REPORT OF THE REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Brent Larson. Committee Members: Mr. David Cushing, Dr. Patrick Foley, Dr. Sarandeep Huja, Dr. Howard Lieb, and Dr. Steven Lindauer. Commissioner: Dr. Bruce Rotter, vice chair, Commission on Dental Accreditation (CODA), ex officio. Guest (Open Session Only): Ms. Katherine Pinner, education director, American Association of Orthodontists attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education; Dr. Sherin Tooks, director; and Mr. Christopher Castaneda, senior project assistant, CODA. Ms. Cathryn Albrecht, senior associate general counsel, CODA. The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) was held on January 15, 2021 via a virtual conference meeting.

CONSIDERATION OF MATTERS RELATED TO ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

Informational Report on Orthodontics and Dentofacial Orthopedics Programs (Residency and Fellowship) Annual Survey Curriculum Data (p. 1100): The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Sections.

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

Progress Report on the 2019 Validity and Reliability Studies of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics and the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101): The Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics were adopted by the Commission on Dental Accreditation at its January 31, 2013 meeting for implementation January 1, 2014. The Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were adopted and implemented by the Commission on Dental Accreditation at its August 7, 2015 meeting.

According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a two-year program will be assessed after five (5) years and the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accordance with this policy, the Validity and Reliability Studies of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics and Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were initiated in Summer/Fall 2019 with the results considered at the Winter 2020 meeting of the Commission.
In Winter 2020, the Orthodontics and Dentofacial Orthopedics Review Committee (ORTHO RC) conducted an initial review of the validity and reliability study reports. The Review Committee concluded that further study of the survey data was warranted. The ORTHO RC believed a small workgroup should be formed to further study the reports and identify the residency and fellowship Accreditation Standards, if any, which warrant revision. The Commission concurred and directed the appointment of a workgroup composed of at least four (4) Orthodontics and Dentofacial Orthopedics Review Committee members and no more than two (2) additional individuals representing the American Association of Orthodontists (AAO) to further study the findings of the 2019 orthodontics residency and fellowship Validity and Reliability Studies and identify Accreditation Standards, if any, which warrant revision, with a report to the ORTHO RC and Commission in Summer 2020. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA’s operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee for Orthodontics and Dentofacial Orthopedics be directed to submit an update report in Winter 2021 rather than Summer 2020.

The Ad Hoc Committee conducted its meeting on November 10, 2020 and prepared a comprehensive fellowship Standards document reflecting proposed revisions as a result of its charges (Appendix 1, Policy Report p. 1101). The proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics as submitted by the Ad Hoc Committee as a result of its charges is found in Appendix 5, Policy Report p. 1103.

At this meeting, the ORTHO RC considered the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics submitted by the Ad Hoc Committee. The ORTHO RC noted the proposed deletion of the requirement for a formal curriculum in research methodology and biostatistics based on the validity and reliability study results, as well as the proposed reorganization of Standard 7-Research based on the revised definition of the term “should.” Following discussion, the ORTHO RC affirmed the proposed revisions to the fellowship standards submitted by the Ad Hoc Committee, as found in Appendix 1.

In summary, the ORTHO RC recommended that the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (Appendix 1) be circulated to the communities of interest for review and comment, with Hearings conducted at the March 2021 American Dental Education Association and October 2021 American Dental Association meetings, with comments reviewed at the Commission’s Winter 2022 meetings.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, found in Appendix 1, to the communities of interest for review and comment, with Hearings conducted at the March 2021 American Dental Education Association and October 2021
Consideration of the Use of the Term “Should” Within the Accreditation Standards (p. 1102): At its Summer 2019 meeting, the Commission directed the revision or addition, as applicable, of the definition of “Should,” as noted below, within the Definition of Terms used by the Commission in the Accreditation Standards for all disciplines within the Commission’s purview, with consideration of this change in Winter 2020, and application within a time frame to correlate with other revision activities. The revised definition of “Should” within the Definition of Terms, is as follows: Should: Indicates a method to achieve the standard; highly desirable, but not mandatory. Per the Commission’s directive, the revised definition of “Should” will be incorporated into the residency and fellowship standards resulting from the validity and reliability studies.

