too demanding
- Sufficiently demanding
- Not demanding
- Not relevant
- No opinion

ST6all_Q79-81comm (Optional) You indicated that one or more of the standards on this page was "Too demanding", "Not demanding", or "Not relevant". Please identify the standard(s) by question number and explain the rating(s) in the space below.

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

St6comm Please use the space below to enter any comments you have related to Standard 6 - Research.
Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

End of Block: STANDARD 6

Start of Block: FINISH

FinComm Any other comments?

Note that comments will be reviewed individually by CODA; if you wish to remain anonymous, make sure that your response does not identify you (or your education program, if applicable).

Q115 Thank you for your assistance with this research project.

Please click "Finish" to complete the survey.

End of Block: FINISH

CONSIDERATION OF PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION AND AUTHORITY TO OPERATE

Background: At its Winter 2022 meeting, the Commission on Dental Accreditation (CODA) directed the formation of an Ad Hoc Committee of all advanced dental education Commissioners to consider the changing landscape of health care delivery centers that may sponsor advanced dental education programs. The Ad Hoc Committee, which met on December 5, 2022 and January 25, 2023, was charged with two (2) primary considerations: 1) the topic of institutional sponsor, whether a sponsor is an academic institution, hospital, or health care organization, and 2) review of the standard found in some advanced dental education disciplines that requires the sponsor to have proper chartering/licensure to operate and offer instruction leading to a degree, diploma or certificate with recognized education validity.

Institutional Sponsor (Health Care Organizations): The Ad Hoc Committee discussed the types of institutions that may sponsor advanced dental education programs. The Committee was reminded that CODA holds United States Department of Education (USDE) recognition as a programmatic accrediting agency; therefore, all educational standards within CODA's purview include a requirement for institutional sponsor accreditation/recognition to ensure institutional oversight by an external agency. Regarding CODA's USDE recognition, it was noted there would be no concern in modifying the Standards with regard to institutional accreditation/recognition.

It was also noted that in five (5) of the 14 advanced dental education programs within the Commission's purview, the Standards permit the program's sponsor to be an educational institution, hospital, or health care organization (with/without affiliation with an accredited hospital, as specified in the Standards). In the remaining nine (9) advanced education disciplines, the sponsor must be an educational institution or hospital. All standards permit United States military programs to sponsor advanced dental education programs, as specified in the Standards.

The Ad Hoc Committee discussed the issue of institutional sponsor given current Health Resources and Services Administration (HRSA) grant opportunities for health care organizations that may sponsor advanced dental education programs. The Ad Hoc Committee discussed the term "health care organization" at length, including the type of entity that may be classified within this category and whether a definition of health care organization should be included in the CODA Standards. The Committee believed that a definition should be included in the Commission's Definition of Terms, to ensure clarity and transparency in the type of organization that is permitted to sponsor an advanced dental education program, for those standards that currently include the term "health care organization" and those where the term may be adopted and implemented at a future date.

While discussing health care organizations that may sponsor advanced dental education programs, there continued to be discussion and concern that these sponsors have appropriate educational validity and expertise to carry out an academic program at the postdoctoral level. The Ad Hoc Committee considered whether all health care organizations should also have an affiliation with an academic institution to ensure educational quality. In discussion, it was noted that affiliations may exist (absent a need for co-sponsorship); however, many health care organizations currently offering CODA-accredited advanced dental education programs are not directly affiliated with academic institutions.

The Ad Hoc Committee determined that a definition of “Health Care Organization” and potential inclusion of “health care organization” as an acceptable sponsoring institution warrant further input from the Commission’s Review Committees to provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

At the Commission’s Winter 2023 meeting, and following consideration of the Ad Hoc Committee’s recommendation, the Commission directed circulation of the proposed Definition of Terms for Health Care Organization and proposed revision to Standards related to institutional sponsors to include health care organizations be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023. The Commission noted that the Review Committees should provide comment on the potential definition and inclusion of this term within their discipline-specific standards.

Charter/License to Operate and Offer Instruction: The Ad Hoc Committee also considered the current language in nine (9) advanced dental education programs’ Accreditation Standards, which states: “*Advanced dental education programs **must** be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.*”

The Committee noted that the advanced dental education Standards for advanced education in general dentistry, dental anesthesiology, general practice residency, oral medicine, and orofacial pain do not currently include this requirement or an equivalent Standard. These five (5) disciplines recently reviewed their Accreditation Standards documents and tabled the discussion regarding inclusion of this requirement pending final recommendations of this Ad Hoc Committee and the Commission.

Through discussion, the Ad Hoc Committee noted that words such as “chartered,” “licensed,” and “validity” have very distinct legal meanings. The term “authorization” is often used in higher education to indicate that an institution can confer a degree. Chartering and licensing often have to do with legal entities and do not necessarily indicate authority to award a degree, diploma or certificate with recognized education validity. The Ad Hoc Committee also noted the

confusion related to this requirement from both the institution's/program's perspective and that of the CODA site visitor.

The Ad Hoc Committee believed the intent of this Standard is to ensure educational validity, which in dental education is granted through the accreditation process undertaken by the Commission on Dental Accreditation. Additionally, the conferring of a degree is mandated through institutional accreditation, while conferring of a post-doctoral certificate or diploma is a state or federal function.

