INFORMATIONAL REPORT ON ORAL AND MAXILLOFACIAL SURGERY PROGRAMS (RESIDENCY AND FELLOWSHIP) ANNUAL SURVEY CURRICULUM DATA

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 annually for both oral and maxillofacial surgery residency education programs and clinical fellowship training programs in oral and maxillofacial surgery. The most recent Curriculum Section was conducted in August/September 2023. Aggregate data of the most recent Curriculum Sections for review by the Oral And Maxillofacial Surgery Education Review Committee as an informational report is provided in **Appendix 1** for residency programs and **Appendix 2** for fellowship programs.

Summary: The Review Committee on Oral And Maxillofacial Surgery Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1** and **Appendix 2**).

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

Prepared by: Ms. Yesenia Ruiz

2023-24 Oral and Maxillofacial Surgery Curriculum Survey Results

This report includes data collected in the 2023-24 *Survey of Advanced Dental Education* from 101 oral and maxillofacial surgery programs accredited at the time of the survey.

21. Do residents from this program rotate to another educational site that has its own accredited oral and maxillofacial surgery program?

	Percentage
Yes (Specify institution)	11.9%
No	88.1%
Total	101

Yes (Specify institution) - Text

REDACTED University/Dental College **REDACTED**

Children Hospital of **REDACTED**

REDACTED REDACTED Medical Center

Elective two-weeks rotation on oncologic surgery and Microvascular Reconstructive Surgery of H & N at **REDACTED**, **REDACTED**, **REDACTED**.

REDACTED Hospital

REDACTED Health System OMS

REDACTED Health Sciences or University of **REDACTED**

The University of **REDACTED**

REDACTED

REDACTED

REDACTED

REDACTED Hospital Center, **REDACTED REDACTED** Medical Center

22. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member in each of the following major oral and maxillofacial surgery categories.

Field	Minimum	Maximum	Mean	Count
a. Trauma	24	2120	287.4	99
b. Pathology	30	1744	356.2	99
c. Orthognathic and Craniofacial	20	767	211.6	99
d. Reconstructive / Cosmetic	36	2042	393.3	99
e. Other, please describe	0	6826	1351.9	99

22e. Other, please describe - Text

Anesthesia
codes not by CODA
Codes Not Captured Above
Codes not contemplated
Codes not contemplated by CODA (12)
Codes not contemplated by CODA and multiple categories
Codes not included in CODA
Codes reported in RSL's but not categorized for reporting by CODA
D Codes on report
Dental Codes

22e. Other, please describe - Text
dentoalv implant etc
Dentoalveolar
Dentoalveolar and EUA in OR
Dentoalveolar etc
dentoalveolar hardware removal
Dentoalveolar minor grafting etc
Extractions
Extractions etc (2)
Generalized dentoalveolar procedures
Hardware removal deep
Hypoglossal Nerve Stimulator or Cranial Nerve Stimulator
LacerationsRepair Extractions
Laser
misc major cases
Not Coded by CODA
Not contemplated by CODA
Not counted by CODA
Other (2)
Procedure codes not contemplated by CODA

22e. Other, please describe - Text

ridge augmentation
These are logged procedures that do not fit into the four major categories for OMS procedures
Thyroid surgery and temporal bone surgery and misc
TMJ Lacerations
TMJ surgery
Unlisted procedures

Comments on Questions 21-22

Codes not contemplated by CODA: 10021, 10060, 10061, 10120, 10121, 10140, 10160, 10180, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11950, 11951, 11952, 11954, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 15200, 15201, 15570, 15600, 15734, 15782, 15786, 15787, 15788, 15789, 15792, 15793, 15850, 17000, 17003, 17004, 17106, 17107, 17108, 17110, 17111, 17250, 17270, 17271, 17272, 17273, 17274, 17276, 17280, 17281, 17282, 17283, 17284, 17286, 20005, 20205, 20220, 20225, 20240, 20245, 20520, 20525, 20600, 20605, 20606, 20615, 20650, 20670, 20680, 20696, 20973, 20999, 21073, 21085, 21110, 21116, 21245, 21246, 21248, 21249, 21310, 21400, 21440, 21450, 21497, 21550, 30000, 30020, 30100, 31000, 31510, 31512, 31535, 37609, 38500, 38510, 38542, 38555, 40490, 40510, 40520, 40530, 40800, 40804, 40806, 40808, 40810, 40812, 40819, 40820, 41005, 41010, 41108, 41520, 41599, 41800, 41805, 41806, 41820, 41821, 41822, 41823, 41828, 41830, 41850, 41872, 41874, 42100, 42104, 42106, 42160, 42280, 42281, 42299, 42550, 42699, 42800, 42804, 42806, 42860, 60100, 60200, 60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271, 60280, 60281, 64612, 64615, 64616, 67999, 69100, 69105, 69110, 69120, 69145, 69399, 99252, D4210, D4211, D4212, D4230, D4231, D4245, D4249, D4250, D4260, D4261, D4262, D4263, D4264, D4265, D4266, D4267, D4268, D4270, D4273, D4274, D4275, D4276, D4277, D4278, D7111, D7120, D7130, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7270, D7272, D7280, D7282, D7283, D7290, D7291, D7292, D7293, D7294, D7310, D7311, D7320, D7321, D7471, D7485, D7950, D7951, D7952, D7953, D7995)

D- Codes, Extractions, Alveo, fine needle bx, I&D, removal foreign body, wound repair, full thickness graft, flaps, nasal fx., drain abscess,revisions

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e. Involved All Cases Not Captured in a. - d.

