

**CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ADVANCED
EDUCATION IN GENERAL DENTISTRY AND GENERAL PRACTICE RESIDENCY
RELATED TO PATIENTS WITH SPECIAL NEEDS**

Background: On June 22, 2021, the Commission on Dental Accreditation (CODA) received a request from the American Dental Association’s Council on Dental Education and Licensure (CDEL) to consider revising the Accreditation Standards to require graduates to be competent in treating patients with special needs. The Council on Dental Education and Licensure’s request is found in **Appendix 1**.

At its Summer 2021 meeting, the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine, and Orofacial Pain (AGDOO RC) considered the request for proposed revision to the Accreditation Standards for Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, and Orofacial Pain submitted by the Council on Dental Education and Licensure. The AGDOO RC believed that the Accreditation Standards for each of the disciplines under its purview should be further studied to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted. At its August 5, 2021 meeting, the Commission agreed and directed the newly reconfigured Postdoctoral General Dentistry Review Committee, which will conduct its meeting in Winter 2022, to further study the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency to determine whether modification of existing Standards or development of new Standard(s) related to patients with special needs is warranted with a report to the Commission at its Winter 2022 meeting.

Summary: The Postdoctoral General Dentistry Education Review Committee (PGD RC) is requested to further study the proposed revision to the Accreditation Standards (**Appendix 1**) submitted by the Council on Dental Education and Licensure. If proposed changes are made to the Accreditation Standards for Advanced Dental Education Programs in Advanced Education in General Dentistry and General Practice Residency, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

June 22, 2021

Dr. Jeffery Hicks
Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611

Dear Doctor Hicks:

Over the past year, the ADA Council on Dental Education and Licensure has studied ADA House of Delegates Resolution 100H-2020 Special Needs Dentistry, part of which calls for the Council to address actionable strategies to strengthen training in treating patients with special needs at the predoctoral and advanced dental education levels.

In considering the resolution, the Council conducted a survey of the appropriate communities of interest to gather data on the current state of special needs dentistry education. The Council then considered the survey results and strategies that could be considered for enhancing pre-doctoral and advanced dental training via the Accreditation Standards for Dental Education Programs and Accreditation Standards for Advanced Dental Education Programs.

The Council reviewed and supported recently adopted Standard 2-25 of the Accreditation Standards for Dental Education Programs concluding that the Standard appropriately addresses the scope and depth of predoctoral dental education related to special needs dentistry. However, the Council believed that the intent statement which complements Standard 2-25 could be strengthened to ensure consistent interpretation and application of the standard by dental education faculty and accreditation site visitors. Accordingly, the Council urges CODA to consider revision of the Standard 2-25 intent statement to provide further clarification and additional guidance to programs and accreditation site visitors.

The Council also reviewed the Accreditation Standards for Advanced Dental Education Programs in General Dentistry, General Practice Residency, Dental Anesthesiology, Pediatric Dentistry, Periodontics, Orthodontics and Dentofacial Orthopedics, Orofacial Pain, and Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics which call for students to receive training in managing and/or treating patients with special needs. The Council noted that depending on the document, residents may be required to achieve competency in assessing, diagnosing, and planning and/or managing and/or providing, and/or examining and/or treating patients with special needs and/or disabilities. In reviewing these standards, the Council concluded that although the standards in the relevant advanced dental education programs address special needs dentistry education, the Commission should consider further strengthening the standards to require all graduates to be competent in *treating* patients with special needs. Accordingly, the Council urges the Commission to consider further revision of these Accreditation Standards to require graduates to be competent in treating patients with special needs and to strengthen the standards in other areas such as curriculum, resident evaluation, facilities and patient care to better support the special needs patient population.

The Council will be transmitting its response to Resolution 100H-2020 to the 2021 House of Delegates. The report will note this request to the Commission to amend the Accreditation Standards for Dental Education Programs and Advanced Dental Education Programs as noted above.

On behalf of the Council, I thank you for the opportunity to comment on this important matter.