At its Winter 2020 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) determined and the Commission concurred that, because of the amount of data provided in the validity and reliability report, and to ensure an in-depth review of the instances of “Should,” it would be beneficial to combine this exercise with the validity and reliability study review with a report submitted for consideration at the Summer 2020 meeting of the ORTHO RC and Commission. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA’s operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee for Orthodontics and Dentofacial Orthopedics be directed to submit an update report in Winter 2021 rather than Summer 2020.

The Ad Hoc committee conducted its meeting on November 10, 2020, where it reviewed its three (3) charges, held a high-level discussion of the results of the validity and reliability studies, and discussed proposed changes to the residency standards. The committee also considered the use of the term “should” in both the residency and fellowship standards. A comprehensive Standards document reflecting proposed revisions to the fellowship standards as a result of the committee’s charges is found in Appendix 1, Policy Report p. 1101. The proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics as submitted by the Ad Hoc Committee as a result of its charges is found in Appendix 5, Policy Report p. 1103.

At this meeting, the ORTHO RC reviewed the comprehensive residency and fellowship Standards documents submitted by the Ad Hoc Committee as a result of its charges. The committee affirmed the proposed reorganization of the term “should” within three (3) separately numbered Standard 7-Research items to “examples of evidence” within the fellowship standards as noted in Appendix 1. The ORTHO RC also affirmed that the comprehensive residency Standards document submitted by the Ad Hoc Committee found in Appendix 5, Policy Report p. 1103 was appropriate, noting that no changes to the residency standards were warranted based on the revised definition of the term “should.”

**Recommendation:** This report is informational in nature and no action is requested.
Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (p. 1103): At its Winter 2019 meeting, the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) considered proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics from the American Association of Orthodontists.

The Committee considered the proposed revisions to the Orthodontics Standards and found the several proposed revisions pertaining to faculty/space resources all to be appropriate. The Committee also supported all of the proposed revisions that relate to the types of patients/conditions presenting for treatment. The ORTHO RC concluded, and the Commission concurred, that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics (Appendix 1, Policy Report p. 1103) be circulated to the communities of interest for review and comment for a period of one (1) year, including Hearings during the March 2019 American Dental Education Association (ADEA) and September 2019 American Dental Association (ADA) annual meetings, with comments reviewed at the ORTHO RC and Commission meetings in Winter 2020.

Two (2) comments were received at the 2019 ADEA Hearing; two (2) comments were received at the 2019 ADA Hearing; and eight (8) written comments were received during the comment period (Appendix 2, 3 and 4, Policy Report p. 1103). At its Winter 2020 meeting, the Orthodontics and Dentofacial Orthopedics Review Committee (ORTHO RC) conducted an initial review of the proposed revisions and all comments received. The Review Committee concluded that further study of the proposed revisions was warranted. The ORTHO RC determined and the Commission concurred that, because of the amount of data provided in the validity and reliability reports, and to ensure an in-depth review of the proposed revisions to the residency standards, it would be beneficial to combine this exercise with the validity and reliability study review with a report submitted for consideration at the Summer 2020 meeting of the ORTHO RC and Commission. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA’s operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee for Orthodontics and Dentofacial Orthopedics be directed to submit an update report in Winter 2021 rather than Summer 2020.

