REPORT OF THE STANDING COMMITTEE ON QUALITY ASSURANCE AND STRATEGIC PLANNING

**Background:** At its August 6, 2010 meeting, the Commission on Dental Accreditation (CODA) adopted a revised Standing Committee structure and charge for each committee. The Standing Committee on Quality Assurance and Strategic Planning (QASP) charge is to:

- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;
- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations i.e. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

**July 15, 2019 Meeting of the QASP:** The QASP conducted a telephone conference call on July 15, 2019, which included the following committee members: Dr. Arthur Chen-Shu Jee (chair and CODA chair), Dr. Linda Casser, Dr. Catherine Flaitz, Dr. H. Garland Hershey, Dr. Jeffery Hicks, Mr. Charles McClemens, Dr. Alan Stein, and Dr. Lawrence Wolinsky. Dr. Cesar Sabates, Seventeenth District Trustee and American Dental Association (ADA) Board of Trustees Liaison to CODA was in attendance. Dr. Sherin Tooks, director, CODA, CODA Managers, Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, and Dr. Anthony Ziebert, senior vice president, Education and Professional Affairs, ADA, were also in attendance.

The QASP initiated its meeting with a review of the charge to the standing committee. The Standing Committee’s discussion focused on ongoing directives of the Winter 2019 meeting and new items under the purview of quality assurance and strategic planning. Below is a summary of QASP discussions and recommendations.

**Consideration of Charge of the Standing Committee:** While reviewing its charge, the Standing Committee noted that the term “i.e.” (id est; that is) within a portion of the charge should be replaced with “e.g.” (exempli gratia; for example). The Committee believed that CODA should modify its Evaluation and Operational Policies and Procedures manual and related documents that may reference the Standing Committee’s charge. The proposed revision is noted below (underline indicates addition; strikethrough indicates deletion)

- Monitor USDE, and other quality assurance organizations *i.e.* *e.g.* Council on Higher Education Accreditation (CHEA)...
Quality Assurance and Strategic Planning Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct revision of the Charge to the Standing Committee on Quality Assurance and Strategic Planning, as noted above, within the Evaluation and Operational Policies and Procedures manual and related documents, effective immediately.

Directives of CODA Winter 2019 Meeting and Ongoing Activities
CODA Request for Mechanism to Establish a Reserve Fund: The Standing Committee discussed CODA’s perspective related to Resolution B-92:2017 (Reserve Fund Request), which was forwarded to the 2019 ADA-CODA Relationship Workgroup for further discussion. The QASP believed that it is a “best practice” and integral for the Commission to have a reserve fund in the future so that it can conduct its business and engage in future strategic planning initiatives. The QASP noted that a reserve fund of 50% of total operating expenses would be ideal. The Standing Committee further discussed the wide variety of projects and initiatives that may be funded through the Commission’s Research and Development Fund, in accordance with the Commission’s policy on use of the Fund. Many of the Commission’s projects related to strategic goals and objectives could be funded through Research and Development. As such, the Standing Committee believed that it should monitor the discussion and progress of the ADA-CODA Relationship Workgroup and revisit this topic as further developments occur.

Quality Assurance and Strategic Planning Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct that progress on Resolution B-92:2017 be monitored through its Standing Committee on Quality Assurance and Strategic Planning, with further consideration in Winter 2020.

Development of Annual Web-Based Mandatory Site Visitor Training: The Standing Committee received an update on the mandatory web-based site visitor training program that is under development, with anticipated implementation in Fall 2019. The web-based training will focus on annual training topics for site visitors; however, other training opportunities could also be developed. There was no further discussion by the Standing Committee.

Additional Quality Assurance and Strategic Planning Items for Discussion
American Society of Dentist Anesthesiologists Request for Establishment of an Advanced Dental Education Review Committee for Dental Anesthesiology: The Standing Committee considered a letter submitted by the American Society of Dentist Anesthesiologists (ASDA) requesting that the Commission develop an independent Advanced Dental Education Review Committee for Dental Anesthesiology (Appendix 1). The Standing Committee noted that the ASDA made similar requests for a separate review committee through letters of July 5, 2013 and March 14, 2017, including a supplement letter dated February 22, 2018 related to CODA’s naming convention and removal of the word “specialty” from its lexicon. The Standing Committee noted that CODA appointed an Ad Hoc Committee to study the ASDA’s 2017 request and, following consideration of the Ad Hoc Committee’s report in Summer 2018, the Commission denied the ASDA’s request (Appendix 2).
In further discussion of ASDA’s most recent request, the Standing Committee noted that no rationale nor supporting documentation was submitted to substantiate the request for a new review committee.

The QASP discussed recent developments related to dental anesthesiology’s recognition as a “specialty” by the National Commission on Recognition of Dental Specialties and Certifying Boards, noting that other disciplines may apply for, or receive, this designation in the future. Nonetheless, QASP noted that CODA removed references to specialty status, effective January 1, 2019. The QASP also considered the current Policy on Changes to the Composition of Review Committees and the Board of Commissioners and Review Committee Structure (Appendix 3), noting that changes to the Board of Commissioners or its Review Committee composition may be considered when necessary “to reflect changes in the makeup of the dental profession workforce and to provide standards and quality accreditation services to the educational programs in these areas.” The QASP noted that CODA’s policy provides a mechanism to request a change in the structure of CODA’s Board of Commissioners or its Review Committees and lists some examples of circumstances under which CODA may elect to make a change in its structure. However, there appears to be no established criteria to assess the need for a change in CODA’s structure or how a change in structure may be implemented.

The QASP recognized that as dental education and practice continues to evolve, the Commission should review its current Review Committee and Commission structure and composition, along with appropriate policies, including the potential development of new policies to assess the need for a change in CODA’s structure and how a change in structure would be implemented. The QASP believed that the Commission should direct an ad hoc committee of Commission members to further study this matter, with a report to the Commission in Summer 2020. The Standing Committee believed that CODA should table its consideration of the SCDA request until further information is reviewed in relation to the ad hoc committee’s work.