Sincerely,



Jacqueline Plemons, DDS, MS
Chair
Council on Dental Education and Licensure

JP:ap

cc: Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs
Dr. Sherin Tooks, director, Commission on Dental Accreditation
Ms. Karen M. Hart, director, Council on Dental Education and Licensure

REPORT ON ADVANCED EDUCATION IN GENERAL DENTISTRY AND GENERAL PRACTICE RESIDENCY ANNUAL SURVEY CURRICULUM SECTION

Background: At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission's Annual Survey is conducted for advanced education in general dentistry and general practice residency programs in alternate years. The most recent Curriculum Section was conducted in August/September 2020.

At its Summer 2020 meeting, the Commission on Dental Accreditation approved revisions to the Annual Survey Curriculum Section for implementation in Fall 2022. The approved Curriculum Section of the Annual Survey for advanced dental education programs in advanced education in general dentistry and general practice residency can be found in **Appendix 1**.

Summary: The Review Committee on Postdoctoral General Dentistry (PGD RC) is requested to review the draft Curriculum Section of the Annual Surveys for advanced education programs in general dentistry and general practice residency (**Appendix 1**).

Recommendation:

Underline indicates addition; ~~Strikethrough~~ indicates deletion

Start of Block: AEGD/GPR Curriculum (Q21-40)

**Part II - General Practice Residency/Advanced Education in General Dentistry
(GPR/AEGD) Curriculum Section**

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

21. What percentage of time did FIRST-YEAR students/residents spend in each of the following areas during the ~~2017-18~~ 2021-22 residency year?

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

a. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations) :

b. Dental inpatient care (management of dental inpatients) : _____

c. Management of dental inpatients or same-day surgery patients in the hospital operating room suite : _____

d. Rotations/Assignments to other services (non-dental) : _____

e. Didactics: courses/lectures/conferences/seminars : _____

f. Responding to consults : _____

g. Other, please specify : _____

Total : _____

~~21 (continued). What percentage of time did SECOND-YEAR students/residents spend in each of the following areas during the 2017-18 residency year?~~

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

~~h. Ambulatory dental care (treatment provided in the dental clinic, includes dental rotations) :-~~

~~_____~~

~~i. Dental inpatient care (management of dental inpatients) : _____~~

~~j. Management of dental inpatients or same-day surgery patients in the hospital operating room suite : _____~~

~~k. Rotations/Assignments to other services (non-dental) : _____~~

~~l. Didactics: courses/lectures/conferences/seminars : _____~~

~~m. Responding to consults : _____~~

~~n. Other, please specify : _____~~

~~Total : _____~~

22. Please indicate the total number of clock hours residents spent in formal courses, lectures and seminars receiving instruction in the following subject areas during the ~~2017-18~~ 2021-22 residency year.
If none, enter zero.

| | Clock hours |
|---|--------------------|
| a. Applied pharmacology <u>(Standard 2-2)</u> | |
| b. Endodontics <u>(Standard 2-2)</u> | |
| c. Hospital organization and function <u>(Standard 2-10)</u> | |
| d. Medical risk assessment <u>(Standard 2-6)</u> | |
| e. Restorative/Operative dentistry <u>(Standard 2-2)</u> | |
| f. Oral diagnosis/treatment planning <u>(Standard 2-1)</u> | |
| g. Oral and maxillofacial pathology <u>(Standard 2-4)</u> | |

| | |
|--|--|
| <p>h. Oral and maxillofacial radiology/imaging <u>(Standard 2-1)</u></p> | |
| <p>i. Oral and maxillofacial surgery <u>(Standard 2-2)</u></p> | |
| <p>j.—Orthodontics and dentofacial orthopedics</p> | |
| <p>k. Pain and anxiety control <u>(Standard 2-2)</u></p> | |
| <p>l.—Pediatric dentistry</p> | |
| <p>m. Patients with special needs <u>(Standard 2-1)</u></p> | |
| <p>n. Periodontics <u>(Standard 2-2)</u></p> | |
| <p>o. Physical evaluation <u>(Standards 2-6, 2-7)</u></p> | |

| | |
|--|--|
| <p>p. Practice management <u>(Standard 2-10)</u></p> | |
| <p>q. Preventive dentistry <u>(Standard 2-1)</u></p> | |
| <p>r. Restoration of edentulous space <u>(Standard 2-2)</u></p> | |
| <p>s. Other, please specify</p> | |