Following lengthy discussion, the Ad Hoc Committee concluded that the intent of the requirement is to ensure that the sponsoring organization has the appropriate authority to operate and, as applicable, the necessary approvals to award either a certificate or a degree. As such, the Ad Hoc Committee believed that the prior requirement should be stricken from all advanced dental education Standards and replaced with a new requirement, which states (underline indicates addition): Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree. The Committee noted that an advanced dental education program conferring a certificate must have state or federal approval to operate and, if needed based on its specific jurisdiction (i.e., state or federal regulations), it may also need approval to award a certificate. Likewise, an advanced dental education program awarding a degree will be required to show institutional accreditation providing it the authority to do so.

At the Commission's Winter 2023 meeting, and following consideration of the Ad Hoc Committee's report, the Commission directed that the proposed revision related to chartering and licensure to operate be circulated to all Review Committees in Advanced Dental Education for consideration at the Summer 2023 Commission meetings, with a report to the Commission in Summer 2023.

Summer 2023 Review Committee and Commission Meetings: At its Summer 2023 meeting, as directed by the Commission, the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) considered the proposed revision to the Accreditation Standards related to the Definition of Terms for Health Care Organization and to chartering and licensure to operate. The Review Committee noted that the proposed revisions provide further clarification of the types of institutions that may sponsor advanced dental education programs and requirements related to the authority to operate. Further, the OMR RC believed that the inclusion of the proposed definition and revisions in the Oral and Maxillofacial Radiology Accreditation Standards should have little to no impact on oral and maxillofacial radiology education programs. The OMR RC also believed circulation of the proposed revisions to the communities of interest to provide the opportunity for review and comment is warranted.

Following consideration, the OMR RC recommended that the Commission direct circulation of the proposed revisions found in **Appendix 1**, to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the October 2023 American Dental Association (ADA) Annual Meeting and the March 2024 American Dental Education Association (ADEA) Annual Session with comments reviewed by the Review Committee and Commission at its Summer 2024 meetings. At its Summer 2023 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Review Committee and directed circulation of the proposed revisions to the communities of interest for review and comment for one (1) year.

Summer 2024 Review Committee and Commission Meetings: As directed by the Commission, the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology (**Appendix 1**) were circulated for comment through June 1, 2024. The Commission received no (0) comments at the virtual hearing in conjunction with the ADA Annual Meeting. The Commission received no (0) comments at the virtual hearing in conjunction with the ADEA Annual Session. The Commission office received one (1) written comment prior to the June 1, 2024 deadline (**Appendix 2**).

Summary: At its Summer 2024 meeting, the Review Committee on Oral and Maxillofacial Radiology Education (OMR RC) is requested to consider the proposed revision to the Accreditation Standards related to the Definition of Terms for Health Care Organization and to chartering and licensure to operate **Appendix 1**, and all comments received by the Commission prior to the June 1, 2024 deadline (**Appendix 2**). If further revisions are warranted, the Commission may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Commission on Dental Accreditation

At its Summer 2023 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2024, for review at the Summer 2024 Commission meeting.

Written comments will only be accepted through the Commission's Electronic Comment Submission Portal at this link:

https://surveys.ada.org/jfe/form/SV_6lBISpSsAiRyJy5

Additions are Underlined;
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

**PROPOSED REVISIONS TO ACCREDITATION STANDARDS FOR ADVANCED
DENTAL EDUCATION PROGRAMS RELATED TO SPONSORING INSTITUTION
AND AUTHORITY TO OPERATE**

Additions are underlined; Deletions are ~~stricken~~

**PROPOSED REVISIONS FOR ALL ADVANCED DENTAL EDUCATION
STANDARDS:**

Definition of Terms:

Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is 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).

Consideration of Proposed Standards Revisions Related to
Sponsoring Institution and Authority to Operate
Oral and Maxillofacial Radiology RC
CODA Summer 2024

PROPOSED REVISIONS FOR STANDARD 1 FOR DENTAL PUBLIC HEALTH, ENDODONTICS, ORAL AND MAXILLOFACIAL PATHOLOGY, ORAL AND MAXILLOFACIAL RADIOLOGY, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS (RESIDENCY), ORAL AND MAXILLOFACIAL SURGERY (RESIDENCY), PEDIATRIC DENTISTRY, PERIODONTICS, AND PROSTHODONTICS:

Standard 1-Institutional Commitment/Program Effectiveness

~~Advanced dental education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity.~~ Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. Health care organizations that sponsor advanced dental education programs **must** 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). The bylaws, rules and regulations of hospitals or health care organizations that sponsor or provide a substantial portion of advanced dental education programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations 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) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

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); American Osteopathic

Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).

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

Examples of evidence to demonstrate compliance may include:

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

Institutional accreditation indicating app

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Oral and Maxillofacial Radiology Education programs be distributed to the communities of interest for review and comment. The document is available at the [Commission website: https://coda.ada.org/standards#proposed-standards](https://coda.ada.org/standards#proposed-standards)

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[REDACTED]
Title	Manager, Dental Education & Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
Council on Dental Education and Licensure (CDEL)

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. Najia Usman, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its January 2024 meeting, the Council considered and supported the proposed changes to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology. The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
-