**Quality Assurance and Strategic Planning Committee Recommendation:** It is recommended that the Commission on Dental Accreditation, through the Chair, appoint an ad hoc committee to study the Commission’s Review Committee and Board of Commissioners structure and function, with consideration of appropriate Commission policies and development of new policies, as applicable, to established criteria by which the Commission may assess the need for a change in CODA’s structure, with a report to the Commission in Summer 2020.

It is further recommended that the Commission on Dental Accreditation direct the ad hoc committee to consider how a change in the Commission’s Review Committee and Board of Commissioners structure and function will impact the Commission, and how a change may be implemented, including the ad hoc committee’s recommendations on the potential need for change in the Commission’s current structure, with a report to the Commission in Summer 2020.
It is further recommended that the Commission on Dental Accreditation formally communicate with the American Society of Dentist Anesthesiologists (ASDA) to inform the ASDA that the Commission will consider its request for a Review Committee for dental anesthesiology following consideration of the ad hoc committee’s recommendations.

Dental Council of New Zealand Invitation to Observe a Site Visit: The Standing Committee considered an invitation from the Dental Council of New Zealand to observe an upcoming site visit to the one (1) and only dental education program in New Zealand (Appendix 4) in relation to the Dental Council’s ongoing interest and a second request to consider reciprocity between CODA and the Dental Council. Following consideration of the Dental Council of New Zealand’s request, the QASP continued to express support for enhanced international relations; however, it was believed that the Commission currently has a significant number of strategic planning initiatives that must take precedence, including for example: a review of international educational activity site usage for U.S.-based programs, development of an electronic accreditation tool, and review of CODA’s Review Committee and Board of Commissioners structure and function in relation to changes in dental education and practice within the United States. The QASP believed that the Commission should inform the Dental Council of New Zealand that it cannot participate in the site visit observation at this time, and may be willing to discuss reciprocity at a future date if doing so will align with CODA’s strategic initiatives.

Quality Assurance and Strategic Planning Committee Recommendation: It is recommended that the Commission on Dental Accreditation direct a formal communication to the Dental Council of New Zealand thanking the Council for its interest in the Commission and informing the Council that the Commission is unable to participate in the site visit observation at this time, and may be willing to discuss reciprocity at a future date if doing so will align with CODA’s strategic initiatives.

National Academy of Medicine Opioid Action Collaborative Request for Commitment Statement: The Standing Committee considered a communication from the National Academy of Medicine (NAM) Action Collaborative on Countering the U.S. Opioid Epidemic calling for outside groups to join the Action Collaborative as a Network Organization by making a public commitment to combating the U.S. opioid epidemic. The QASP noted that the Commission on Dental Accreditation’s Director sits on the Health Professional Education and Training Working Group as one of several accrediting agencies. Following discussion, the QASP members concluded that the Commission should not submit a public commitment statement at this time. While the QASP believes that the Commission has expressed its support for combating the opioid epidemic through participation on the NAM Workgroup, the QASP members were concerned that a public commitment statement by the Commission may give dental education programs accredited by the Commission the impression that programs would be held to educational goals, objectives, or other recommendations that have yet to be determined by the National Academy of Medicine.
**Quality Assurance and Strategic Planning Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct that a public commitment statement by the Commission not be submitted to the National Academy of Medicine at this time.

**American Academy of Craniofacial Pain Request to be Listed on CODA Program Options and Description Website:** The Commission on Dental Accreditation received a request from the American Academy of Craniofacial Pain (AACP) on July 1, 2019 (Appendix 5) asking that the Commission list the AACP on its Program Options and Descriptions web page (Appendix 6) along with several other professional organizations. Following review of the AACP request and discussion, the Standing Committee believed that all professional associations should be removed from the Commission’s Program Options and Descriptions web page. The QASP noted that it would be unmanageable to list any and all organizations that may ask to be acknowledged on the Commission’s website. Further, the QASP noted that the web content in question may be carryover from a shared webpage describing the disciplines of dentistry that was available on the ADA’s website, prior to the Commission developing its own micro-web site. The QASP believed that as an accrediting agency, the Commission should avoid making specific references to individual professional associations in regard to the various disciplines of dentistry. The proposed revision is noted below (strikethrough indicates deletion):

> Professional association in addition to the American Dental Association: [Organization Name].

**Quality Assurance and Strategic Planning Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct that all professional associations be removed from reference on the Commission’s Program Options and Descriptions web page, effective immediately.

It is further recommended that the Commission on Dental Accreditation direct a formal communication to the American Academy of Craniofacial Pain (AACP) to inform the AACP of CODA’s decision on its request to be listed on the Commission’s web site.

**Update on United States Department of Education Reauthorization of Higher Education Act and CODA Timeline for Re-Recognition:** The QASP received an update on the Higher Education Act reauthorization and the Commission’s timeline for recognition. The QASP noted that although CODA’s petition for re-recognition will be reviewed in 2022, under the new United States Department of Education regulations, which may be published in November 2019, the petition will be expected to be submitted in September 2020. The QASP noted that more information will be provided by Commission staff as updates are available.

**Commission Actions:**

Prepared by: Dr. Sherin Tooks
March 28, 2019

Commission on Dental Accreditation
ATTN: Dr. Sherin Tooks, Director
211 E. Chicago Ave.
Suite 1900
Chicago, Illinois 60611

Dear Dr. Tooks:

The American Society of Dentist Anesthesiologists (ASDA) is requesting establishment of an independent Advanced Dental Education Review Committee for Dental Anesthesiology. Currently, the American Dental Association (ADA) Recognized Specialty of Dental Anesthesiology is under the purview of the Post-Doctoral Advanced General Dentistry Education Programs. Dental anesthesiology specifically encompasses a distinct and separate dental specialty that includes the pharmacological, physiological, and clinical basis of anesthesia for dentistry, and it is sufficiently different from any general dentistry education and general dental clinical practice.