23. Indicate all rotations/assignments to non-dental services in either the sponsoring or affiliated institution(s) required of the residents. Give the length in weeks and hours per week for each assignment.

| | Length of rotation/assignment | Average hours |
|--|---|----------------------|
| | | |

| | | |
|--|--|--|
| a. Anesthesia <u>(GPR Standard 2-5)</u> | | |
| b. Medicine <u>(GPR Standard 2-6)</u> | | |
| c. Emergency Department <u>(Standard 2-6)</u> | | |
| d. Other, please specify <u>(GPR Standard 2-8; AEGD Standard 2-5)</u> | | |

Use this space to enter comments or clarifications for your answers on this page.

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**Part II - General Practice Residency/Advanced Education in General Dentistry
(GPR/AEGD) Curriculum Section (continued)**

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

24. Provide the following dental clinic statistics related to outpatient visits for the ~~2017-18~~ 2021-22 residency year. Include statistics for both sponsoring and affiliated institution(s).

| | Number of visits |
|--|-------------------------|
| a. Total number of outpatient visits to the dental clinic (include screening/consultative visits) <u>(Standard 2-1)</u> | |
| b. Total number of outpatient visits managed by the residents <u>(Standard 2-1)</u> | |

25. How many patients with special needs did the residents treat during the ~~2017-18~~ 2021-22 residency year?

These are defined as patients whose medical, physical, psychological, or social situations make it necessary to 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, complex medical problems, and significant physical limitations. (Standard 2-1)

26. How many patients did residents provide comprehensive care to, from treatment plan to completion (as opposed to episodic or emergency care), during the ~~2017-18~~ 2021-22 residency year? [\(Standard 2-1\)](#)

27. Provide the following emergency care statistics for the ~~2017-18~~ 2021-22 residency year identifying the activity level(s) at both the sponsoring and affiliated institution(s).

| | Sponsoring institution | Affiliated institution(s) |
|---|-------------------------------|----------------------------------|
| a. The number of dental emergencies treated in the dental clinic by residents (Standard 2-1) | | |
| b. The number of dental emergencies treated in the hospital emergency department by all residents (Standard 2-1) | | |

~~28. How was emergency care experience provided to the residents during the 2017-18 residency year? (Standard 2-1)~~

| | Yes | No |
|---|-----------------------|-----------------------|
| a. Block assignment to the Emergency Department | <input type="radio"/> | <input type="radio"/> |
| b. On-going/on-call, with resident on premises | <input type="radio"/> | <input type="radio"/> |
| c. On-going/on-call with resident off premises | <input type="radio"/> | <input type="radio"/> |

29. In which of the following conscious sedation techniques did residents receive instruction and clinical experience during the ~~2017-18~~ 2021-22 residency year? (Standard 2-2g)

| | Instruction provided? | | Clinical experience provided? | |
|--------------------------|------------------------------|-----------------------|--------------------------------------|-----------------------|
| | Yes | No | Yes | No |
| a. Oral | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Inhalation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Intramuscular | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Intravenous | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Intranasal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Other, please specify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**Part II - General Practice Residency/Advanced Education in General Dentistry
(GPR/AEGD) Curriculum Section (continued) [\(Standard 5-1\)](#) OR [\(Standard 2-2\)](#)**

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

NOTE: The procedures listed in Questions 30-33 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents' total experience or to imply that all listed procedures are required for accreditation.

