

**ACCREDITATION STANDARDS FOR ADVANCED EDUCATION PROGRAMS IN
 GENERAL PRACTICE RESIDENCY**

Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated = 71
 August 3, 2018 through August 4, 2022

Standard 1 – Institutional and Program Effectiveness (20 Required Areas of Compliance)

Non- Compliance Citings	Accreditation Standard	Required Areas of Compliance
1	1-1	Each sponsoring and co-sponsoring institution 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).
3	1-5	All arrangements with co-sponsoring, affiliated institutions, or extramural facilities must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.
	1-8	The program must develop overall program goals and objectives that emphasize: <ul style="list-style-type: none"> a) general dentistry, b) resident education, c) patient care, and d) community service and include training residents to provide oral health care in a hospital setting.
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3	1-9	The program must have a formal and ongoing outcomes assessment process that regularly evaluates the degree to which the program’s stated goals and objectives are being met and make program improvements based on an analysis of that data.

Standard 2 – Educational Program (68 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-2	The program must have goals and objectives or competencies for resident training and provide didactic and clinical training to ensure that upon completion of training the resident is able to provide the following at an advanced level of skill and/or case complexity beyond that accomplished in pre-doctoral training:
1		a) operative dentistry;
1		b) restoration of the edentulous space;
3		c) periodontal therapy;
2		d) endodontic therapy;
1		e) oral surgery;
1		f) evaluation and treatment of dental emergencies; and
1		g) pain and anxiety control utilizing behavioral and/or pharmacological techniques.
	2-5	Residents must be assigned to an anesthesia rotation with supervised practical experience in the following:
		a) preoperative evaluation;
		b) assessment of the effects of behavioral and pharmacologic techniques;
1		c) venipuncture technique;
		d) patient monitoring;
		e) airway management;
		f) understanding the use of pharmacologic agents;
		g) recognition and treatment of anesthetic emergencies; and
		h) assessment of patient recovery from anesthesia.

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
1 1 1	2-7	<p>The program must provide formal instruction in physical evaluation and medical assessment, including:</p> <ul style="list-style-type: none"> a) taking, recording, and interpreting a complete medical history; b) understanding the indications of and interpretations of laboratory studies and other techniques used in the diagnosis of oral and systemic diseases; c) understanding the relationship between oral health care and systemic diseases; and d) interpreting the physical evaluation performed by a physician with an understanding of how it impacts on proposed dental treatment.
1 1	2-11	<p>Residents must receive training and experience in the management of inpatients or same-day surgery patients, including:</p> <ul style="list-style-type: none"> a) reviewing medical histories and physical examinations; b) prescribing treatment and medication; c) providing care in the operating room; and d) preparing the patient record, including notation of medical history, review of physical examination, pre- and post-operative orders, and description of surgical procedures.
1	2-12	<p>Formal patient care conferences must be held at least twelve (12) times a year.</p>

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	2-19	The program's resident evaluation system must assure that, through the director and faculty, each program:
4		a) periodically, but at least three times annually, evaluates and documents the resident's progress towards achieving the goals and objectives or competencies for resident training using appropriate written criteria and procedures;
1		b) provides residents with an assessment of their performance after each evaluation. Where deficiencies are noted, corrective actions must be taken; and
1		c) maintains a personal record of evaluation for each resident that is accessible to the resident and available for review during site visits.

Standard 3 – Faculty and Staff (12 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	3-7	The program must show evidence of an ongoing faculty development process.
	3-9	At each site where educational activity occurs, adequate support staff must be consistently available to ensure:
2		a) residents do not regularly perform the tasks of allied dental personnel and clerical staff,
2		b) resident training and experience in the use of current concepts of oral health care delivery and
		c) efficient administration of the program.
1	3-10	The program must provide ongoing faculty calibration at all sites where educational activity occurs.

Standard 4 – Educational Support Services (11 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
	4-5	The program’s description of the educational experience to be provided must be available to program applicants and include:
1		a) A description of the educational experience to be provided,
2		b) A list of goals and objectives or for resident training, and
1		c) A description of the nature of assignments to other departments or institutions.

Standard 5 – Patient Care Services (8 Required Areas of Compliance)

Non-Compliance Citings	Accreditation Standard	Required Areas of Compliance
2	5-3	The program must conduct and involve residents in a structured system of continuous quality improvement for patient care.
1	5-4	All 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.