In accordance with CODA’s “POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS,” the recent ADA recognized dental specialty area in Dental Anesthesiology fulfills the criteria where “a new dental workforce or discipline is recognized by a nationally accepted agency.” On March 11th, 2019, the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB) approved an application for specialty recognition by the ASDA.

The ASDA respectfully requests that the Commission once again considers the establishment of a separate Review Committee comprised of a discipline-specific Commissioner position and four requisite members as outlined by the Commission’s “Evaluation & Operational Policies & Procedures Manual.”

Sincerely,

James Tom DDS, MS
President, American Society of Dentist Anesthesiologists
925 W. 34th Street RM 4302
Los Angeles, CA 90089
(213) 740-1081
jtom@usc.edu
CONSIDERATION OF A REQUEST TO ESTABLISH A REVIEW COMMITTEE FOR DENTAL ANESTHESIOLOGY

Background: On March 14, 2017, the Commission on Dental Accreditation (CODA) received a letter from the American Society of Dentist Anesthesiologists (ASDA) requesting that the Commission consider establishing an independent Dental Anesthesiology Review Committee. Upon receipt of the ASDA request, and in accordance with policy, the Chair of the Commission on Dental Accreditation directed that the request be considered by the Commission at its next regularly scheduled meeting. At its Summer 2017 meeting, the Commission directed that the Chair appoint an ad hoc committee composed of Commission members to consider the impact, implications, and logistics of the American Society of Dentist Anesthesiologists (ASDA) request, with a report to the Commission at its Summer 2018 meeting.

It is noted that prior to the request of March 2017, the ASDA made a similar request for a separate review committee in 2013, noting the following rationale for the request: 1) dental anesthesiology’s move to a mandatory three-year training program necessitated a separate dental anesthesiology review committee, 2) the perception of an overburdened Postdoctoral General Dentistry Review Committee, and incongruence in having non-dentist anesthesiologists involved in review of dental anesthesiology programs, and 3) a perceived bias in the current organizational structure. In Winter 2014, following consideration, the Commission denied the request for a separate dental anesthesiology review committee. In Summer 2014, the Commission adopted the Policy on Changes to the Composition of Review Committees and the Board of Commissioners, in follow up to CODA’s Winter 2014 directive that a policy be developed upon which CODA could consider future requests.

April 4, 2018 Conference Call: The Ad Hoc Committee met via telephone conference call to consider the request submitted by the ASDA. The Ad Hoc Committee included: Dr. William Lobb, chair, Dr. Ralph Attanasi Jr., Dr. Susan Callahan Barnard, Dr. H. Garland Hershey, Dr. Jeffery Hicks, Dr. Bruce Kinney, Dr. Mark Lerman and Ms. Cindy Stergar. Dr. Loren Feldner, vice-chair, CODA, was in attendance. Commission staff, including Dr. Sherin Tooks, director, Dr. Catherine Horan, Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow and Ms. Peggy Soeldner, managers, were also in attendance. Ms. Cathryn Albrecht, senior associate general counsel, CODA, also attended.

In preparation for its discussion, the Ad Hoc Committee considered background information including the prior and current requests by ASDA (Appendices 1 and 2, respectively) as well as an updated request submitted by the ASDA on February 23, 2018 (Appendix 3), background information on review committee workload, information on potential modifications to the Review Committee and/or Commission structure (Appendix 4), and applicable Commission policies and procedures including the Policy on Changes to the Composition of Review Committees and the Board of Commissioners, and the policy on Review Committees and Review Committee Meetings.
The Ad Hoc Committee noted that in the request of March 14, 2017, the ASDA believed a separate review committee is warranted as a result of events that occurred since the 2013 request, including the passage of the American Dental Association (ADA) House of Delegates Resolution 65, to permit in certain jurisdictions the announcement of specialty status to disciplines of dentistry recognized as a specialty, beyond those recognized by the ADA. In addition, ASDA reminded the Commission that Dental Anesthesiology training programs are now required to be three years in length.

The Committee also reviewed the ASDA’s February 22, 2018 correspondence and noted that ASDA believed that the recent CODA directive to remove the word “specialty” from all CODA documents highlights and strengthens its request for a separate Dental Anesthesiology Review Committee. Further, the ASDA believed the inclusion of “general dentistry” in the title of the discipline is misleading and inconsistent with the goals and objectives of the educational program, as there is no “general dentistry” provided in the dental anesthesiology educational program curriculum. Finally, the letter expressed ASDA’s belief that the CODA Review Committees should be delineated based on specific subject matter and not on whether the discipline is an ADA recognized specialty.

The Committee reviewed the specific points made in the ASDA’s requests and noted that the Commission’s Policy on Changes to the Composition of Review Committees and the Board of Commissioners states that the Commission may consider changes to the composition of Review Committees when a new dental workforce or specialty category is recognized by a nationally accepted agency, when development of accreditation standards or accreditation services for new or existing workforce categories cannot support the existing structure, and when the Board of Commissioners identifies the need to modify its composition or that of a Review Committee, for example.

Pertaining to ASDA’s position that the inclusion of “general dentistry” in the title of the discipline may restrict trade and limit free speech, the Ad Hoc Committee acknowledged the recent actions of the Commission to eliminate terminology that unintentionally dictates which advanced education program is a “dental specialty” will result in removal of references to “general dentistry” and “dental specialty,” as appropriate, within advanced education program discipline titles, and will result in all advanced education programs referenced as “advanced education programs” in a specific discipline.