30. Indicate the total number of each of the following procedures in **Preventive Dentistry** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|--|-----------------------------|
| a. Prophylaxis (D1110, D1120, D4346, D4355) | |
| b. Topical fluoride treatments (D1203 – D1208) | |
| c. Sealants (D1351) | |



31. Indicate the total number of each of the following procedures in **Restorative/Operative** Dentistry completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|--|-----------------------------|
| a. Amalgam Restorations (D2140, D2150, D2160, D2161) | |
| b. Anterior composites (D2330, D2331, D2332 and D2335) | |
| c. Posterior composites (D2391, D2392, D2393, & D2394) | |
| d. Single unit crowns (D2710, D2712, D2720-D2722, D2740, D2750-D2752, D2780-D2783, D2790-D2792, D2794) | |
| e. Crown cores (cast or prefabricated) (D2952-D2954, D2957) | |
| f. Crown core build-up, including pins (preparatory work before crown) (D2950) | |
| g. Inlay/Onlay (D2510-D2664) | |

32. Indicate the total number of each of the following procedures in **Endodontics** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|---|-----------------------------|
| a. Single canals (anterior) (D3310, D3346) | |
| b. Double canals (bicuspid) (D3320, D3347) | |
| c. Molars (D3330, D3348) | |
| d. Apicoectomies (D3410, D3421, D3425, D3426) | |

33. Indicate the total number of each of the following procedures in **Periodontics** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|---|-----------------------------|
| a. Scaling, root planing and curettage (D4341, D4342, D4910) | |
| b. Gingivectomies (D4210-D4211, D4212) | |
| c. Soft tissue grafts/gingival flap procedures (D4240, D4241, D4270, D4273, D4275, D4276) | |
| d. Crown lengthening/Bone grafts/osseous surgery/guided tissue regeneration (D4249, D4260, D4261, D4266, D4267) | |
| e. Apically repositioned flap (D4245) | |
| f. Bone graft replacement graft – first site in quadrant (D4263) | |
| g. Bone replacement graft – each additional site in quadrant (D4264) | |

h. Biologic materials to aid in soft tissue and osseous tissue regeneration (D4265)

Use this space to enter comments or clarifications for your answers on this page.

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Part II - General Practice Residency/Advanced Education in General Dentistry (GPR/AEGD) Curriculum Section (continued)

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

NOTE: The procedures listed in Questions 34-37 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents' total experience or to imply that all listed procedures are required for accreditation.

34. Indicate the total number of each of the following procedures in **Removable Prosthodontics** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|---|-----------------------------|
| a. Units/complete dentures (D5110-D5120) | |
| b. Units/immediate dentures (D5130-D5140) | |
| c. Units/overdentures (D5863-D5866) | |
| d. Interim complete dentures (D5810, D5811) | |
| e. Adjustment to dentures and partials (D5410-D5422) | |
| f. Complete denture repairs (D5511, D5512, D5520) | |
| g. Repairs to partials (D5511-D5671) | |
| h. Acrylic partial dentures (D5211-D5212, D5221, D5222, D5225, D5226, D5820- D5821) | |

i. Conventional cast frame partial frame dentures (D5213-D5214, D5223, D5224)

j. Precision or semi-precision partial dentures attachments (D5862)

35. Indicate the total number of each of the following procedures in **Implant Services** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|--|-----------------------------|
| a. Surgical placement of implant body (D6010, D6013) | |
| b. Prefabricated abutment (including placement) (D6056) | |
| c. Custom abutment (including placement) (D6057) | |
| d. Implant retained Removable Prosthodontics (D6110-D6113) | |
| e. Implant retained Fixed Prosthodontics (D6058 –D6077, D6114-D6117) | |

36. Indicate the total number of each of the following procedures in **Fixed Prosthodontics** completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|--------------------------------------|-----------------------------|
| Units/fixed bridgework (D6205-D6794) | |

37. Indicate the total number of each of the following procedures in Oral and Maxillofacial Surgery completed by residents during the ~~2017-18~~ 2021-22 residency year.