Impacted Boney Third Molars, Impacted Canines, Ridge Splits, Canine Exposures

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Repair of Lacerations

23. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of trauma procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Field	Minimum	Maximum	Mean	Count
a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	3	505	110.9	99
b. Midface Fractures: Le Fort I (21421-21423)	0	41	8.5	99
c. Midface Fractures: Le Fort II (21345-21348)	0	26	4.0	99
d. Midface Fractures: Le Fort III (21431-21436)	0	29	2.6	99
e. Malar (21355-21366)	0	85	22.4	99
f. Nasoethmoid (21338-21340)	0	24	3.3	99
g. Orbital (21385-21399, 21401-21408)	0	79	17.9	99
h. Nasal (21315-21337)	0	114	19.5	99
i. Frontal Sinus (21343-21344)	0	21	3.4	99
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	0	2,056	89.7	99
k. Additional Trauma / TMJ codes (20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	0	50	5.2	99

24. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of pathology procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Field	Minimum	Maximum	Mean	Count
a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	0	43	6.3	99
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42808-42815)	9	776	155.0	99
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31420, 38700, 38720, 38724, 40500-40530, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	0	532	34.9	99
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 29804)	0	202	31.3	99
e. Salivary Gland and Duct Procedures (42300-42450, 42509, 42551-42665)	0	58	11.7	99
f. Tracheostomy (31600-31603, 31605, 31610)	0	116	16.6	99
g. Infections (40801, 41000, 41006-41009, 41015-41018, 42000, 42700, 42720, 42725)	3	474	100.4	99

25. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of orthognathic and craniofacial procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Field	Minimum	Maximum	Mean	Count
a. Mandible (21193-21199)	10	366	105.3	99
b. Genioplasty (21121-21123)	0	84	18.2	99
c. Maxilla (21141-21147, 21206)	3	371	82.9	99
d. Orbit (21172-21180, 21182-21184, 21256, 21260-21268, 21275)	0	14	1.8	99
e. Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	0	15	1.3	99
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62143, 62145-62148)	0	33	2.2	99

26. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of reconstructive procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Field	Minimum	Maximum	Mean	Count
a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	0	102	11.3	99
b. Cleft Lip (40700-40761)	0	28	3.2	99
c. Cleft Palate / Pharyngoplasty (42200-42260, 42950)	0	131	10.6	99
d. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15271-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	0	582	51.5	99
e. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	0	64	6.1	99
f. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	0	65	2.6	99
g. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	0	254	32.6	99
h. Free Flaps (20955-20957, 20962, 20969, 20970, 20972, 21208-21209)	0	221	9.8	99
i. Temporomandibular Joint (21240-21243)	0	162	23.2	99
j. Vestibuloplasty (40840-40845)	0	130	5.9	99
k. Lip Repair (40650, 40652, 40654)	0	66	4.3	99
l. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)	0	17	2.0	99
m. Correction of Facial Nerve Paralysis (15840-15842, 15845)	0	7	0.2	99
n. Blepharoplasty / Eyelid Procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)	0	115	9.6	99
o. Brow / Forehead (15824, 15826, 67900)	0	27	1.7	99
p. Hard & Soft Tissue Augmentation / Osseous Reduction / Recontouring / Genioplasty / Facial Implants (21120, 21125, 21127, 21137-21139, 21181, 21208, 21209, 21270, 21295, 21296)	0	185	9.6	99

Field	Minimum	Maximum	Mean	Count
q. Otoplasty (69300, 69310, 69320)	0	20	1.4	99
r. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	0	127	14.9	99
s. Rhytidectomy & lipectomy (15819, 15825, 15828, 15829, 15838, 15876)	0	56	3.9	99
t. Hair transplant (15775, 15776)	0	19	0.2	99
u. Dermabrasion & peels (15870, 15781, 15783, 30120)	0	180	3.1	99
v. Implants (21244, d6010)	0	1120	185.7	99

27. For each member of the program's most recent graduating class, please provide their cumulative anesthetic experience.

Field	Minimum	Maximum	Mean	Count
Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR				
Adult	72	821	219.5	251
Pediatric	0	230	23.9	251
Total General Anesthesia/Deep Sedation				
Adult	109	961	379.9	251
Pediatric	11	278	77.4	251

Comments on Question 27

Clinic sedation numbers below 150 per graduating resident threshold. CODA notified and program currently on reporting requirements. This is actively being addressed.

Discrepancies among residents cumulative anesthetic experience, can be attributed to COVID-19 pandemic restrictive protocols, at varied periods of time, which might have affected the experience exposure of each resident.

G1: **REDACTED** Peds under 18 total. 75 under 13 G2: **REDACTED** Peds under 18 total. 50 under 13 G3: **REDACTED** Peds under 18 total. 70 under 13. G4: **REDACTED** Peds under 18 total. 72 under 13. G5: **REDACTED** Peds under 18 total. 61 under 13.

Our program does not have any recent graduates. Our first graduate will complete their program in 2024.

The disparity in numbers is a result of Graduate 2 transferring into this program in her 4th year. Most of her anesthesia cases were done at her previous institution. Graduate 1 completed all 4 years at this institution. Both graduates meet the minimum requirements as mandated by CODA.

