

# **Commission on Dental Accreditation**

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## **Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology**

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**Oral and Maxillofacial Pathology** is the specialty of dentistry and discipline of pathology that deals with the nature, identification and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical or other examinations. (Adopted May 1991)

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# Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology

## Document Revision History

<b>Date</b>	<b>Item</b>	<b>Action</b>
<i>July 31, 2008</i>	<i>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</i>	<i>Adopted</i>
<i>January 31, 2009</i>	<i>Revisions to Preface, Definitions of Terms, and Boilerplate Standards 1, 4 and 5 (Eligibility and Selection, and Evaluation)</i>	<i>Adopted</i>
<i>July 1, 2009</i>	<i>Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology</i>	<i>Implemented</i>
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# **Mission Statement of the Commission on Dental Accreditation**

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

Commission on Dental Accreditation  
Revised: January 30, 2001

# 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 must be demonstrated within 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.

## 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).

# Preface

Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of dentistry 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 specialty education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, specialty boards and the public that accredited training programs are in compliance with published standards.

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

Advanced education in a recognized specialty area of dentistry may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their 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 consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all dental specialties, institution and programs regardless of specialty. Each specialty develops specialty-specific standards for education programs in its specialty. The general and specialty-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the education content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular specialty.

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

## **REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS**

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes to the Commission. Failure to report and receive approval in advance of any increase in enrollment or other change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the ADA website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and approved by the Commission to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another;
- Program director qualifications not being in compliance with the standards;
- Substantial increase in program enrollment beyond the apparent resources of the program. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs);
- Significant change in the nature of the program's financial support;
- Curriculum changes that eliminate content areas required by the standards;
- Modification or reduction in faculty or support staff;
- Increase in the required length of the program; and/or
- Significant reduction of program dental facilities and
- Expansion of an existing dental hygiene program will only be considered after the program has

demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Adding content to individual courses;
- Updating or replacing laboratory/clinical equipment;
- Expansion or relocation of dental facilities within the same institution;
- Re-sequencing specific courses within the curriculum; and/or
- Change in program director. A copy of the new or acting program director's curriculum vitae should be provided to Commission staff.

Revised:2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

## **POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL SPECIALTY PROGRAMS**

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed. A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission one (1) month prior to a regularly scheduled semiannual Review Committee meeting. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents.

The Commission will not retroactively approve enrollment increases without a special focused site visit. Special circumstances may be considered on a case-by-case basis, including, but not limited to, temporary enrollment increases due to:

- Student/Resident extending program length due to illness, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation. If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, a special focused site visit will be required at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

## **Definitions of Terms Used in Oral and Maxillofacial Pathology Accreditation Standards**

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

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

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

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

Should: Indicates a method to achieve the standards.

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

Levels of Knowledge:

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

Understanding: Adequate knowledge with the ability to apply.

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

Levels of Skills:

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

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

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

Other Terms:

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

Sponsoring institution: primary responsibility for advanced specialty education programs.

Affiliated institution: support responsibility for advanced specialty education programs.

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

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

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in a specialty recognized by the American Dental Association.

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

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

## STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

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

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

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

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

**The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.**

Examples of evidence to demonstrate compliance may include:

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

**Advanced specialty education programs must be sponsored by institutions, which are properly chartered, and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced specialty education programs must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced specialty education programs must be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced specialty education programs must ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.**

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

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

**1-1 Those portions of advanced oral and maxillofacial pathology training in pathology (anatomic, clinical, dermatologic, forensic, chemical, hematologic, and/or selective) must be in programs approved and accredited by the Accreditation Council for Graduate Medical Education (ACGME).**

**1-2 A program in oral and maxillofacial pathology must include organized teaching experience with formal evaluation. The time devoted to this activity must be carefully evaluated and not disproportionate in relation to the overall program.**

*Intent: Because the practice of oral and maxillofacial pathology often involves formal teaching, programs should provide students/residents with teaching experience.*

## **AFFILIATIONS**

**The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions.**

**Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, 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/residents; and**
- e. Each institution's financial commitment.**

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

#### ***POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES***

*The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate an off-campus site (distance site and/or additional training site not located on the main campus). The Commission must be informed in writing site at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. A program must receive Commission on Dental Accreditation approval of the off-campus site prior to initiating use of the site.*

*Generally, only programs without reporting requirements will be approved to initiate educational experiences at off-campus sites. The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where a significant portion of each student's/resident's educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission. After the initial visit, each site will continue to be visited during the regularly scheduled site visit to the program.*

*The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural dental offices and laboratories to provide students with clinical/laboratory practice experience. In this instance, the Commission will randomly select and visit several facilities during the site visit to a program.*

