

# Commission on Dental Accreditation

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At its Winter 2021 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2021, for review at the Winter 2022 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\\_3t61Uvg45BCi1Df](https://surveys.ada.org/jfe/form/SV_3t61Uvg45BCi1Df)

Additions are Underlined  
~~Strikethroughs~~ indicate Deletions

## Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics

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**Accreditation Standards for  
Clinical Fellowship Training Programs in  
Craniofacial and Special Care Orthodontics**  
**Commission on Dental Accreditation**  
**211 East Chicago Avenue**  
**Chicago, Illinois 60611**  
**(312) 440-4653**  
[www.ada.org/coda](http://www.ada.org/coda)

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Commission on Dental Accreditation

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Proposed Orthodontics Fellowship Standards Revisions  
CODA Winter 2021

Date	Item	Action
<del>August 7, 2015</del>	<del>Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics</del>	<del>Adopted and Implemented</del>
<del>August 7, 2015</del>	<del>Revision to Policy on Reporting Program Changes in Accredited Programs</del>	<del>Adopted and Implemented</del>
<del>August 7, 2015</del>	<del>Revised Policy on Enrollment Increases in Advanced Dental Specialty Programs</del>	<del>Adopted and Implemented</del>
<del>February 5, 2016</del>	<del>Revision to Standard 6-2.2</del>	<del>Adopted and Implemented</del>
<del>February 5, 2016</del>	<del>Revised Accreditation Status Definitions</del>	<del>Adopted and Implemented</del>
<del>August 5, 2016</del>	<del>Revised Mission Statement</del>	<del>Adopted</del>
<del>January 1, 2017</del>	<del>Revised Mission Statement</del>	<del>Implemented</del>
<del>August 4, 2017</del>	<del>Revision to Standard 1, Affiliations</del>	<del>Adopted</del>
<del>August 4, 2017</del>	<del>Revised Accreditation Status Definitions</del>	<del>Adopted and Implemented</del>
<del>July 1, 2018</del>	<del>Revision to Standard 1, Affiliations</del>	<del>Implemented</del>
<del>August 3, 2018</del>	<del>Revised Terminology Related to Advanced Education Programs</del>	<del>Adopted</del>
<del>January 1, 2019</del>	<del>Revised Terminology Related to Advanced Education Programs</del>	<del>Implemented</del>
<u>TBD</u>	<u>Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics</u>	<u>Adopted</u>
<u>TBD</u>	<u>Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics</u>	<u>Implemented</u>

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## 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: 8/18; 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.

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

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**Other Accreditation Actions:**

**Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

**Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a program's reported discontinuance effective date or planned closure date and to remove a program from the Commission's accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program's reported discontinuance effective date or 2) is closed by the sponsoring institution.

**Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

**Withdraw:** An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

**Denial:** An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11

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

A fellowship in craniofacial and special needs orthodontics is a planned post-residency program that contains advanced education and training in a focused area of the discipline of orthodontics. The focused areas include:

Cleft lip/palate patient care; Syndromic patient care; Orthognathic Surgery; Craniofacial Surgery and Special Care Orthodontics.

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 fellowship programs in each discipline for accreditation purposes. The general and discipline specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular discipline.

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



1  
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3  
4 **Definitions of Terms Used in**  
5 **Craniofacial and Special Care Orthodontics**  
6 **Accreditation Standards**

7  
8 The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully  
9 and indicate the relative weight that the Commission attaches to each statement. The definitions of  
10 these words used in the Standards are as follows:

11  
12  
13 **Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item;  
14 mandatory.

15  
16 Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

17  
18 May or Could: Indicates freedom or liberty to follow a suggested alternative.

19  
20 Levels of Knowledge:

21  
22 In-depth: A thorough knowledge of concepts and theories for the purpose of critical  
23 analysis and the synthesis of more complete understanding.

24  
25 Understanding: Adequate knowledge with the ability to apply.

26  
27 Familiarity: A simplified knowledge for the purpose of orientation and recognition of  
28 general principles.

29  
30 Levels of Skills:

31  
32 Proficient: The level of skill beyond competency. It is that level of skill acquired through  
33 advanced training or the level of skill attained when a particular activity is accomplished  
34 with repeated quality and a more efficient utilization of time.

35  
36 Competent: The level of skill displaying special ability or knowledge derived from  
37 training and experience.

38  
39 Exposed: The level of skill attained by observation of or participation in a particular  
40 activity.

## 1 Other Terms:

2

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

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6 Sponsoring institution: primary responsibility for advanced dental education programs. Affiliated  
7 institution: support responsibility for advanced dental education programs.

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## 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 fellowship student achievement.

*Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of Craniofacial and Special Care Orthodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice Craniofacial and Special Care Orthodontics. 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 assure 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** assure 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

Hospitals that sponsor fellowships **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor fellowships **must** be accredited by an agency recognized by the United States Department of

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1 Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial  
2 portion of fellowship programs **must** assure that dentists are eligible for medical staff membership  
3 and privileges including the right to vote, hold office, serve on medical staff committees and  
4 admit, manage and discharge patients.

5  
6 United States military programs not sponsored or co-sponsored by military medical treatment  
7 facilities, United States-based educational institutions, hospitals or health care organizations  
8 accredited by an agency recognized by the United States Department of Education or accredited by  
9 an accreditation organization recognized by the Centers for Medicare and Medicaid Services  
10 (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection  
11 criteria.

12  
13 The authority and final responsibility for curriculum development and approval, student/fellow  
14 selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

15  
16 The position of the program in the administrative structure **must** be consistent with that of other  
17 parallel programs within the institution and the program director **must** have the authority,  
18 responsibility, and privileges necessary to manage the program.

19  
20 1-1 Fellowships which are based in institutions or centers that also sponsor orthodontic  
21 residency training programs **must** demonstrate that the fellowship and residency  
22 programs are not in conflict. The fellowship experience **must** not compete with  
23 the residency training program for cases. Separate statistics **must** be maintained  
24 for each program.

25  
26 1-2 Members of the teaching staff participating in an accredited fellowship program  
27 **must** be able to practice the full scope of the discipline in the focused area and in  
28 accordance with their training, experience and demonstrated competence.

## USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship 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.

1-4 Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, **must** be available. The following items **must** be covered in such inter-institutional agreements:

- a. Designation of a single program director;
- b. The teaching staff;
- c. The educational objectives of the program;
- d. The period of assignment of students/fellows; and
- e. Each institution's financial commitment.

*Intent: The items 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).*

1-5 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 they are responsible.

1-6 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.

*Intent: It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.*

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

1  
2                   **STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF**  
3

4     The program **must** be administered by a director who has documented expertise in Craniofacial  
5     Anomalies and Special Care (CFA&SC) orthodontics. Additionally, the program director **must**  
6     either be board certified in orthodontics or have previously served as a director in a craniofacial  
7     orthodontic fellowship program prior to January 1, 2008.  
8

9     Examples of evidence to demonstrate compliance may include: Board certification certificate or  
10    current CV identifying previous directorship in a Craniofacial Orthodontic Fellowship and letter  
11    from the employing institution verifying service.  
12

13    2-1    Program Director: The program **must** be directed by one individual. The responsibilities of  
14    the program director **must** include:

15  
16           2-1.1   Development of the goals and objectives of the program and definition of a  
17                   systematic method of assessing these goals by appropriate outcomes measures.  
18

19           2-1.2   Ensuring the provision of adequate physical facilities for the educational process.  
20

21           2-1.3   Participation in selection and supervision of the teaching staff. Perform periodic, at  
22                   least annual, written evaluations of the teaching staff.  
23

24           2-1.4   Responsibility for adequate educational resource materials for education of the  
25                   students/fellows, including access to adequate learning resources.  
26

27           2-1.5   Responsibility for selection of students/fellows and ensuring that all appointed  
28                   students/fellows meet the minimum eligibility requirements.  
29

30           2-1.6   Maintenance of appropriate records of the program, including student/fellow and  
31                   patient statistics, institutional agreements, and student/fellow records.  
32

33    2-2    Teaching Staff: The teaching staff **must** be of adequate size and **must** provide for the  
34    following:

35  
36           2-2.1   Provide direct supervision appropriate to a student's/fellow's competence, level  
37                   of training, in all patient care settings.  
38

39    2-3    Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the  
40    fellowship faculty. Such evidence may include:

41  
42           a.   Participation in clinical and/or basic research particularly in projects funded following  
43                   peer review;

44  
45           b.   Publication of the results of innovative thought, data gathering research projects, and  
46                   thorough reviews of controversial issues in peer-reviewed

1 i. and scientific media;

2  
3 c. Presentation at scientific meetings and/or continuing education courses at the local,  
4 regional, or national level.

5  
6 2-4 The program **must** show evidence of an ongoing faculty development process.