Further, in consideration of ASDA’s position that the goals and objectives of dental anesthesiology programs do not include “general dentistry,” the Ad Hoc Committee noted that all disciplines under the Commission’s purview use discipline-specific Accreditation Standards with individualized goals and objectives upon which each program in that discipline is evaluated, regardless of the Review Committee under which the discipline is managed. An example of this
includes the Predoctoral Dental Education Review Committee with the recent addition of Dental Therapy Education Programs.

The Committee discussed whether delineation of review committees by specific subject matter had validity. The ASDA provided no evidence that dental anesthesiology educational programs have been underserved within the Commission’s current Review Committee structure. Additionally, ASDA provided no evidence to support its initial claim that the current review committee structure is overburdened with its workload related to dental anesthesiology education program reviews. The Committee further noted, the Policy on Changes to the Composition of Review Committees and the Board of Commissioners, states “the Commission does not establish Review Committees or add Commissioner positions based upon the number of programs accredited.” Nonetheless, the Committee discussed several alternative Review Committee structures and believed the declining number of dental anesthesiology programs (currently nine accredited programs of which three are on teach-out) is of concern and has the potential to make it difficult to identify and retain a sufficient number of Review Committee members and site visitors if a separate Dental Anesthesiology Review Committee was to be approved, given the Commission’s conflict of interest policies for site visitors and Review Committee members.

Following careful review of the ASDA’s request and its reasons for the establishment of a separate Review Committee, and in consideration of the impact, implications, and logistics of this change within the Commission, the Ad Hoc Committee believed the establishment of a separate Review Committee for Dental Anesthesiology is not supported at this time. The educational mission and Commission’s oversight of dental anesthesiology programs does not appear to be lacking with the current Review Committee structure, and the correspondence from ASDA did not identify any concerns or problems with the review of dental anesthesiology programs as a result of the current CODA Review Committee structure.

**Ad Hoc Committee Recommendation:** It is recommended that the Commission on Dental Accreditation direct that the establishment of a Dental Anesthesiology Review Committee is not warranted at this time.

It is further recommended that the Commission on Dental Accreditation direct a communication to the American Society of Dentist Anesthesiologists (ASDA) notifying the ASDA of the Commission’s action on the ASDA request.

Prepared by: Ms. Peggy Soeldner
C. POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS

The Commission believes it is imperative that content area experts are represented on site visit committees, Review Committees and on the Commission to accomplish its mission. However, the Commission does not establish Review Committees or add Commissioner positions based upon the number of programs accredited or number of students/residents enrolled within a given discipline.

The Board of Commissioners is composed of representatives and subject area experts from the dental education, dental licensure and private practice communities, advanced dental education, allied dental education, and the public at large. The Commission’s Review Committees mirror this structure with committees devoted to dental, dental assisting, dental hygiene, dental laboratory technology, 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. The Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain reviews programs in advanced education in general dentistry, general practice residency, dental anesthesiology, oral medicine, and orofacial pain; content experts from each of these areas are represented on the Committee. The Predoctoral Dental Education Review Committee reviews programs in predoctoral dental education and dental therapy education; content experts from each of these areas are represented on the Committee. The Review Committees function to ensure the quality of predoctoral, advanced, and allied dental education programs accredited by the Commission is maintained; they are advisory to the Commission on matters of accreditation policy and program review.

As predoctoral, advanced, and allied dental education and practice continues to evolve, the Board of Commissioners may consider a change in its composition, consistent with its Rules. The Board may also modify the number or composition of its Review Committees. Such changes may be necessary to reflect changes in the makeup of the dental profession workforce and to provide standards and quality accreditation services to the educational programs in these areas.

For example, changes to the Board of Commissioners or Review Committees may be considered by the Board of Commissioners under the following circumstances:

- When a new dental workforce or discipline is recognized by a nationally accepted agency.
- When development of accreditation standards or accreditation services for a new or existing dental workforce or discipline cannot be supported by the existing structure(s).
- When the Board of Commissioners identifies the need to modify its composition or that of a Review Committee(s).

Procedure for Requesting a New Review Committee and/or Commissioner Position:

- A request is submitted to the Commission for either a new Review Committee and/or Commissioner position.

- The Chair of the Commission may refer the request to the appropriate standing committee and/or review committee(s) for evaluation or may present the request to the Commission at its next regularly scheduled meeting.

- If referred to a committee, the committee considers the request and provides a recommendation to the Commission.

- The Commission considers the report and recommendation of standing/review committee(s) or considers the request directly as presented by the chair and makes a final determination.

- If the Commission approves the request and directs a new Review Committee, a period of implementation and training will also be provided. If a modification to the existing composition of the Board of Commissioners is approved, the Commission’s Rules will be modified.

Revised: 8/18; 8/17; 2/16; Adopted 8/14
II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.
   i. The Commission will appoint all Review Committee members.
      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.
   ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).
   iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.
   iv. One public member will be appointed to each committee.
   v. The size of each Review Committee will be determined by the committee’s workload.
   vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.
   vii. Conflict of interest policies and procedures are applicable to all Review Committee members.
   viii. Review Committee members who have not had not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.
   ix. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.
   x. Consent agendas may be used by Review Committees, when appropriate; however, more than 50% of the discipline-specific members must be present at the meeting to evaluate the consent agenda.

Revised: 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06
2. **Composition**

Predoctoral Education Review Committee (9 members)

- 1 discipline-specific Commissioner appointed by American Dental Education Association
- 1 public member
- 3 dental educators who are involved with a predoctoral dental education program (two must be general dentists)
  - 1 general dentist (One of whom is a practitioner)
  - 1 non-general* dentist  (dentist and the other an educator)
  - 1 dental assistant, dental hygienist, dental therapist or dental laboratory technology professional educator
  - 1 dental therapist educator

*a dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Three (3) Advanced Dental Education Review Committees (DPH, OMP, OMR - 5 members each. At least one member must be a dental educator.)