| | Number of procedures |
|--|-----------------------------|
| a. Uncomplicated extractions (D7111, D7140, D7210, D7250) | |
| b. Extractions of impacted teeth (D7220, D7230, D7240, D7241) | |
| c. Oral Tissue biopsy (D7285, D7286) | |
| d. Brush biopsy (D7288) | |
| e. Surgical removal of lateral exostosis (maxilla or mandible) (D7471) | |
| f. Surgical reduction of osseous tuberosity (D7485) | |
| g. Surgical reduction of fibrous tuberosity (D7972) | |

| | |
|---|--|
| h. Incision and drainage (D7510, D7511, D7520, D7521) | |
| i. Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth (D7270) | |
| j. Alveoplasties (D7310, 7311, 7320, 7321) | |
| k. Removal of torus palatinus (D7472) | |
| l. Removal of torus mandibularis (D7473) | |
| m. Suture of recent small wounds up to 5 cm (D7910) | |
| n. Complicated suture, up to 5 cm (D7911) | |
| o. Complicated suture, greater than 5 cm (D7912) | |
| p. Frenectomy (D7960) | |

q. Excision of hyperplastic tissue – per arch
(D7970)

r. Excision of pericoronal gingiva (D7971)

Use this space to enter comments or clarifications for your answers on this page.

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**Part II - General Practice Residency/Advanced Education in General Dentistry
(GPR/AEGD) Curriculum Section (continued)**

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

NOTE: The procedures listed in Question 38 have been selected as indicators of the amount, variety, and complexity of clinical experience provided to residents. They are not intended to summarize students'/residents' total experience or to imply that all listed procedures are required for accreditation.

~~38. Indicate the total number of each of the following procedures in Pediatric Dentistry and Orthodontics completed by residents during the 2017-18 residency year.~~

| | Number of procedures |
|--|-----------------------------|
| a. Resin-based Composite posterior (D2391-D2394) | |
| b. Resin-based Composite anterior (D2330-D2335) | |
| c. Amalgam restoration (primary or permanent) (D2140-D2161) | |
| d. Limited ortho treatment of adult dentition (Upright tilted teeth) (D8040) | |
| e. Limited treatment of primary dentition (Moyer's or equivalent space analysis) (D8010) | |
| f. Space maintenance (D1510, D1515, D1520, D1525, D1550, D1555) | |
| g. Comprehensive ortho treatment (space closures) (D8070, D8080, D8090) | |

| | |
|--|--|
| h. Interceptive ortho treatment/crossbite corrections (D8050, D8060) | |
| i. Occlusal orthotic device (TMJ) (D7880) | |
| j. Stainless steel crowns (D2930, D2931, D2933, D2934) | |
| k. Prefabricated resin crowns/polycarbonate crowns (D2932) | |
| l. Pulpotomies (D3220) | |

39. How many times during the ~~2017-18~~ 2021-22 residency year were formal documented evaluations of resident performance conducted? (Standard 2-15)

40. Please select the response below that best describes the intended outcomes of residents' education. (Standards 1-8, 1-9, 2-2, 2-3)

- Goals and objectives
- Competencies and proficiencies

Use this space to enter comments or clarifications for your answers on this page.

End of Block: AEGD/GPR Curriculum (Q21-40)

INFORMATIONAL REPORT ON THE CONDUCT OF A VALIDITY AND RELIABILITY STUDY FOR THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ADVANCED EDUCATION IN GENERAL DENTISTRY AND GENERAL PRACTICE RESIDENCY

Background: The Accreditation Standards for Advanced Education Programs in Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) were adopted by the Commission on Dental Accreditation at its August 3, 2018 for immediate implementation.

As stated in the Commission’s “Policy on Assessing the Validity and Reliability of the Accreditation Standards” (**Appendix 1**), the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission’s policy for assessment is based on the following formula:

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 new standards for a one-year program will be assessed after four years, while standards applying to programs two years in length will be assessed five years after implementation.

