INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS

Background: The Accreditation Standards for Advanced Dental Education Programs in Prosthodontics were approved by the Commission on Dental Accreditation August 7, 2015, with implementation on July 1, 2016. Since that date, 20 prosthodontics site visits, including maxillofacial prosthetics, have been conducted by visiting committees of the Commission utilizing the July 2016 Standards. At the time of this report, the Standards include 93 “must” statements addressing 149 required areas of compliance for prosthodontics; 76 “must” statements addressing 114 required areas of compliance for maxillofacial prosthetics; and 102 “must” statements for combined prosthodontic/maxillofacial prosthetic programs, addressing 172 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits July 2016 through October 2018. If special (focused or comprehensive), pre-enrollment or pre-graduation site visits were conducted during this period, citings from those visits are also included.

Analysis: The distribution of citings is presented in Appendix 1. Two (2) areas of non-compliance were cited during the reporting period. One (1) citing under Standard 2-1 related to the program director having primary responsibility for organization and educational and administrative components of the program. Under Standard 5, there was one (1) citing related to a system of ongoing evaluation of student/resident achievement.

Summary: The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

Recommendation: This report is informational in nature and no action is required.
ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN PROSTHODONTICS
Frequency of Citings Based on Required Areas of Compliance

Total Number of Programs Evaluated: 20
July 2016 through October 2018

STANDARD 1- INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 22
Required Areas of Compliance

STANDARD 2- PROGRAM DIRECTOR AND TEACHING STAFF - 17 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-1</td>
<td>The program director <strong>must</strong> have primary responsibility for the organization and execution of the educational and administrative components to the program.</td>
</tr>
</tbody>
</table>

STANDARD 3- FACILITIES AND RESOURCES – 22 Required Areas of Compliance

STANDARD 4- CURRICULUM AND PROGRAM DURATION

<table>
<thead>
<tr>
<th>Program Duration</th>
<th>Number of Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxillofacial Prosthetics 12 months</td>
<td>39</td>
</tr>
<tr>
<td>Prosthodontics 34 months</td>
<td>74</td>
</tr>
<tr>
<td>Combined Prosthodontics/Maxillofacial Prosthetics 45 months</td>
<td>97</td>
</tr>
</tbody>
</table>

STANDARD 5- ADVANCED EDUCATION STUDENTS/RESIDENTS – 13 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Non-Compliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Areas of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
</tr>
</tbody>
</table>
a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;

b. Provides to students/residents an assessment of their performance, at least semiannually;

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.

**STANDARD 6- RESEARCH – 1 Required Area of Compliance**
CONSIDERATION OF PROPOSED REVISION TO ACCREDITATION STANDARDS DEFINITION OF TERMS RELATED TO SPECIAL NEEDS

**Background:** On May 28, 2019, the Commission on Dental Accreditation (CODA) received a request from the Special Care Dentistry Association (SCDA) to consider the standardization of a definition for “Special Needs” across the various Accreditation Standards under the Commission’s purview instead of using different iterations of the definition of special needs. The Special Care Dentistry Association’s request is found in Appendix 1.

The Special Care Dentistry Association believes that the definition of special needs in many of the educational program Accreditation Standards is missing vulnerable older adults. The SCDA has proposed a definition for “Special Needs” that is derived from the Dental Education Standards.

**Summary:** The Prosthodontics Review Committee and Commission are requested to consider the proposed revision to the Accreditation Standards Definition of Terms (Appendix 1) submitted by the Special Care Dentistry Association. If proposed changes 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
May 23, 2019

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Attention: Dr. Sherin Tooks, 19th Floor Director

Dear Members of the Commission on Dental Accreditation,

The Special Care Dentistry Association (SCDA) is responding to several proposed standards in the Dental Education Programs, Dental Assisting Education Programs, Dental Hygiene Education Programs, Advanced Education in Orthodontics and Dentofacial Orthopedics, and Advanced Education in Periodontics Education Programs. Special Care Dentistry Association is a national organization which represents educators, private practice clinicians, and their dental teams who treat older adult patients, patients with special needs, and hospital based dentistry programs.