- 1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
- 1 public member
- 1 dentist nominated by the discipline-specific sponsoring organization
- 1 dentist nominated by the discipline-specific certifying board
- 1 general dentist

Six (6) Advanced Dental Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS - 6 members each. At least one member must be a dental educator.)

- 1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
- 1 public member
- 1 dentist nominated by the discipline-specific sponsoring organization
- 1 dentist nominated by the discipline-specific certifying board
- 1 dentist nominated by the discipline-specific certifying board and discipline-specific sponsoring organization
- 1 general dentist

Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Review Committee (12 members)

- 1 discipline-specific Commissioner, jointly appointed by American Dental Education Association (ADEA), the Special Care Dentistry Association (SCDA), the American Society of Dentist Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM), and the American Academy of Orofacial Pain (AAOP).
- 1 public member
- 2 current General Practice Residency (GPR) educators nominated by the SCDA
- 2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA
- 1 oral medicine educator nominated by the American Academy of Oral Medicine
- 1 dental anesthesiology educator nominated by the American Society of Dentist Anesthesiologists
- 1 orofacial pain educator nominated by the American Academy of Orofacial Pain
- 1 general dentist graduate of a GPR or AEGD
- 1 non-general* dentist
1 higher education or hospital administrator with past or present experience in administration in a teaching institution
*a dentist who has completed an advanced dental education program in dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Dental Assisting Education Review Committee (10 members)
1 discipline-specific Commissioner appointed by American Dental Assistants Association
1 public member
2 general dentists (practitioner or educator)
5 dental assisting educators
1 dental assisting practitioner who is a graduate of a Commission accredited program

Dental Hygiene Education Review Committee (11 members)
1 discipline-specific Commissioner appointed by American Dental Hygienists’ Association
1 public member
4 dental hygienist educators
2 dental hygienist practitioners
1 dentist practitioner
1 dentist educator
1 higher education administrator

Dental Laboratory Technology Education Review Committee (5 members)
1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
1 public member
1 general dentist
1 dental laboratory technology educator
1 dental laboratory owner nominated by National Association of Dental Laboratories

Revised: 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted: 1/06

3. Nomination Criteria: The following criteria are requirements for nominating members to serve on the Review Committees. Rules related to the appointment term on Review Committees apply.

All Nominees:
- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.
Educator Nominees:
• Commitment to predoctoral, advanced, and/or allied dental education;
• Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
• Subject matter experts with formal education and credentialed in the applicable discipline; and
• Prior or current experience as a Commission site visitor.

Practitioner Nominees:
• Commitment to predoctoral, advanced, and/or allied dental education;
• Majority of current work effort as a practitioner; and
• Formal education and credential in the applicable discipline.

Public/Consumer Nominees:
• A commitment to bring the public/consumer perspective to Review Committee deliberations. The nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:
  a. Dentist or member of an allied dental discipline;
  b. Member of a predoctoral, advanced, or allied dental education program faculty;
  c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
  d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental education or dentistry; and
  e. Spouse, parent, child or sibling of an individual identified above (a through d).

Higher Education Administrator:
• A commitment to bring the higher education administrator perspective to the Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Hospital Administrator:
• A commitment to bring the hospital administrator perspective to Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Revised: 8/18; 8/17; 8/14; 8/10; Adopted: 07/08

4. Policy On Attendance At Open Portion Of Review Committee Meetings: The policy portion of Review Committee meetings is open to representatives from organizations and certifying boards represented on the Review Committee. Participation of these representatives during the meeting is at the discretion of the Review Committee Chair.

Representatives attending the open portion of meetings are asked to pre-register to assist the Commission
in making arrangements for the meeting. Pre-registration ensures that the individual receives a copy of the meeting agenda and policy reports at the same time as Review Committee members.

Revised: 2/15; 7/07, 7/97; Reaffirmed: 8/17; 8/10, 7/01; CODA: 07/96:10

5. Chairs Of Review Committees: Review Committees are chaired by the Commissioner for the respective discipline(s). The Chair of the Predoctoral Review Committee is selected by the Chair of the Commission from among the four (4) Commissioners appointed by ADEA.

Revised: 8/17; Reaffirmed: 8/10

6. Calibration Protocol: The following protocol used to calibrate Review Committee members:

i. Documentation Guidelines for Selected Recommendations is provided to all programs scheduled to submit either a response to a preliminary draft site visit report or a progress report.

ii. Documentation Guidelines for Selected Recommendations is provided to all members of Review Committees for use as accreditation reports are reviewed.

iii. At the beginning of each committee meeting, the chair reminds the committee of the Documentation Guidelines for Selected Recommendations and reviews how the document is to be used.

iv. A specific calibration exercise is conducted prior to each committee’s consideration of accreditation reports.

v. Each staff secretary refers the committee to the Documentation Guidelines at appropriate points throughout the committee’s discussion of accreditation reports.

vi. At the end of the committee’s accreditation actions, the staff secretary asks for comments and feedback on the calibration process.

vii. Following each meeting of the Commission, a staff meeting is convened for the purpose of discussing input received from each committee on the Documentation Guidelines for Selected Recommendations. Appropriate adjustments are incorporated into the document annually, following the July meeting of the Commission.

viii. When specific calibration problems are identified, a specific exercise to address the problem will be designed and implemented as soon as feasible, usually at the next meeting.

ix. Reports of calibration activities are provided to the committees and the Commission as needed.

Revised: 7/97, 7/00; Reaffirmed: 8/17; 8/10, 7/07, 7/01; CODA: 12/92:8

7. Procedure To Resolve Differences Between Allied Dental Review Committees: The Dental Assisting, Dental Hygiene and Dental Laboratory Technology Education Review Committees usually consider reports with common recommendations as their first item of accreditation business. The staff secretaries compare the two or three committees’ decisions relative to the common recommendations, accreditation status and changes to the report. Discrepancies must then be reconsidered.