28. Indicate the type of assignment and length of each rotation included in the residents' off-service program.

Type of Assignment

Question	Elective	Required	Not applicable	Total
a. Adult anesthesia	1.0%	99.0%	0.0%	101
b. Pediatric anesthesia	1.0%	93.1%	5.9%	101
c. Medicine	1.0%	98.0%	1.0%	101
d. Other medical rotations	5.9%	56.4%	37.6%	101
e. General surgery	1.0%	99.0%	0.0%	101
f. Plastic surgery	19.8%	60.4%	19.8%	101
g. Ear, nose and throat surgery	16.8%	58.4%	24.8%	101
h. Other surgical rotations	17.8%	49.5%	32.7%	101

Length of Rotation (in weeks)

Field	Minimum	Maximum	Mean	Count
a. Adult anesthesia	4	24	16.7	101
b. Pediatric anesthesia	1	8	4.6	95
c. Medicine	3	128	12.5	100
d. Other medical rotations	2	60	13.7	63
e. General surgery	4	60	19.8	101
f. Plastic surgery	2	16	4.7	81
g. Ear, nose and throat surgery	1	12	4.4	76

h. Other surgical rotations	1	168	11.1	68

28h. Other surgical rotations - Text

Burn surgery, STICU
Burns, Oncology, Trauma
Cosmetic facial surgery
elective rotation on Ophthalmology, Neurosurgery, Pathology, for example.
Neurosurgery (11)
Neurosurgery ICU
Neurosurgery, SICU
NS
NSU, Trauma, SICU, Plastics, Elective
oculoplastic surgery
Oculoplastics (4)
OMS
OMS Trauma - off campus
pathology, neurosurgery, emergency service, pediatric surgery
Pediatric and Adult Neurosurgery
Pediatric craniofacial
Resident Elective
Shock trauma, dermatology, SICU
SICU (3)

28h. Other surgical rotations - Text

SICU and Occuloplastics
SICU, Vascular, Oculoplastic, ED
Surgical Critical Care
Surgical ICU (2)
Trauma, SICU

REDACTED

Comments on Question 28

All above is for both the 4-year and 6-year program except as follows. C. & D. Medicine - The 12 weeks of medicine is for residents in the 4-year program in the 6-year program the residents get typically an additional 60 weeks of medicine rotation. E. General Surgery - Both 4- and 6-year programs do a minimum of 20 weeks, with the 6-year program residents doing and additional 44 weeks.

d. Other medical rotations = Preoperative Assessment Clinic (OPAC) h. Other surgical rotations = Pediatric general surgery, 4 weeks; Surgical intensive care unit, 8 weeks.

d: ICU 8 weeks, CCU 4 weeks, h: elective surgical rotation

General surgery rotation consists of 8 weeks on the trauma surgery service

General surgery year includes rotations to vascular, plastics and surgical oncology assigned by the department through their rotation schedule independent of OMS service.

H: Full body cosmetic as well as an elective.

Medicine and ENT rotation for certificate program only. 'Other' medical rotation is SICU which all residents participate in.

Other surgical rotations include: **REDACTED**, **REDACTED** OMS rotation, **REDACTED** OMS, and **REDACTED** OMS rotation

Plastics are covered as part of the general surgery rotation, typically 4 weeks.

Residents do 5 months in anes=21 weeks. 24 months in Medicine=104 weeks. 5 months in gen surg=21 weeks and a month each in ENT and plastics=4 weeks

Residents in the 72-month, MD-integrated program complete 8 weeks of internal medicine while completing their MD. Residents in the 48-month, certificate program complete 12 weeks of internal medicine during their PGY1 and 2 years. Other medicine rotations include 8 weeks of ICU care.

The 6 year residents obtain their medical rotations and anesthesia while medical students and their general surgery requirements during their general surgery prelim year as General surgery interns. The 4 year residents does his/her ambulatory preop month in their third year of theprogram, where as the 6 year residents complete this rotation in their fourth year as medical students.

The four weeks of pediatric anesthesia is broken up / intermixed within the 24 weeks that the residents are on the Anesthesia service.

The Four year track has 30 weeks of general surgery rotations that is required (six months)

The rotation to **REDACTED** for 2 months PGY1 and 1 month PGY3 provides out patient IV sedation/General anesthesia on pediatric and adult oral surgery patients with oral surgery attendings. Require rotation

This data includes the time spent on off-service rotations in addition to the relevant clerkship as medical students

29. Does each resident devote a minimum of 120 weeks to clinical oral and maxillofacial surgery over the course of their training?

	Percentage
Yes	100.0%
No	0.0%
Total	101

30a. Is each resident assigned to anesthesia service for at least 20 weeks?

	Percentage
Yes	100.0%
No	0.0%
Total	101

30b. Of the total amount of time spent in anesthesia service, how many weeks is the resident assigned to pediatric anesthesia?

	Minimum	Maximum	Mean	Count
	0.0	8.0	4.3	101

31a. Is each resident assigned to a clinical surgical experience for at least 16 weeks?

	Percentage
Yes	100.0%
No	0.0%

Total	101

31b. Of the total amount of time spent in clinical surgery, how many weeks is the resident assigned to a surgical service (not to include oral and maxillofacial surgery)?