*Expansion of an existing dental hygiene program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.*

*All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to on and off-campus locations. The Commission office should be contacted for current information on fees.*

*Revised: 2/12, 8/10, 7/09, 7/07; Reaffirmed: 2/02, 1/06; Adopted: 07/98*

## STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

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

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

Examples of evidence to demonstrate compliance may include:

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

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

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

**2-1 The program should be directed by a single individual who has a full-time appointment to the sponsoring institution.**

**2-1.1 The program director and faculty of an advanced oral and maxillofacial pathology program must demonstrate a commitment to teaching and supervision that is uncompromised by additional responsibilities.**

**2-1.2 The quality of instruction and supervision should receive emphasis.**

### STANDARD 3 - FACILITIES AND RESOURCES

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

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

**The program must document its compliance with the institution's policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.**

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

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

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

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

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

**The use of private office facilities as a means of providing clinical experiences in advanced specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty-specific standards.**

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

- 3-1 An advanced oral and maxillofacial pathology training program must provide access for the student/resident to an active and well-organized radiographic imaging facility.**
- 3-2 An advanced oral and maxillofacial pathology training program must provide access to a licensed, active and well-organized diagnostic laboratory service. The director of the diagnostic laboratory service must be board certified and registered by the American Board of Oral and Maxillofacial Pathology. The material received in the laboratory must be sufficient in amount and variety to afford adequate experience in oral and maxillofacial pathology.**
  - 3-2.1 The oral and maxillofacial pathology laboratory must maintain adequate files, reports and an index system of diagnosed materials so that cases may be retrieved and studied.**
- 3-3 The oral and maxillofacial pathology laboratory service must have sufficient space and equipment, adequate desk space, a microscope and some degree of privacy for the student/resident.**
- 3-4 There must be sufficient technical and support personnel so that the laboratory will function efficiently.**
- 3-5 An advanced oral and maxillofacial pathology training program must have an active clinical facility. The facility should not be a traditional screening clinic for predoctoral dental patients, but a specialized clinic which focuses on the evaluation and management of patients with diseases affecting the oral and maxillofacial region. The student/resident must have access to the facility with adequate supervision for the comprehensive examination and management of patients.**
- 3-6 An advanced oral and maxillofacial pathology training program must provide access to an active and well-organized research facility. The student/resident should have exposure to clinical research methodology as well as specific laboratory research techniques.**
- 3-7 Although the student/resident should not function as a technician, the student/resident must become familiar with the routine and special procedures performed in the oral and maxillofacial pathology laboratory.**

## STANDARD 4 – CURRICULUM AND PROGRAM DURATION

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

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

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

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

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

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

**4-1 The program must provide training in application to the medical sciences. This may be accomplished in the following manners:**

- a. Formal courses taken for University credit; and**
- b. Courses, seminars, conferences, reading assignments, hospital rounds and assignment in the laboratories which are carefully organized: the objectives and content, must be carefully planned or reviewed by the program director to avoid deficiencies and unnecessary repetition.**

**4-1.1 Instruction must provide comprehensive knowledge of pathology as well as knowledge and application of anatomy, microbiology, physiology, pathophysiology, biochemistry, immunology, histochemistry, and pharmacology. Instruction in other areas such as statistics, genetics, virology, electron microscopy, cellular and molecular biology is also important.**

**4-1.2 A program must not contain a preponderance of didactic course work. The amount of time devoted to didactic course work should be carefully evaluated in relation to the total program.**

**4-2 Other specific requirements to be included in the curriculum are:**

### **SURGICAL ORAL PATHOLOGY**

**4-2.1 Surgical oral and maxillofacial pathology comprises an essential and important aspect of an advanced educational program in oral and maxillofacial pathology. Students/residents must study and assume initial major responsibility for reports and diagnosis on an adequate volume of surgical specimens of sufficient variety to obtain competence in surgical oral and maxillofacial pathology. This can be accomplished only in an active, professional, licensed and quality-oriented laboratory service that processes a volume of human material that assures student/resident exposure to the spectrum of diseases encountered in the oral regions. The student/resident must develop proficiency in the preparation of oral and maxillofacial pathology laboratory reports. Although quality of education is stressed, the laboratory must receive at least 2000 oral and maxillofacial pathology accessions annually. Students/residents must have adequate exposure to sufficient seminar materials, special collections, exchange slides and file materials to gain experience with diagnosis of unusual and difficult lesions. Surgical oral and maxillofacial pathology case conferences must be held at least weekly but daily conferences are recommended.**

