INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Background: The Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics were approved by the Commission on Dental Accreditation at its January 2013 meeting and were implemented on January 1, 2014. Since that date, 54 site visits have been conducted by visiting committees of the Commission utilizing the January 2014 Standards. At the time of this report, the Standards include 78 “must” statements addressing 125 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from January 1, 2014 through October 31, 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. The following eight (8) Standards were each cited once: 1, Affiliations; 2-8; 3 (recognition/certification in basic life support procedures including cardiopulmonary resuscitation); 3 (documentation of 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); 3-1; 3-2; 4-2a; 4-3.4i; and 5a, Evaluation. Standard 3-5 requires facilities to permit students/residents to work effectively with trained allied dental personnel and, with two (2) citings, is the most frequently cited. Due to the small number of citings (11 total), and no (0) citings in the last year, no further analysis can be made at this time.

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.

Prepared by: Ms. Jennifer E. Snow
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS
Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 54
January 1, 2014 through October 31, 2018

STANDARD 1 – INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS – 23 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available.</td>
</tr>
</tbody>
</table>

STANDARD 2 – PROGRAM DIRECTOR & TEACHING STAFF – 19 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-8</td>
<td>The number and time commitment of faculty must be sufficient to provide full supervision of the clinical portion of the program.</td>
</tr>
</tbody>
</table>

STANDARD 3 – FACILITIES AND RESOURCES – 17 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>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.</td>
</tr>
</tbody>
</table>
Adequate space **must** be designated specifically for the advanced dental education program in orthodontics and dentofacial orthopedics.

Facilities **must** permit the students/residents to work effectively with trained allied dental personnel.

Adequate secretarial, clerical, dental auxiliary and technical personnel **must** be provided to enable students/residents to achieve the educational goals of the program.

### STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 48 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4-2a</td>
<td>Biomedical Sciences: A graduate of an advanced dental education program in orthodontics <strong>must</strong> be competent to: Develop treatment plans and diagnosis based on information about normal and abnormal growth and development;</td>
</tr>
<tr>
<td>1</td>
<td>4-3.4i</td>
<td>A graduate of an advanced dental education program in orthodontics <strong>must</strong> be competent to: Develop and document treatment plans using sound principles of appliance design and biomechanics;</td>
</tr>
</tbody>
</table>

### STANDARD 5 – ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS – 16 Required Areas of Compliance

<table>
<thead>
<tr>
<th>Noncompliance Citings</th>
<th>Accreditation Standard</th>
<th>Required Area of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5a, Evaluation</td>
<td>A system of ongoing evaluation and advancement <strong>must</strong> ensure that, through the director and faculty, each program:</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

### STANDARD 6 – RESEARCH – 2 Required Areas of Compliance
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS

Background: The Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were adopted and implemented by the Commission on Dental Accreditation on August 7, 2015. Since that date, three (3) site visits have been conducted by visiting committees of the Commission utilizing the August 2015 Standards. At the time of this report, the Standards include 61 “must” statements addressing 90 required areas of compliance. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits from August 7, 2015 through October 31, 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: Since the implementation of the August 7, 2015 Standards, there have been three (3) site visits. To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number [three (3) or less] of programs have been site visited. Due to the limited number of site visits, no analysis can be made at this time (Appendix 1).

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.

Prepared by: Ms. Jennifer E. Snow
INFORMATIONAL REPORT ON FREQUENCY OF CITINGS OF ACCREDITATION STANDARDS FOR CLINICAL FELLOWSHIP TRAINING PROGRAMS IN CRANIOFACIAL AND SPECIAL CARE ORTHODONTICS

Frequency of Citings Based on Required Areas of Compliance

Total Number Programs Evaluated: 3
August 7, 2015 through October 31, 2018

To ensure confidentiality, Frequency of Citings Reports will not be made available where a limited number [three (3) or less] of programs have been site visited.

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

STANDARD 2 – PROGRAM DIRECTOR AND TEACHING STAFF – 14 Required Areas of Compliance

STANDARD 3 – FACILITIES AND RESOURCES – 17 Required Areas of Compliance

STANDARD 4 – CURRICULUM AND PROGRAM DURATION – 14 Required Areas of Compliance

STANDARD 5 – STUDENTS/FELLOWS – 9 Required Areas of Compliance

STANDARD 6 – FELLOWSHIP PROGRAMS – 13 Required Areas of Compliance

STANDARD 7 – RESEARCH – 1 Required Area of Compliance
CONSIDERATION OF PROPOSED REVISION TO STANDARD 4-3.4 OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

Background: At its Winter 2018 meeting, the Commission on Dental Accreditation (CODA) directed that its 14 Review Committees consider the National Council on Disability (NCD) Issue Brief “Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities.” At its Summer 2018 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the Issue Brief and related communications.

The Review Committee was supportive of the spirit and content of the submission from the National Council on Disability and the associated supportive documents, and discussed how to best advance the concept of the importance of awareness and management for people with intellectual and developmental disabilities. After considerable discussion, the Review Committee unanimously agreed that “Manage patients with intellectual and developmental disabilities” could be added as a component of existing Orthodontics Standard 4-3.4.