	Minimum	Maximum	Mean	Count
	4.0	72.0	25.8	101

32. Is each resident assigned to a clinical medical experience for at least eight (8) weeks?

	Percentage
Yes	100.0%
No	0.0%
Total	101

33. Is each resident assigned to a clinical surgical or medical education experience, exclusive of all oral and maxillofacial surgery service assignments, for at least eight (8) additional weeks?

	Percentage
Yes	99.0%
No	1.0%
Total	101

Comments on Questions 29-33

31b. 24 weeks for the 4-year program and 64 weeks for the 6-year program.

31b. Residents are assigned to 8 Weeks of General Surgery, 4 Weeks Plastic Surgery, 4 Weeks Neurosurgery, and 4 Weeks ENT Surgery.

4 weeks on Plastic Surgery Service and 4 weeks on ENT Service

Our residents complete 24 weeks of anesthesia. During that time they will spend 4 weeks (may not be consecutive) on pediatric anesthesia. They also spend 4 weeks in the ICU and 4 weeks in the Emergency Department.

Residents spend 16 weeks on General Surgery, 4 weeks on Plastic Surgery and 4 weeks on ENT for total of 24 weeks.

The residents spend 16 weeks on General Surgery Service in the PGY2 year. Additionally, they have surgical electives including Plastic Surgery, Vascular Surgery, CT Surgery, Oculoplastic and Oncology

The response to 31a refers to the 48-month program. Residents in the 72-month program are assigned to a surgical service for 10 months.

REPORT ON ORAL AND MAXILLOFACIAL SURGERY PROGRAMS (RESIDENCY AND FELLOWSHIP) ANNUAL SURVEY CURRICULUM SECTIONS

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 both oral and maxillofacial surgery residency education programs and clinical fellowship training programs in oral and maxillofacial surgery annually. The most recent Curriculum Section was conducted in August/September 2023. The next Curriculum Section will be conducted in August/September 2024. The draft Curriculum Sections are provided in **Appendix 1** for residency programs and **Appendix 2** for fellowship programs, for review by the Oral and Maxillofacial Surgery Education Review Committee.

Summary: The Review Committee on Oral and Maxillofacial Surgery Education is requested to review the draft Curriculum Section of its discipline-specific Annual Surveys (**Appendix 1** and **Appendix 2**).

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

Prepared by: Ms. Yesenia Ruiz

Part II - Oral and Maxillofacial Surgery Curriculum Section

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

21. Do residents from this program rotate to another educational site that has its own accredited oral and maxillofacial surgery program?

- ○ Yes (Specify institution) [ ]
- ○ No

Please note that submission of a supplemental report to CODA is not required for this annual survey, unless specifically requested by the Commission.

2. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member in each of the following major oral and maxillofacial surgery categories.

If none or not applicable, enter 0. Note that open treatment of bilateral mandibular fractures may be counted as separate procedures. Bilateral mandibular osteotomies may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

	Number of procedures
a. Trauma (must agree with Q23 total)	
b. Pathology (must agree with Q24 total)	
c. Orthognathic and Craniofacial (must agree with Q25 total)	
d. Reconstructive / Cosmetic (must agree with Q26 total)	
e. Other, please describe	

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

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

In calculating the program responses to Questions 23 and 24, same day admission and discharge patients are to be counted as inpatients.

2023), please provide the number of trauma procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Open treatment of bilateral mandibular fractures may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22a.

a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	
b. Midface Fractures: Le Fort I (21421-21423)	
c. Midface Fractures: Le Fort II (21345-21348)	
d. Midface Fractures: Le Fort III (21431-21436)	
e. Malar (21355-21366)	
f. Nasoethmoid (21338-21340)	
g. Orbital (21385-21399, 21401-21408)	
h. Nasal (21315-21337)	
i. Frontal Sinus (21343-21344)	
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	
k. Additional Trauma / TMJ codes (20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	
Total	

5. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of pathology procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22b.

a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42808-42815)	
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31420, 38700, 38720, 38724, 40500-40530, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 29804)	
e. Salivary Gland and Duct Procedures (42300-42450, 42509, 42551-42665)	
f. Tracheostomy (31600-31603, 31605, 31610)	
g. Infections (40801, 41000, 41006-41009, 41015-41018, 42000, 42700, 42720, 42725)	
Total	

2023), please provide the number of orthognathic and craniofacial procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Bilateral mandibular osteotomies may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22c.

a. Mandible (21193-21199)	
b. Genioplasty (21121-21123)	
c. Maxilla (21141-21147, 21206)	
d. Orbit (21172-21180, 21182-21184, 21256, 21260-21268, 21275)	
e. Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62143, 62145-62148)	
Total	

26. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of reconstructive procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22d.

a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	
b. Cleft Lip (40700-40761)	
c. Cleft Palate / Pharyngoplasty (42200-42260, 42950)	
d. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15271-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	
e. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	
f. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	
g. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	
h. Free Flaps (20955-20957, 20962, 20969, 20970, 20972, 21208-21209)	
i. Temporomandibular Joint (21240-21243)	
j. Vestibuloplasty (40840-40845)	
k. Lip Repair (40650, 40652, 40654)	

l. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510) ☐

m. Correction of Facial Nerve Paralysis (15840-15842, 15845) ☐

n. Blepharoplasty / Eyelid Procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)

o. Brow / Forehead (15824, 15826, 67900)

p. Hard & Soft Tissue Augmentation / Osseous Reduction / Recontouring / Genioplasty / Facial Implants (21120, 21125, 21127, 21137-21139, 21181, 21208, 21209, 21270, 21295, 21296)

q. Otoplasty (69300, 69310, 69320)

r. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)

s. Rhytidectomy & lipectomy (15819, 15825, 15828, 15829, 15838, 15876)

t. Hair transplant (15775, 15776)

u. Dermabrasion & peels (15870, 15781, 15783, 30120)

v. Implants (21244, d6010)

Total

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

27. For each member of the program's most recent graduating class, please provide their cumulative anesthetic experience.