At the earliest opportunity convenient to the involved Review Committees, the two reviewers (primary and secondary) from each committee will meet to discuss and resolve any differences. These individuals will be excused, if necessary, from committee deliberations for this purpose and committees will adjust their agendas as much as possible to accommodate this process. The two reviewers from each committee will have delegated authority to act on behalf of their respective committees in reaching consensus.

Representatives of the Review Committees should be reminded prior to the joint meeting that every effort should be made to focus on substantive issues affecting accreditation status, to relate report contents to the discipline standards and to reach a consensus whenever appropriate. The agreed-upon decision, or the failure to achieve consensus, will be reported back to the disciplines’ Review Committees.
If a decision on a single joint recommendation cannot be reached by consensus, then each committee will prepare a report stating the rationale for its recommendation and all reports will be submitted to the Commission for consideration. The Chair and Director of the Commission should be informed promptly when this occurs.

The Chair of each Review Committee or its designated spokesperson will be expected to speak to the committee’s position during the Commission meeting. The Commission will consider both reports and will determine the accreditation status.

Revised: 7/99; Reaffirmed: 8/17, 7/07, 7/01
Dear Sherin

I hope this finds you well.

As part of the validation of the NZ prescribed qualifications Dr Love observed an accreditation of University of Louisville site visit in 2015.

At the same time, we invited the Commission to consider reciprocity, however back in 2016 the Commission concluded that it will not pursue the DCNZ’s request for reciprocity at this. I noted that the Commission also believed that as part of its upcoming 2017-2021 strategic plan discussion, CODA should assess its current and potential future role in the international dental education and accreditation community to ensure alignment with CODA’s mission and vision.

Since then I have reviewed you 2017-2021 strategic plan and in particular I note:

Goal 3 - The Commission on Dental Accreditation will establish a global reputation as a leader in dental accreditation by creating and maintaining international alliances.

Objective 1: Establish and foster relationships with global accreditation bodies and international educational institutions Action Items:
- CODA will investigate ongoing opportunities for involvement with international groups in dental education and higher education accreditation (e.g., International Society of Dental Regulators, International Federation of Dental Educators and Associations, and Council on Higher Education Accreditation International Quality Group).
- CODA will support attendance, presentations and professional memberships in international groups in dental education and higher education accreditation.
- CODA will continue to offer consulting services to international educational programs and regulatory bodies.
- CODA will, as appropriate, consider establishment of reciprocal accreditation arrangements between the Commission and international accrediting agencies.

I am unsure of the progress you have made regarding international alliances. However, the Dental Council again extends a request for the Commission to consider reciprocity.

As previously discussed there is only one university in New Zealand that offers the Bachelor of Dental Surgery, the University of Otago which is due for accreditation this year (7 year cycle).

On behalf of the Dental Council (New Zealand) I would like to personally invite you to observe Dental Council’s accreditation process during the University of Otago site visit. The confirmed dates for the site visit are 2-6 September 2019.

I look forward to your response.

Kind regards
Marie
17 May 2019

Sherin Tooks  
Director 
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611  
USA

Email: tookss@ada.org

Dear Sherin

Invitation to observe the University of Otago undergraduate programmes accreditation review

As previously discussed, we would like to extend to you the opportunity to experience our accreditation review and governance processes first-hand.

It is our great pleasure to invite you to observe the University of Otago undergraduate programme review from 2 to 6 September 2019 in Dunedin, New Zealand. We’d also like to invite you to attend and observe the Dental Council’s monthly meeting in Wellington on Monday 9 September.

Although the accreditation report will not be available for the September Council meeting, you will be invited to participate in the teleconferences or webinars before and following the site visit. This will include the Australian Dental Council/Dental Council (NZ) Accreditation Committee deliberations on the accreditation report, and the Dental Council (NZ) discussion to reach the final accreditation outcome.

The Faculty of Dentistry has agreed to have our invitees attend the site visit and observe the accreditation processes.

For us to proceed with the logistics, please let us know as soon as you can if you will attend the site visit.

Please do not hesitate to get in touch if you have any immediate questions. Further logistical details will be shared with those who confirm attendance.

Yours sincerely

Marie Warner  
Chief Executive
American Academy of Craniofacial Pain  
11130 Sunrise Valley Drive  
Suite 350  
Reston, VA 20191

July 1, 2019

Sherin Tooks, Ed.D., MS  
Director  
Commission on Dental Accreditation

Dear Ms. Tooks,

Thank you for taking the time today to review listing the American Academy of Craniofacial Pain (AACP) to your CODA website as a Professional Association in reference to the Orofacial Pain Programs. Currently on the Program Options and Descriptions page several programs have multiple Professional Associations listed. The Orofacial Pain Programs have the American Academy of Orofacial Pain listed. We view the Orofacial Pain and Craniofacial Pain as synonymous in terminology. The AACP formally requests the addition of our name in reference to Professional Associations with the listing of Orofacial Pain Programs.

The AACP is a non-profit organization with approximately 800 doctors as members. The Mission of the AACP is: The American Academy of Craniofacial Pain is committed to the relief of craniofacial pain, temporomandibular disorders and dental sleep related disorders and supporting the advancement of education, research and dissemination of knowledge and skills in these areas. The AACP link is: [https://www.aacfp.org/](https://www.aacfp.org/).

The AACP assisted in the formation of two certifying boards, the American Board of Craniofacial Pain (ABCP) and the American Board of Craniofacial Dental Sleep Medicine (ABCDMSM). The ABCP accepts all CODA approved Orofacial Pain Programs as part of the requirement in the application process. This has been an acceptable part of the application since the ABCP board started credentialing Diplomates.

Again thank you for your assistance.

Respectfully yours,

Dr. Jeanne K. Bailey  
President of the AACP
Program Options and Descriptions

What Type of Advanced Dental Education Programs are Available?

Find the latest advanced dental education program information by downloading the Survey of Advanced Dental Education.