7  
8 *Intent: Ongoing faculty development is a requirement to improve teaching and learning, to*  
9 *foster curricular change, to enhance retention and job satisfaction of faculty, and to*  
10 *maintain the vitality of academic dentistry as the wellspring of a learned profession.*

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

13 Participation in development activities related to teaching, learning, and assessment

14 Attendance at regional and national meetings that address contemporary issues in  
15 education and patient care

16 Mentored experiences for new faculty

17 Scholarly productivity

18 Presentations at regional and national meetings

19 Examples of curriculum innovation

20 Maintenance of existing and development of new and/or emerging clinical skills

21 Documented understanding of relevant aspects of teaching methodology

22 Curriculum design and development

23 Curriculum evaluation

24 Student/Resident assessment

25 Cultural Competency

26 Ability to work with students/residents of varying ages and backgrounds

27 Use of technology in didactic and clinical components of the curriculum

28 Evidence of participation in continuing education activities

**STANDARD 3 - FACILITIES AND RESOURCES**

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2  
3 Facilities and resources **must** be adequate to provide the educational experiences and opportunities  
4 required to fulfill the needs of the educational program as specified in these Standards. Equipment  
5 and supplies for use in managing medical emergencies **must** be readily accessible and functional.  
6

7 *Intent: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or*  
8 *technical staff) should permit the attainment of program goals and objectives. To assure health*  
9 *and safety for patients, students/fellows, faculty and staff, the physical facilities and equipment*  
10 *should effectively accommodate the clinic and/or laboratory schedule.*  
11

12 The program **must** document its compliance with any applicable regulations of local, state and  
13 federal agencies including but not limited to radiation hygiene and protection, ionizing radiation,  
14 hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all  
15 students/fellows, faculty and appropriate support staff and continuously monitored for compliance.  
16 Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants  
17 for admission and patients.  
18

19 *Intent: The program may document compliance by including the applicable program policies.*  
20 *The program demonstrates how the policies are provided to the students/fellows, faculty and*  
21 *appropriate support staff and who is responsible for monitoring compliance. Applicable policy*  
22 *states how it is made available to applicants for admission and patients should a request to review*  
23 *the policy be made.*  
24

25 Students/Fellows, faculty and appropriate support staff **must** be encouraged to be immunized  
26 against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B,  
27 prior to contact with patients and/or infectious objects or materials, in an effort to minimize the  
28 risk to patients and personnel.  
29

30 *Intent: The program should have written policy that encourages (e.g., delineates the advantages*  
31 *of) immunization for students/fellows, faculty and appropriate support staff.*  
32

33 Students/Fellows, faculty and support staff involved in the direct provision of patient care **must** be  
34 continuously recognized/certified in basic life support procedures, including cardiopulmonary  
35 resuscitation.  
36

37 *Intent: Continuously recognized/certified in basic life support procedures means the appropriate*  
38 *individuals are currently recognized/certified.*  
39

40 The use of private office facilities as a means of providing clinical experiences in advanced dental  
41 education is not approved, unless the discipline has included language that defines the use of such  
42 facilities in its discipline-specific Standards.  
43

44 *Intent: Required orthodontic fellowship clinical experiences do not occur in private office*  
45 *facilities. Practice management and elective experiences may be undertaken in private office*  
46 *facilities.*



1  
2 3-1 Adequate space **must** be designated specifically for the clinical fellowship training  
3 program in Craniofacial and Special Care Orthodontics.  
4

5 *Intent: Dedicated space is necessary to maintain the autonomy of a program. Sharing the*  
6 *same clinical facilities with other areas of dentistry is not permitted.*  
7

8 3-2 Facilities **must** permit the students/fellows to work effectively with trained allied dental  
9 personnel.  
10

11 *Intent: A program is expected to have auxiliaries available to assist the students/fellows*  
12 *so the program can meet the educational Standards.*  
13

14 Examples of evidence to demonstrate compliance may include:

- 15 • Schedule of dental assistants' assignments  
16

17 3-3 Radiographic, biometric and data collecting facilities **must** be readily available to  
18 document both clinical and research data. Imaging equipment **must** be available.  
19

20 3-4 Students/Fellows in a Craniofacial and Special Care Orthodontic program **must** have  
21 access to adequate space, equipment, and physical facilities to do research.  
22

23 *Intent: Adequate space is necessary to do research, but does not need to be dedicated to*  
24 *craniofacial and special care orthodontic research.*  
25

26 3-5 Adequate secretarial, clerical, dental auxiliary and technical personnel **must** be provided to  
27 enable students/fellows to achieve the educational goals of the program.  
28

29 *Intent: The intent is to assure the students/fellows in Craniofacial and Special Care*  
30 *Orthodontics utilize their time for educational purposes.*  
31

32 3-6 Clinical facilities **must** be provided within the sponsoring, affiliated institution or surgical  
33 center to fulfill the educational needs of the program.  
34

35 3-7 Sufficient space **must** be provided for storage of patient records, models and other related  
36 diagnostic materials.  
37

38 3-8 These records and materials **must** be readily available to effectively document active  
39 treatment progress and immediate as well as long term post-treatment results.  
40

41 *Intent: Students/Fellows are expected to have easy access to active, post treatment, and*  
42 *retention records. These records should be complete.*  
43

1 3-9 Radiography equipment **must** be available and accessible to the craniofacial clinic so that  
2 panoramic, cephalometric and other images can be provided for patients. Cone-beam  
3 volumetric images are also acceptable.  
4

5 *Intent: High quality radiographic images are essential for orthodontic and dentofacial*  
6 *orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and*  
7 *TMJs are acceptable if clinically indicated.*  
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## STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The fellowship program **must** be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities **must** be assured by the program director and available for review.