Note that Total General Anesthesia/Deep Sedation includes all on and off-service general anesthesia/deep sedation.

Oral and Maxillofacial Surgery Standard 4-9.1 states: The cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.

	Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR - ADULT	Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR - PEDIATRIC	Total General Anesthesia/Deep Sedation - ADULT	Total General Anesthesia/Deep Sedation - PEDIATRIC
a. Graduate 1				
b. Graduate 2				
c. Graduate 3				
d. Graduate 4				
e. Graduate 5				
f. Graduate 6				
g. Graduate 7				
h. Graduate 8				

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

28. Indicate the type of assignment and length of each rotation (in WEEKS) included in the residents' off-service program.

	Type of Assignment			Length of Rotation
	Elective	Required	Not applicable	(in WEEKS)
a. Adult anesthesia	○	○	○	
b. Pediatric anesthesia	○	○	○	
c. Medicine	○	○	○	
d. Other medical rotations	○	○	○	
e. General surgery	○	○	○	
f. Plastic surgery	○	○	○	
g. Ear, nose and throat surgery	○	○	○	
h. Other surgical rotations	○	○	○	

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

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

29. Does each resident devote a minimum of 120 weeks to clinical oral and maxillofacial surgery over the course of their training?

- ◯ Yes
- ◯ No

30a. Is each resident assigned to anesthesia service for at least 20 weeks?

- ◯ Yes
- ◯ No

30b. Of the total amount of time spent in anesthesia service, how many weeks is the resident assigned to pediatric anesthesia?
If no separate assignment is made to pediatric anesthesia, enter 0.

☐

31a. Is each resident assigned to a clinical surgical experience for at least 16 weeks?

- ◯ Yes
- ◯ No

31b. Of the total amount of time spent in clinical surgery, how many weeks is the resident assigned to a surgical service (not to include oral and maxillofacial surgery)?

32. Is each resident assigned to a clinical medical experience for at least eight (8) weeks?

- ◯ Yes
- ◯ No

33. Is each resident assigned to a clinical surgical or medical education experience, exclusive of all oral and maxillofacial surgery service assignments, for at least eight (8) additional weeks?

- ◯ Yes
- ◯ No

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

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section

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

21. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of esthetic procedures performed by fellows.

	Total esthetic procedures
a. Blepharoplasty / Eyelid (15820-15823, 21280, 21282, 67901-67904, 67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975, 67999)	
b. Brow / Forehead (15824, 15826, 67900)	
c. Dermabrasion & Peels / Treatment of Skin Lesions (15780-15781, 15783, 15786-15793, 30120)	
d. Injections / Augmentation (11950-11954, 64612, 64615, 64616)	
e. Genioplasty / Hard & Soft Tissue Recontouring / Facial Implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	
f. Otoplasty (69300, 69310, 69320, 69399)	
g. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	
h. Rhytidectomy (15819, 15825, 15828, 15829, 15838, 15876)	
i. Hair Transplant (15775, 15776)	
j. Scar Revision (13120-13122, 13131-13133, 13151-13153, 13160, 14020, 14021, 14040, 14041, 14060, 14061, 14300-14302, 14350, 15115, 15116, 15120, 15121, 15240, 15241, 15260, 15261, 15574, 15610, 15620, 15630)	
k. Destruction of Lesions (17000, 17003, 17004, 17106-17108, 17110, 17111)	
Total	

2. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of oncology procedures performed by fellows.

	Total oncology procedures
a. Excisions for Malignant Tumors (11620-11624, 11626, 11640-11644, 11646. 17270-17276, 17280-17286, 21015, 21016, 21034, 21044, 21045, 21557, 21558, 30150, 30160)	
b. Major Soft Tissue Excisions for Benign or Malignant Tumors (e.g., Hemiglossectomy, Floor of Mouth Excision, Parotidectomy, Submandibular Gland Incision) (11420-11424, 11426, 11440-11446, 21552, 21554-21556)	
c. Lip (40500-40530, 41110-41114, 41116, 41120-41150, 41825-41827, 42104, 42106, 42107, 42120, 42160, 42410, 42415, 42420, 42425, 42426, 42440, 42450, 42808, 42810, 42815, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	
d. Jaw Excisions for Benign and Malignant Disease (e.g., Marginal or Segmental Mandibulectomy, Partial Maxillectomy) (21025-21030, 21040-21050, 31225, 31230, 42280)	
e. Neck Dissections which must include Radical and Limited (e.g., Supramohyoid) Neck Dissections (38700, 38720, 38724, 41135, 41145, 41153, 41155)	
f. Tracheostomy (31600, 31601, 31603, 31605, 31610)	
Total	0

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

3. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of pediatric craniomaxillofacial surgery (cleft and craniofacial surgery) procedures performed by fellows.