Advanced dental education programs accredited by the Commission on Dental Accreditation (CODA) are offered across the country in a variety of disciplines of dentistry including the following (shown in alphabetical order):

- **Dental Anesthesiology**

These educational programs are designed to train the dental resident, in the most comprehensive manner, to use pharmacologic and non-pharmacologic methods to manage anxiety and pain of adults, children, and patients with special care needs undergoing dental, maxillofacial and adjunctive procedures, as well as to be qualified in the diagnosis and non-surgical treatment of acute orofacial pain and to participate in the management of patients with chronic orofacial pain.

These programs prepare the graduate to deliver anxiety and pain control services for emergency and comprehensive multidisciplinary oral health care and to plan and provide anesthesia-related care for the full range of dental patients, including patients with special needs. In addition, graduates will be prepared to manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment. The training will prepare graduates to function effectively within the hospital, dental office, ambulatory surgery center, and other health care environments and within interdisciplinary health care teams.

Professional association in addition to the American Dental Association: American Society of Dentist Anesthesiologists.
Dental Public Health

Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

Most programs are dental public health residency programs that require a Master's in Public Health (MPH) degree or equivalent degree prior to admission. A MPH degree is usually earned at a School of Public Health, though equivalent programs are offered in some medical schools and health science centers. Graduate studies may be concentrated in health policy and administration, epidemiology, biostatistics, health behavior and education. Dentists and hygienists may enroll in most MPH programs.

Search Advanced Education Programs for a current list of the existing institutions that offer post-graduate programs in dental public health. Dental public health residency programs, based in academic and health department settings, are available to dentists who have completed a MPH degree program and desire applied, supervised field experience.

Professional association in addition to the American Dental Association: American Association of Public Health Dentistry

Endodontics

Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions. In addition, these specialists are involved in the use of magnification modalities and non-surgical and surgical endodontics treatment and retreatment.

Most programs offer two or three years of advanced training, which leads to a certificate or Master of Science degree in Endodontics.

Professional association in addition to the American Dental Association: American Association of Endodontists

General Dentistry

The Advanced Education in General Dentistry (AEGD) program provides advanced training in clinical dentistry and applied basic sciences. It is a planned, sequential postdoctoral training program specifically designed to meet the needs of recent graduates who want to enhance their skills as general practitioners. The program is an advanced supplement to the predoctoral dental curriculum, not a continuation of that training. The majority of AEGD programs are one year. Several programs offer two-year positions with a primary objective of training academicians.
The major distinction between the AEGD and GPR programs is the emphasis that the AEGD program places on clinical dentistry in contrast to the emphasis on medical management in the GPR program.

The specific objectives of the program are to enhance competence and confidence in the various clinical disciplines that are integral components of dentistry. AEGD graduates should have a broader base of knowledge and experience to facilitate judgments in diagnosis, treatment planning, and decision making during treatment. Completion of an AEGD program can help to better prepare the dentist to evaluate patients’ total oral health needs, provide a full range of general dental care, and refer patients, when indicated, to appropriate specialists. The AEGD program also increases the understanding of practice administration through hands-on experience in this area.

Professional association in addition to the American Dental Association: American Dental Education Association.

**General Practice Residency**

The General Practice Residency (GPR) program is designed for advanced clinical and didactic training in general dentistry with intensive hospital experience at the postdoctoral level. GPR programs provide instruction and experience in the delivery of care to a wide range of ambulatory and hospitalized patients. This training and exposure prepares dentists to obtain privileges at local hospitals once in private practice. Most GPR programs are sponsored by either a hospital or a hospital affiliated institution such as a dental school.

Like the AEGD programs, the demand for GPRs has increased. GPR programs can be one or two years in length, the majority being one year. Both AEGD and GPR award a post-graduate certificate upon completion. Fellowships are sometimes available to serve as a third non-accredited year of training in a specific field of interest. GPR residents rotate through a variety of services including general medicine, general surgery and anesthesiology. Each program also includes advanced training and clinical experience in preventive dentistry, periodontics, restorative dentistry, endodontics, and oral surgery. Training in orthodontics and pediatric dentistry is desirable but not mandatory for GPR programs. The majority of the resident's experience is gained in the direct delivery of oral health care to ambulatory patients. The remaining time may be spent in the operating room involved with inpatient services, as well as the emergency room. Time is also devoted to non-dental services, such as lectures, conferences, and seminars.

Professional associations in addition to the American Dental Association: Special Care Dentistry Association

**Oral and Maxillofacial Pathology**

Oral pathology is the branch 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.
The oral pathologist acquires diagnostic and treatment skills through completion of a three year training program. Many programs are also affiliated with hospitals. Graduates from these programs obtain either a certificate and/or a Master of Science degree in Oral and Maxillofacial Pathology.

Professional association in addition to the American Dental Association: The Academy of Oral and Maxillofacial Pathology

- **Oral and Maxillofacial Radiology**

Oral and maxillofacial radiology is the branch of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

Graduate training programs produce oral and maxillofacial radiology specialists for positions of responsibility in institutions of higher dental education, research, or in the private practice setting. Participants gain experience in oral and maxillofacial radiologic practice; acquire background information in radiation physics, biology, and protection; and enhance their teaching and research skills. Length of programs must be a minimum of 24 months full-time or its equivalent. Several programs offer the opportunity to obtain Ph.D. training in a related discipline.

Professional association in addition to the American Dental Association: The American Academy of Oral and Maxillofacial Radiology

- **Oral and Maxillofacial Surgery**

Oral and maxillofacial surgery is the branch of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

Oral and maxillofacial surgeons will study the four major surgery areas defined in the training standards: 1) trauma 2) pathology 3) orthognathic surgery and 4) reconstructive surgery. A DDS or DMD degree from an accredited dental education program are area among the entrance requirements for OMS programs. Currently the minimum requirement for OMS training is four years. An additional two to four years may be spent obtaining a joint MD or a PhD degree, depending on individual career goals.