- 4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills for management of Craniofacial Anomalies and Special Care (CFA&SC) patients. These patients have craniofacial anomalies that affect the face and stomatognathic system and require special care due to physical mental and/or psychological conditions. The goals of the fellowship program **must** be clearly identified and documented.
- 4-2 The duration of the fellowship program **must** be a minimum of twelve months.
- 4-3 The fellowship program **must** include a formally structured curriculum. The curriculum **must** include the following experiences for each student/fellow:
- a. regularly scheduled grand rounds case presentations
  - b. historical and current scientific literature review
  - ~~e. research methodology and biostatistics~~
  - d. training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families
- 4-4 The fellowship program **must** provide a complete sequence of patient experiences which includes:
- a. pre-treatment evaluation and orthodontic record taking;
  - b. diagnosis and treatment planning;
  - c. advanced training in the use of the specialized orthodontic appliances required for the management of CFA&SC patients;
  - d. retention and long-term post-treatment evaluation.
- 4-5 The student/fellow **must** maintain a treatment log of all patients under their care with associated treatment plans/ procedures performed and include at least the date of the procedure, patient name, patient identification number, and the outcome of the procedure, and long-term follow-up plans when applicable.

## STANDARD 5 – STUDENTS/FELLOWS

### ELIGIBILITY AND SELECTION

Orthodontists who have completed their formal orthodontic residency training are eligible for fellowship program consideration.

5-1 Nondiscriminatory policies **must** be followed in selecting students/fellows.

5-2 There **must** be no discrimination in the selection process based on professional degree(s).

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

### EVALUATION

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

- a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its fellowship students, using appropriate written criteria and procedures;
- b. Provide to fellowship students an assessment of their performance, at least semiannually;
- c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

*Intent: A copy of the final written evaluation stating that the student/ fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship program.*

### 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 fellowship students **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 fellowship students **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

## STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship program in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics complete advanced training in a focused area:

6-1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and **must** be taught to a level of proficiency.

6-2 Craniofacial and Special Care Orthodontics:

Craniofacial is that area of orthodontics that treats patients with congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures. Special Care is that area of orthodontics that treats patients with special needs including disabilities and medically compromised patients who require comprehensive treatment.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as the orthodontist, who works with a craniofacial team treating patients with a broad scope of craniofacial deformities and special needs situations.

6-2.2 Clinical Experience: Clinical experience **must** include the following procedures and **must** exist in sufficient number and variety to assure that objectives of the training are met:

a. experience with pre-surgical orthopedics for infants born with cleft lip and palate;

b. orthodontic therapy for patients with craniofacial deformities from the primary through adult dentition;

c. orthodontic management of patients with cleft or craniofacial anomalies;

d. surgical/orthodontic treatment planning;

e. pre and post surgical orthodontic management;

f. surgical splint design and construction;

g. observation of surgical procedures, including splint placement;

h. orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs;

i. participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists providing restorative services for CFA & SC patients;

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- 1 j. exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and  
2 Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language  
3 Pathology for additional exposure to management of CFA&SC patients.
- 4 k. supervised participation in craniofacial team activities.
- 5 l. participate in craniofacial team meetings.

6 Examples of Evidence to demonstrate compliance may include:

- 7 • Roster of who attends craniofacial team meetings  
8 • Schedule as to how often the craniofacial team meets  
9 • Sense of what is discussed at meetings of craniofacial team, e.g., meeting  
10 minutes.  
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## STANDARD 7 - RESEARCH

Students/Fellows **must** engage in an evidence-based research project approved by the director of the program, ~~which should include one or more of the following~~

- ~~7-1 Analyses based on clinical case records.~~
- ~~Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.~~
- ~~7-2 Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.~~
- ~~7-3 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.~~

Examples of evidence to demonstrate compliance may include:

- a. Basic Sciences or Clinical Research Investigation
- b. Meta-Analyses or Systematic Reviews of scientific literature
- c. Analyses based on clinical case records.  
Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
- d. Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
- e. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.