	Total pediatric craniomaxillofacial surgery procedures
a. Orthognathic, Cleft-Related and Craniofacial: Mandible (21193-21196, 21198, 21199)	
b. Orthognathic, Cleft-Related and Craniofacial: Genioplasty (21121-21123)	
c. Orthognathic, Cleft-Related and Craniofacial: Maxilla (21141-21143, 21145-21147, 21206)	
d. Orthognathic, Cleft-Related and Craniofacial: Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	
e. Orthognathic, Cleft-Related and Craniofacial: Orbit (21172, 21175, 21179, 21180, 21182-21184, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275)	
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62148)	
g. Cleft Lip (40700-40702, 40720, 40761)	
h. Cleft palate / Pharyngoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 42200, 42205, 42210, 42215, 42220, 42225-42227, 42235, 42260, 42950)	
Total	

24. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of trauma procedures performed by fellows.

Note that open treatment of bilateral fractures may be counted as separate procedures.

	Total trauma procedures
a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	
b. Midface Fractures: Le Fort I (21421-21423)	
c. Midface Fractures: Le Fort II (21345-21348)	
d. Midface Fractures: Le Fort III (21431-21436)	
e. Malar (21355-21366)	
f. Nasoethmoid (21338-21340)	
g. Orbital (21385-21399, 21401-21408)	
h. Nasal (21315-21337)	
i. Frontal Sinus (21343-21344)	
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	
k. Vestibuloplasty Procedures (40840-40845)	
l. Additional Trauma / TMJ codes (11960, 11971, 20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	
Total	

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

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section (continued)

25. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of oral and maxillofacial pathology procedures performed by fellows.

	Total oral and maxillofacial pathology procedures
a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21070, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40810, 40812, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42806-42815)	
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 38700, 38720, 38724, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892)	
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 21240-21243, 29804)	
e. Salivary Gland and Duct Procedures (42300-42340, 42408, 42409, 42500-42510, 42600-42665)	
f. Infections (40801, 41000, 41006-41009 41015-41018, 42000, 42700, 42720, 42725)	
Total	

26. For the most recently completed academic year (July 1, 2022 to June 30, 2023), please provide the number of reconstructive and cosmetic surgery procedures performed by fellows.

	Total reconstructive and cosmetic surgery procedures
a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	
b. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15275-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	
c. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	
d. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	
e. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	
f. Free Flaps (20955-20957, 20962, 20969, 20970, 20972)	
g. Vestibuloplasty (40840-40845)	
h. Lip Repair (40650, 40652, 40654)	
i. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)	
j. Correction of Facial Nerve Paralysis (15840-15842, 15845)	
k. Blepharoplasty / Eyelid procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)	
l. Brow / Forehead (15824, 15826, 67900)	
m. Hard & Soft tissue augmentation / Osseous reduction / Recontouring / Genioplasty / Facial implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	
n. Otoplasty (69300, 69310, 69320)	
o. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	

p. Rhytidectomy & Lipectomy (15819, 15825, 15828, 15829, 15838, 15876)

q. Hair Transplant (15775, 15776)	
r. Dermabrasion & Peels (15870, 15781, 15783, 30120)	
s. Implants (21244, D6010)	
Total	

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

27. Indicate the type of assignment and length of each rotation (in weeks) included in the fellows' off-service program.

	Type of Assignment			Length of Rotation
	Elective	Required	Not applicable	(in WEEKS)
a. NICU	○	○	○	
b. PICU	○	○	○	
c. Microvascular laboratory	○	○	○	
d. Other	○	○	○	

28. Identify the total number of months fellows are assigned to the oral and maxillofacial surgery services for the entire program.

For the purpose of this question, a month is defined as a period of no less than four weeks. Round to the nearest whole month.

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

CONSIDERATION OF PROPOSED REVISIONS TO IMPROVE DIVERSITY IN DENTAL AND DENTAL RELATED EDUCATION PROGRAMS

Background: On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in **Appendix 1**. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

The short-term suggestions from TNCDHE include:

1. Better training of site visit teams on how to assess whether an educational program has implemented a plan to achieve positive results.
2. Ensuring site visit teams are inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Further, when possible, site visit team members should be representative of dental schools with demonstrated success in increasing diversity and assuring a humanistic environment.
3. Redefining the meaning and intent of "diversity" in the Standards, considering the recent Supreme Court decision. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

The long-term suggestions from TNCDHE include:

1. Achieving a humanistic environment, addressing discrimination in policies and practice. Suggested revisions to the Accreditation Standards for Predoctoral Dental Education Programs were provided.
2. Review of student admissions related to the underrepresented segments of the population enrolled in dental schools. Suggested revisions and additions to various Accreditation Standards were provided.
3. Considering Standards related to an inclusive environment in dental education. Suggested revisions and additions to various Accreditation Standards were provided.
4. Considering Standards related to access to care among diverse populations. Suggested revisions and additions to various Accreditation Standards were provided.

Summary: The OMS Review Committee and Commission are requested to consider the letter from The National Coalition of Dentists for Health Equity (**Appendix 1**). If proposed revisions are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Sherin Tooks

December 1, 2023

Dr. Sherin Tooks, EdD, MS
Director, Commission on Dental Accreditation
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
tookss@ada.org

Dear Dr. Tooks,

Recommendations to increase diversity in dental education and practice via the Commission on Dental Accreditation Standards

The National Coalition of Dentists for Health Equity's mission is to support and promote evidence informed policy and practices that address inequities in oral health. One of our priorities is to advocate for greater diversity among dental students and faculty to better reflect the diversity of the US population in the oral health workforce.