According to the Commission’s timetable for validity and reliability studies the study for Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) will be initiated in the spring of 2022. Survey results will be considered at the Summer 2022 meetings of the PGD RC and the Commission on Dental Accreditation. The communities will be surveyed to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

Methodology and Survey Design: In cooperation with the ADA’s HPI, a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two weeks of receipt of the survey. Following a period of follow-up with non-respondents, the data will be tabulated and analysis completed by June 1, 2022. Commission staff will prepare a report with results of the study for consideration by the Commission at its Summer 2022 meeting.

A survey instrument will be developed to obtain evaluations of each of the requirements in the current standards. Respondents will be asked to indicate the relevance of each criterion to the AEGD and GPR curricula:

- Relevant/ Too demanding: Criterion relevant but too demanding
- Retain as is: Retain criterion as is
- Relevant/ Not demanding: Criterion relevant but not sufficiently demanding
- Not relevant: Criterion not relevant
- No opinion. No opinion on this criterion

In addition, they will be asked to add and provide a rationale for any issues that they believe should be added to the standards. A sample format of the survey is presented in **Appendix 2**.

The following alternatives might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

If it is determined that revisions to the accreditation standards is warranted, further analysis of the data obtained in the validity and reliability study would be conducted to provide more in-depth information for the revision process. In addition, other resources could provide further information, including:

- The annual Frequency of Citings Reports of Accreditation Standards for Advanced Education Programs in General Dentistry and Accreditation Standards for Advanced Education Programs in General Practice Residency.
- Data identifying trends in accredited advanced education programs in dentistry and general practice residency.
- Issues related to advanced general dentistry education programs in general dentistry and general practice residency.
- Requests for standards revisions received but postponed until the regular validity and reliability study.
- Relevant reports from the higher education and practice communities, e.g., Institute of Medicine Report, “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”

When a comprehensive revision of an accreditation standards document is required, the new document is developed with input from the communities of interest in accordance with Commission policies. The document is drafted using resources such as those noted above.

When the document is finalized, it is shared with the communities of interest and hearings are held, as appropriate. Written and oral comments from the hearings and written comments received during the comment period are reviewed when considering the document for adoption. An implementation date is specified when the document is adopted.

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

POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: 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 new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an

invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced dental education programs and/or allied dental education programs).

Revised: 8/18; 7/07, 07/00; Reaffirmed: 8/12, 8/10, 7/06; Adopted: 12/88

**SAMPLE ADVANCED DENTAL EDUCATION PROGRAMS IN ADVANCED EDUCATION IN
GENERAL DENTISTRY AND ADVANCED DENTAL EDUCATION PROGRAMS IN GENERAL
PRACTICE RESIDENCY VALIDITY AND RELIABILITY SURVEY**

Listed below are the accreditation standards by which the Commission on Dental Accreditation and its site visitors evaluate Advanced Dental Education Programs in Advanced Education in General Dentistry (AEGD) and Advanced Dental Education Programs in General Practice Residency (GPR) for accreditation purposes. For each standard, please circle the appropriate number that corresponds to your rating in terms of its relevance of the criterion to the curriculum. Please note that certain standards have multiple items to be rated.

| | |
|---|---|
| <p>DEFINITIONS Advanced Education in General Dentistry (AEGD) - a postgraduate general dentistry education program providing advanced training in providing comprehensive patient care for all population groups. General Practice Residency (GPR) - a postgraduate general dentistry education program conducted in a hospital setting that includes substantial experience in managing medically compromised patients.</p> | <p>For each of the five-point rating scales use: 1 = criterion relevant but too demanding 2 = retain criterion as is 3 = criterion relevant but not sufficiently demanding 4 = criterion not relevant 5 = no opinion</p> |
|---|---|

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 1 – Institutional and Program Effectiveness.

STANDARD 2 – EDUCATIONAL PROGRAM

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 2 – Educational Program.

STANDARD 3 – FACULTY AND STAFF

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 3 – Faculty and Staff.

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 4 – Educational Support Services.

STANDARD 5 – PATIENT CARE SERVICES

1. List Standards in this column 1 2 3 4 5

List comments related to Standard 5 – Patient Care Services.