**Pre-doctoral Education Programs Standard 2-25:** The Special Care Dentistry Association (SCDA) is responding to the proposed revision of Standard 2-25 of the Accreditation Standards for Pre-doctoral Education Programs. We as an organization give support to the proposed revision of Standard 2-25. We believe it is imperative and CODA’s obligation to ensure that dental students gain clinical experience treating patients with special needs. These patients are living out in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental students are exposed and trained to treat and serve patients with special needs. However, we also recommend Standard 2-25 be further revised as follows: Graduate must be competent in assessing, managing, and treating patients with special needs.” We also recommend the intent statement include the following: “Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques, assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.” We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience dental students receive and better prepare students for the real world.

**Dental Assisting Education Programs Standard 2-13:** The Special Care Dentistry Association is responding to the proposed revision of Standard 2-13 of the Accreditation Standards for Dental Assisting Education Programs. We as an organization give our full support to the proposed revision of Standard 2-13. We believe it is imperative and CODA’s obligation to ensure that dental assisting students gain experience clinically assisting patients with special needs. These patients are living in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental assisting students are trained to treat and serve the patients with special needs. We thank you very much for your consideration of this
proposed revision as it will greatly strengthen the education experience dental assisting students receive and better prepare students for the real world.

**Dental Hygiene Standard 2-12:** The Special Care Dentistry Association is responding to the proposed revision of Standard 2-12 of the Accreditation Standards for Hygiene Education Programs. We as an organization **give our full support to the proposed revision of Standard 2-12.** We believe it is imperative and CODA’s obligation to ensure that dental hygiene students gain experience clinically treating geriatric patients and patients with special needs. These patients are living in the community and an insufficient number of specialists exist to be able to treat all of these patients. Therefore, the general practitioner is the primary care dentist for many of these patients. It is imperative that dental hygiene students are exposed and trained to treat patients with special needs. We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience dental hygiene students receive and better prepare students for the real world.

**Advanced Education Programs in Orthodontics and Dentofacial Orthopedics Standard 4-3.4 (p):** The Special Care Dentistry Association (SCDA) is responding to the proposed revision of Standard 4-3.4 (p) of the Accreditation Standards for Advanced Education Programs in Orthodontics and Dentofacial Orthopedics. We as an organization **give our full support to the proposed revision of Standard 4-3.4(p).** We believe it is imperative and CODA’s obligation to ensure that orthodontic students gain experience clinically treating patients with special needs. These patients often develop malocclusions that are in need of orthodontic treatment to improve their general health, ability to eat, risk of trauma, and improve their ability to breathe. It is imperative that orthodontic students are exposed and trained to treat and serve the patients with special needs. We thank you very much for your consideration of this proposed revision as it will greatly strengthen the education experience orthodontic students receive and better prepare students for the real world.

**Advanced Dental Education Programs in Periodontics Standard 4-12:** The Special Care Dentistry Association is responding to the proposed revision of Standard 4-12 of the Accreditation Standards for Advanced Dental Education Programs in Periodontics. We as an organization **support to the proposed revision of Standard 4-12.** We believe it is imperative and CODA’s obligation to ensure educational programs are providing instruction on the management of patients with disabilities to an understanding. **However, we also recommend that the standards be revised further to go beyond just a level of understanding** and instead recommend periodontist gain clinical experience managing the needs of patients with disabilities. We believe the current revision is a step in the right direction, but we recommend further revision of the current standard.

Overall, we believe these proposed modifications to the accreditation standards are a step in the right direction. However, we also ask CODA to consider standardizing the definition of special needs across the different accredited programs instead of using different iterations of the definition of special needs. The proposed definition below is derived from the Pre-doctoral

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Special Care Dentistry Association  
2800 West Higgins Rd.  
Hoffman Estates, IL 60169  
Phone: (312) 527-6764  
Fax: (847) 885-8393.  
SCDA@SCDAonline.org
Education Standards. This definition includes vulnerable older adults, which are missing from many other Education Programs Standards.

**Proposed definition of Special Needs for all accredited programs:** Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment as well as modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical conditions, significant physical limitations, and vulnerable older adults.

Sincere Regards,

David J. Miller, DDS, FACD, FICD, FPFA
President
Special Care Dentistry Association