In November of 2022, we wrote to the Commission on Dental Education (CODA), expressing concerns about the lack of diversity in predoctoral dental education and the apparent lack of enforcement of the CODA standards on diversity (hot link to our letter on our website). We observed that despite these standards, no dental schools (as of 2022) had received a recommendation related to diversity over the ten years that the standards had been in place. Our letter recommended new standards, policies, and procedures that would enhance diversity in predoctoral dental education. We were pleased to learn that CODA accepted our letter and referred it to a committee reviewing potential changes in the predoctoral standards and that the committee's report will be considered in the early 2024 CODA meetings.

Since 2022, we have spent additional time reviewing CODA standards for the other academic dental educational programs including dental hygiene, dental therapy and advanced education programs and realized our recommendations should also apply to these other programs. In this letter, we review our original recommendations, and propose additional ones for all educational programs.

We believe that the dental school accreditation standards utilized by CODA serve a vital role in achieving a diverse oral health workforce. However, we also believe that the current CODA predoctoral education standards do not appear to be encouraging academic dental institutions to recruit a more diverse student body or faculty. CODA adopted the new diversity predoctoral education standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that "between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis, Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class increased by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report-Slow to Change: HURE Groups in Dental Education, https://www.adea.org/HURE/)" The conclusion we draw is that dental schools are not doing enough to recruit more HURE students to meet the intent of the CODA Standards.

We recognize that the recent Supreme Court decision to abolish the use of race in making admission decisions will prevent academic dental institutions from using race as a determining factor in admissions. The recommendations we make below do not suggest or presume that strategy.

In this letter, we are offering several additional suggestions to CODA to improve the diversity of all academic dental education programs, including predoctoral, dental hygiene, advanced educational programs and dental therapy. Three of these are short term recommendations that are not related to changing accreditation standards, with the understanding that CODA appropriately takes considerable time in changing standards which entails seeking input from many individuals, communities, and entities. In addition, we make another set of suggestions that are long term and include modifications to the “Examples of evidence to demonstrate compliance” for some of the standards. Our recommendations are based on papers found in recent Special Editions of The Journal of Public Health Dentistry and the Journal of Dental Education.

In particular, the longer-term suggestions build on the recommendations of the paper by Smith, PD, Evans CA, Fleming, E, Mays, KAI Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards, as well as two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' Note that some of these recommendations were included in the previous letter to CODA sent on November 4, 2022

SHORT-TERM SUGGESTIONS

Suggestion 1: We recommend that site visit teams be better trained on how to assess whether an educational program has implemented a viable plan that achieves positive results. Under the structural diversity section of the Standards, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is appropriate but showing an improvement in the diversity of the dental schools’ academic communities based on the school's plans and policies should also be demonstrated.

Since site visit teams are different for each school, there can be no consistency in the assessment process unless site visitors are given explicit expectations of what schools should demonstrate to comply with each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards.

Suggestion 2: To be better able to assess whether schools meet diversity and humanistic standards, site visit teams should be inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Wherever possible, site visit team members should also be representative of dental schools that have demonstrated success in increasing diversity and assuring a humanistic environment.

Suggestion 3: Especially in light of the recent Supreme Court decision, CODA should redefine the meaning and intent of the term "diversity" in the Standards documents. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

LONG-TERM SUGGESTIONS

1) Achieving a humanistic environment- Not much is known about how dental schools address discrimination in their humanistic environment policies and practices. Although school policies on anti-discrimination might exist, students, faculty, and staff from underrepresented populations may still experience microaggressions, discrimination, racism, and barriers to socialization and mentorship. It has been suggested that such experiences may be underreported due to numerous factors, including fear of retaliation and/or disbelief that such concerns will be adequately addressed by the dental school. Because there are small numbers of underrepresented students, faculty, and staff in some dental schools, even anonymous humanistic surveys may not reveal these issues.

Suggested new "Examples of evidence to demonstrate compliance with Predoctoral Education Standard 1-3 may include:"

- Policies and procedures (and documentation of their effectiveness) implemented to seek feedback from traditionally underrepresented individuals concerning their experiences with the school's environment.
- Results of feedback that the school has sought from underrepresented students, faculty, and staff about their experiences with the school's environment.
- Documentation of the number and types of problems, complaints, and grievances reported about the school's environment, together with documentation of the school's effectiveness in addressing these issues.

2) Student Admissions

Despite the historical lack of students and faculty from underrepresented segments of the population enrolled in US dental schools, it appears that dental schools are rarely cited for not meeting Standard 1-4. One reason for this may be that the standard allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not appropriately emphasize certain specific underrepresented segments of the population and/or entirely represent the diversity of the local and regional population surrounding the schools, and/or reflect the national demographics in which the schools' graduates will practice their profession. Additionally, CODA provides no specificity for the level of engagement, with respect to recruitment, that dental schools should have with underrepresented populations

Suggested new "Examples of evidence to demonstrate compliance may include".

- Documentation that the school has implemented policies, procedures, and strategies to attract and retain students, faculty and staff from diverse backgrounds in order to achieve parity with the diversity profiles of the school's local, regional or national populations
- Documentation of longitudinal improvement in the diversity of the school's students, faculty, and staff. Where improvement is absent or minimal, documentation of the evaluation of strategies to improve diversity and of modifications made to these strategies to improve outcomes.