Also there are accredited programs for fellowship training (a fellowship is a post-residency experience focused on a specific area) available in oral and maxillofacial surgery.

Professional association in addition to the American Dental Association: The American Association of Oral and Maxillofacial Surgeons

- **Oral Medicine**
These are educational programs designed to provide training beyond the level of pre-doctoral education in oral health care, using applied basic and behavioral sciences. They are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide comprehensive oral health care to a wide range of population groups. Education in these programs is based on the concept that oral health is an integral and interactive part of total health.

These programs prepare graduates to act as a primary care provider for individuals with chronic, recurrent and medically related disorders of the oral and maxillofacial region and to provide consultative services to physicians and dentists treating patients with chronic, recurrent and medically related disorders of the oral and maxillofacial region. In addition, graduates will be trained to manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment and to function effectively and efficiently in multiple health care environments and within interdisciplinary health care teams.

Professional association in addition to the American Dental Association: American Academy of Oral Medicine

• **Orofacial Pain**

The programs are designed to provide training beyond the level of predoctoral education in oral health care, using applied basic and behavioral sciences to treat patients with orofacial pain. Education in these programs is based on the concept that oral health is an integral and interactive part of total health. The programs are designed to expand the scope and depth of the graduates' knowledge and skills to enable them to provide care for individuals with orofacial pain.

These programs prepare the graduate to plan and provide interdisciplinary/multidisciplinary health care for a wide variety of patients with orofacial pain as well as to provide education in orofacial pain relating to the basic mechanisms and the anatomic, physiologic, neurologic, vascular, behavioral, and psychosocial aspects of orofacial pain. In addition, graduates will be trained to interact with other health care professionals to facilitate the patient's total health care and to manage the delivery of oral health care by applying concepts of patient and practice management and quality improvement that are responsive to a dynamic health care environment. Graduates of these programs will be able to function effectively and efficiently in multiple health care environments and within interdisciplinary/multidisciplinary health care teams and will be trained to encourage the development of multidisciplinary teams composed of basic scientists and clinicians from appropriate disciplines to study orofacial pain conditions, to evaluate current therapeutic modalities, and to develop new and improve upon existing procedures for diagnosis and treatment/management of such conditions/diseases/syndromes.

Professional association in addition to the American Dental Association: American Academy of Orofacial Pain

• **Orthodontics and Dentofacial Orthopedics**

Orthodontics and dentofacial orthopedics is the dental branch that includes the diagnosis, prevention, interception, and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.
Most programs are two or three years in length and offer a certificate and some offer an advanced degree option coupled with the certificate. Several programs offer a combined MS/PhD option. Most programs balance didactic, clinical, and research components. Training is also required in applied and radiographic anatomy, biomechanics, physics, biostatistics, research design, orthodontic technique, diagnosis, treatment planning, growth and development. Clinical experience is often supplemented by participation with interdisciplinary teams that provide care to patients with cleft palate and related craniofacial anomalies.

The Commission also accredits fellowship training programs (a fellowship is a post-residency experience focused on a specific area) in orthodontics and dentofacial orthopedics.

Professional association in addition to the American Dental Association: American Association of Orthodontists

- Pediatric Dentistry

Pediatric Dentistry is an age-defined branch of dentistry that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs. Pediatric dentists are dedicated to improving the oral health of infants, children, adolescents and patients with special health care needs.

All programs offer a certificate in pediatric dentistry, which is a necessary credential to practice and pursue board certification. Approximately half the programs offer master's degrees, which are awarded for completion of a university sanctioned research program. Program length must be a minimum of 24 months of full-time formal training. Due to the ever increasing knowledge on the topic, there is a trend in program length extension. Some trainees combine graduate study in pediatric dentistry with other postdoctoral studies, such as a master's degree program in oral biology or public health. Other trainees pursue doctoral training in a basic science.

Professional associations in addition to the American Dental Association:

- American Academy of Pediatric Dentistry
- Southwestern Society of Pediatric Dentistry

- Periodontics

Periodontics is that branch of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

Most programs are three years in length and offer a certificate. Other advanced degrees may be coupled with the certificate program, either on an optional or required basis upon completion of the program. In fact, by accreditation requirement, periodontic programs must be three consecutive academic years with a minimum of 30 months of instruction. The graduate training includes the basic biological sciences and clinical procedures. Many of the training programs have significant research activities associated with the curriculum.
Professional associations in addition to the American Dental Association:

- American Academy of Periodontology
- Midwest Society of Periodontology

### Prosthodontics

Prosthodontics is the branch of dentistry pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues using biocompatible substitutes.

Maxillofacial Prosthetics is an option that graduates of a prosthodontic training program may wish to pursue. Maxillofacial prosthetics training equips the prosthodontist with the skills to meet the needs of certain medically compromised patients. For example, patients who require surgical resection of diseased facial bones and/or portions of the mouth are fitted with prostheses to replace these tissues or structures. Maxillofacial prosthodontists design and construct these more intricate appliances, which may also include prostheses to replace a missing ear, eye, or nose. Frequently, this specialist performs part of the practice within the hospital setting.

Most prosthodontics training programs are located in dental schools, hospitals, or government service facilities. Some programs are clinically focused, while others are focused on research. The preferred program places equal emphasis on fixed and removable prosthodontics, and includes some experience in maxillofacial prosthodontics. All accredited prosthodontics programs will be a minimum of 33 months in length. Some programs offer a certificate in prosthodontics; many offer both the certificate and the Master of Science degree.

Most maxillofacial prosthetics programs are one year in length, and based at dental schools or hospitals. Applicants must have successfully completed a training program in Prosthodontics.

Professional associations in addition to the American Dental Association:

- Academy of Prosthodontics
- The American College of Prosthodontists
- American Prosthodontic Society