The ORTHO RC concluded, and the Commission concurred, that the proposed revision to Standard 4-3.4 of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics, found in Appendix 1, be circulated to the communities of interest for review and comment for a period of one (1) year, including Hearings during the October 2018 American Dental Association (ADA) and March 2019 American Dental Education Association (ADEA) annual meetings, with comments reviewed at the ORTHO RC and Commission meetings in Summer 2019.

One (1) comment was received at the 2019 ADEA Hearing (Appendix 2). Two (2) written comments were received during the comment period (Appendix 3).

Summary: At this meeting, the Orthodontics and Dentofacial Orthopedics Education Review Committee and the Commission are asked to consider the proposed revision to Standard 4-3.4 of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics, and all comments received, found in Appendices 1, 2 and 3, respectively. If further revisions are proposed to the documents, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Prepared by: Ms. Jennifer E. Snow
Commission on Dental Accreditation

At its Summer 2018 meeting, the Commission directed that the proposed revisions to Standard 4-3.4 of the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2019, for review at the Summer 2019 Commission meeting.

Written comments can be directed to snowj@ada.org or mailed to:

ATTN: Ms. Jennifer Snow, 19th Floor
Manager, Advanced Specialty Education
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

Additions are Underlined; Deletions are Stricken

Standard 4-3.4 of the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

4-3.4 A graduate of an advanced specialty education program in orthodontics must be competent to:

a. Coordinate and document detailed interdisciplinary treatment plans which may include care from other providers, such as restorative dentists and oral and maxillofacial surgeons or other dental specialists;

b. Treat and manage developing dentofacial problems which can be minimized by appropriate timely intervention;

c. Use dentofacial orthopedics in the treatment of patients when appropriate;

d. Treat and manage major dentofacial abnormalities and coordinate care with oral and maxillofacial surgeons and other healthcare providers;

e. Provide all phases of orthodontic treatment including initiation, completion and retention;

f. Treat patients with at least one contemporary orthodontic technique;

Intent: It is intended that the program teach one or more methods of comprehensive orthodontic treatment.

g. Manage patients with functional occlusal and temporomandibular disorders;

h. Treat or manage the orthodontic aspects of patients with moderate and advanced periodontal problems;

i. Develop and document treatment plans using sound principles of appliance design and biomechanics;

j. Obtain and create long term files of quality images of patients using techniques of photography, radiology and cephalometrics, including computer techniques when appropriate;

k. Use dental materials knowledgeably in the fabrication and placement of fixed and removable appliances;

l. Develop and maintain a system of long-term treatment records as a foundation for understanding and planning treatment and retention procedures;

m. Practice orthodontics in full compliance with accepted Standards of ethical behavior;
Intent: A program may be in compliance with the standard on ethical behavior when ethical behavior is acquired through continuous integration with other courses in the curriculum.

Examples of evidence to demonstrate compliance may include:

- Course outlines
- Case treatment records

n. Manage and motivate patients to participate fully with orthodontic treatment procedures; and

o. Study and critically evaluate the literature and other information pertaining to this field.; and

Examples of evidence to demonstrate compliance may include:

- Course outlines
- Clinical outcomes assessment

p. Manage patients with intellectual and developmental disabilities.
Commission on Dental Accreditation
Hearing on Accreditation Standards

2019 American Dental Education Association (ADEA) Annual Meeting
Chicago, Illinois
Saturday, March 16, 2019, 11:00 a.m. to 12:00 p.m.
Roosevelt 3A&B, East Tower, Concourse Level, Hyatt Regency Chicago

Commissioners in Attendance: Dr. Arthur Jee (chair), Dr. Steven Friedrichsen, Dr. Jeffery Hicks, Dr. Tariq Javed, Dr. James Katancik, and Dr. Bruce Rotter.

Staff: Dr. Sherin Tooks, director, CODA, and CODA Managers

Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics, Standard 4-3.4 (Appendix 8)

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carla Evans</td>
<td>Boston University</td>
<td>Merge the information in Appendix 8 and Appendix 10, both appendices are confusing. Is it recognize conditions, monitor, etc. Perhaps an intent statement would help</td>
</tr>
</tbody>
</table>
February 7, 2019

Dr. Arthur Chen-Shu Jee
Interim Chair
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611

Dear Doctor Jee:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its January 2019 meeting, Council members considered and supported the proposed revisions to Standard 4-3.4 of the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics.

The Council believes that the proposed addition, “Manage patients with intellectual and developmental disabilities” to existing Orthodontics Standard 4-3.4 enhances the education of residents to provide care for people with intellectual and developmental disabilities.

On behalf of the Council, I thank you for the opportunity to comment on this important document.

Sincerely,

Rekha C. Gehani, D.D.S.
Chair
Council on Dental Education and Licensure

RCG:ap:eg
cc: Dr. Anthony J. Ziebert, senior vice-president, Education and Professional Affairs
    Dr. Sherin Tooks, director, Commission on Dental Accreditation
    Ms. Karen M. Hart, director, Council on Dental Education and Licensure
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
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