**4-2.2 Students/residents must become familiar with administrative and licensing procedures associated with directorship of laboratories.**

### **ORAL CYTOLOGY**

**4-2.3 Training in diagnostic oral cytopathology must be provided to the students/residents. The training should be provided by either an oral and maxillofacial pathologist, pathologist, or licensed cytotechnologist experienced in oral cytopathology and related diagnostic methods and procedures. This training can be a component of the required training in anatomic pathology and be accomplished during the minimum 6-months hospital rotation.**

### **EVALUATION AND MANAGEMENT OF PATIENTS**

**4-2.4 Experience in the clinical manifestations of oral and systemic diseases is an important facet of the training and practice of oral and maxillofacial pathology. The program must provide adequate training in these clinical manifestations. This may be obtained by active participation in appropriate clinics. The program should provide for a portion of the clinical training in a hospital or medical center.**

**Training must include attendance at tumor boards, clinical assessment of patients, selection of appropriate laboratory studies and their interpretation, evaluation of medical and drug status, administration of systemic and local medications, and participation in multi-disciplinary treatment planning. Oral and maxillofacial pathology students/residents must not spend a significant portion of their clinical training in the routine activities of a screening/emergency clinic. Students/residents should have the opportunity to manage patients with interesting and unusual diseases. Students/residents should be urged to maintain a log, either photographic and/or written, for cases in which they have had some responsibility. Program directors should periodically evaluate the extent of the students'/residents' clinical experience. Regular conferences and seminars should be scheduled to broaden clinical experience and fill in deficiencies with past clinical teaching cases. A wide variety of clinical situations should also be discussed in regularly scheduled literature reviews or journal clubs.**

## **ANATOMIC PATHOLOGY**

- 4-2.5 The practice of oral and maxillofacial pathology calls for the association, cooperation and frequent consultation with medical pathologists. A high level of competence in the broad scope of pathology is of major importance. An acceptable program must provide for a substantial period of residency-level training in anatomic pathology as part of an active, hospital-based pathology department or other laboratory facility in a program accredited and approved by the ACGME. The period of time spent in such service will vary with local circumstances, but it must be of at least six (6) months duration. Students/residents must obtain experience with autopsy procedures on at least ten (10) cases. Students/residents must act as prosector or assistant in a minimum of five (5) autopsies. The requirement for five (5) of the ten (10) autopsy procedures may be satisfied by review of archival autopsy material. Proficiency in utilization of diagnostic techniques shared by oral and maxillofacial pathology and pathology is the broad objective of this training. Trainees must actively participate in the gross and microscopic examination of surgical and necropsy specimens and must attend and participate in other conferences and activities of pathology department. Experience in surgical pathology and dermatopathology must be provided. When assigned to pathology departments, students/residents should perform as pathology students/residents, if legally permissible.**

## **LABORATORY MEDICINE**

- 4-2.6** A program must provide for training in a laboratory medicine program accredited by the ACGME. This training can be a component of the required minimum six (6) months hospital rotation. Experiences in clinical chemistry, microbiology, immunology, hematology, and molecular pathology are recommended.

## **RADIOLOGY**

- 4-2.7** A program must provide training in interpretation of diagnostic imaging, including plain film, magnetic resonance imaging (MRI) and computed tomography (CT). Access to archival images to enhance knowledge and experience is recommended. Students/residents must have the opportunity to interpret an adequate volume of material to obtain competence in identifying the imaged features of disease.

## **PROGRAM DURATION**

- 4-3** An advanced oral and maxillofacial pathology program must be a minimum of 36 months. Students/residents enrolled on a part-time basis must be continuously enrolled and must complete the total curriculum in a period of time not to exceed 72 months.

## STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS

### ELIGIBILITY AND SELECTION

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

- a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;
- b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and
- c. Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and program.

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

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

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

Examples of evidence to demonstrate compliance may include:

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

### EVALUATION

A system of ongoing evaluation and advancement must ensure 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 students/residents, using appropriate written criteria and procedures;
- b. Provides to students/residents an assessment of their performance, at least semiannually;
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

- Intent:* (b) Student/Resident evaluations should be recorded and available in written form.  
(c) Deficiencies should be identified in order to institute corrective measures.  
(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

## **DUE PROCESS**

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

## **RIGHTS AND RESPONSIBILITIES**

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

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

## **STANDARD 6 - RESEARCH**

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

- 6-1 Students/residents must engage in an investigative project utilizing available laboratory or clinical facilities. Advanced specialty education students/residents should have the opportunity to assume the role of primary investigator in a clinical or laboratory research activity. They should develop a research protocol, review necessary literature, develop the experimental methodology, organize and interpret the results.**