The intent of Standard 1-4 states that "admissions criteria and procedures should ensure the selection of a diverse student body with the potential of successfully completing the program". A problem is that the interpretation of this intent can vary dramatically from school to school. Admissions decisions are made by committees of people, and although there are trainings and processes to address implicit biases toward traditionally underrepresented applicants, the admissions process is still largely subjective. There are unique social and structural issues that exist for underrepresented applicants that must also be considered when assessing their potential for success. Those issues may influence undergraduate education academic achievements including GPA's and standardized tests. The question to admissions committees shouldn't necessarily be which applicant has the higher score, but rather does an applicant demonstrate appropriate academic achievements, despite a history of significant barriers, to successfully negotiate the curriculum.

Suggested new "Examples of evidence to demonstrate compliance may include:"

- Documentation of policies and procedures used to consider the unique social and structural constructs that affect traditionally underrepresented applicants in the admissions decision-making process.

- Documentation of procedures used to educate admissions committee members to implicit biases that may exist with respect to the potential of underrepresented applicants to excel in the academic program.
- Documentation of admissions criteria intended to assess not only academic achievements, but also the interest, desire, and commitment of applicants to learn about issues such as cultural competency, community-based practice, and addressing inequities in oral health within the population.

Standards 4-4 for Predoctoral Dental Education programs and Standard 4-2 for Dental Therapy programs state "Admission policies and procedures must be designed to include recruitment and admission of a diverse student population". There are no accreditation standards for Dental Hygiene or Advanced Educational programs that mandate that these programs have policies and practices to achieve a diverse student population. It is recommended that CODA add these standards with appropriate intent statements and examples of evidence to document compliance.

Generally, with respect to Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

3) Inclusive Environments in Dental Education

Underrepresented students have a more difficult time achieving both success and a feeling of belonging in dental educational programs for a myriad of reasons.

To improve retention of students in dental education programs facing academic, social or emotional challenge, it is recommended that CODA strengthen the intent statement for student services (Standard 4-7 for predoctoral programs and Standard 4-12 for the dental therapy programs).

The intent statement should state "programs should have policies and procedures which promote early identification and subsequent mentoring/counseling of students having academic and/or personal issues which have the potential of affecting academic success or the personal well-being of students".

Dental Hygiene and Advanced Education programs have no accreditation standards that address academic or personal support for students having difficulties. It is recommended standards be added.

4) Access to Care among Diverse Populations

Access to dental care, and therefore oral and systemic health, is significantly compromised by a number of factors including race, gender, sexual orientation, economic status, education, and neighborhood environment, among other factors.

CODA should strengthen the intent statements with respect to graduates being competent in treating patients in all life stages (predoctoral standard 2-22, dental hygiene standard 2-12 and dental therapy standard 2-20) to assure that foundational knowledge is taught and clinical competence is assessed with respect to changes in oral physiology, the management of the various chronic diseases and associated therapeutics associated with aging, as well as psychological, nutritional and functional challenges manifested in many of these patients.

The intent statement of predoctoral standard 2-17, which addresses student's competence in managing a diverse population, is vague. It is recommended CODA strengthen predoctoral standard 2-17 by stating that "graduates MUST (currently reads should) learn about factors and practices associated with disparities in health status among vulnerable populations, including structural barriers, and must display competency in understanding how these barriers, including prejudices and policies regarding, but not limited to race, gender, sexual preferences, economic status, education and neighborhood environment, affect health and disease and access to care".

There are no standards for dental hygiene or advanced education programs that mandate that graduates be competent in treating a diverse population. CODA should add such standards to these programs.

According to the intent statement of predoctoral Standard 2-26, students working in community health care or service-learning settings are essential to the development of a culturally sensitive workforce. However, the standard merely states that the program makes available such learning environments and that students be urged to avail themselves of such opportunities. CODA should mandate the student's participation in service-learning and/or community-based health centers clinics.

We are pleased to submit these suggestions to CODA and we hope they will be considered by CODA in our mutual efforts to increase the diversity of the dental workforce.

Sincerely,
Dr. Lawrence Hill DDS MPH
President, National Coalition of Dentists for Health Equity

cc:
American Dental Education Association - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer, American Dental Education Officer

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

National Dental Association - Tammy Dillard-Steels, MPH, MBA, CAE, Executive Director; Dr. Marlon D. Henderson, President; Dr. Kim Perry, Chairman of the Board
Diverse Dental Society – Dr. Tamana Begay, President
American Dental Therapy Association – Cristina Bowerman MNM, CAE, Executive Director
Hispanic Dental Association - Dr. Christina Meiners, 2023 President; Juan Carlos Pierotti, Operations Manager
Society of American Indian Dentists - Dr. Cristin Haase, President; Janice Morrow, Executive Director;
American Dental Association – Dr. Ray Cohlmia, Executive Director; Dr. Jane Grover, Council on Advocacy for Access, and Prevention; Dr. Linda J. Edgar, President
American Dental Hygienists' Association – Jennifer Hill, Interim CEO; JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA Director, Education, Research & Advocacy
Community Catalyst – Tera Bianchi, Director of Partner Engagement; Parrish Ravelli, Associate Director, Dental Access Project
National Indian Health Board – Brett Webber, Environmental Health Programs Director; Dawn Landon, Public Health Policy and Programs Project Coordinator
American Institute of Dental Public Health – David Cappelli Co-Founder and Chair; Annaliese Cothron, Executive Director

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