The Ad Hoc committee conducted its meeting on November 10, 2020. Per its three (3) charges, the Committee held a high-level discussion of the results of the validity and reliability studies, discussed proposed changes to the residency standards, and considered the use of the term “should” in the residency standards. During its meeting, the Ad Hoc Committee reviewed Standard 4-3.4 and proposed that “ABO standards” should be changed to “ABO Assessment Tools” as a more accurate description. This was the only change made to the proposed revisions that previously circulated and garnered comments. As a result of its charges, the Ad Hoc Committee prepared a comprehensive Standards document reflecting proposed revisions (Appendix 5, Policy Report p. 1103).
At its Winter 2021 meeting, the ORTHO RC carefully considered the comprehensive residency Standards document submitted by the Ad Hoc Committee (Appendix 5, Policy Report p. 1103). The Committee also discussed all comments received during the comment period (Appendix 2, 3 and 4, Policy Report p. 1103). With regard to the proposed revision to Standard 2-9 requiring a minimum of one (1) full-time equivalent (FTE) faculty to four (4) students/residents for the entire program, the ORTHO RC believed the proposed revision holds programs accountable to providing sufficient faculty coverage for student/resident oversight. The ORTHO RC also considered the proposed revision to Standard 2-10 requiring that, for clinic coverage, the program must ensure no less than one (1) faculty to eight (8) students/residents. Following discussion, the ORTHO RC concurred with the Ad Hoc Committee that the intent of the revision is to provide a quality clinical education with proper oversight.

The ORTHO RC affirmed that the proposed revisions were appropriate, and that no additional changes to the residency standards were warranted as a result of the 2019 Validity and Reliability Study or due to the revised definition of “should,” as found in Appendix 2. This document reflects the residency standards as a result of the 2019 Validity and Reliability Study, with the proposed revisions submitted by the Ad Hoc Committee.

In addition, the ORTHO RC thoroughly discussed an implementation date for the revised residency standards, intending to allow orthodontics and dentofacial orthopedics programs time to comply with the revised standards; particularly those related to faculty. The Committee believed that a July 1, 2022 implementation date would be an appropriate timeframe, noting that all programs would be required to comply with the revised standards on that date.

In summary, the ORTHO RC recommended the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics noted in Appendix 2 be adopted by the Commission and implemented on July 1, 2022.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics found in Appendix 2, with an implementation date of July 1, 2022.

**CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.
CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE
COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF
ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

The Review Committee on Orthodontics and Dentofacial Orthopedics Education considered site
visitor appointments for 2021-2022. The Committee’s recommendations on the appointments of
individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Brent Larson
Chair, Review Committee on Orthodontics and Dentofacial Orthopedics Education
Commission on Dental Accreditation

Standards Following Validity and Reliability Study

Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics
Accreditation Standards for
Clinical Fellowship Training Programs in
Craniofacial and Special Care Orthodontics
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org/coda
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<td>August 7, 2015</td>
<td>Revision to Policy on Reporting Program Changes in Accredited Programs</td>
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<td>Revised Policy on Enrollment Increases in Advanced Dental Specialty Programs</td>
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Craniofacial and Special Care Orthodontics Fellowship Standards
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Craniofacial and Special Care Orthodontics Fellowship Standards

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016
ACCREDITATION STATUS DEFINITIONS

Programs That Are Fully Operational:

Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s).
Other Accreditation Actions:

**Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

**Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a program’s reported discontinuance effective date or planned closure date and to remove a program from the Commission’s accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by the sponsoring institution.

Reaffirmed: 8/18; Adopted: 2/16

**Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program’s accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution’s legal counsel be consulted regarding how and when to advise applicants and students of the Commission’s accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

**Withdraw:** An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission’s decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

**Denial:** An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.
Reaffirmed: 8/18; 8/13; Adopted: 8/11
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced fellowship programs is a voluntary effort of all parties involved. The process of accreditation assures students/fellows, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

A fellowship in craniofacial and special needs orthodontics is a planned post-residency program that contains advanced education and training in a focused area of the discipline of orthodontics. The focused areas include:

- Cleft lip/palate patient care;
- Syndromic patient care;
- Orthognathic Surgery;
- Craniofacial Surgery and Special Care Orthodontics.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate fellowship programs in each discipline for accreditation purposes. The general and discipline specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular discipline.

General standards are identified by the use of a single numerical listing (e.g., I). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).
Definitions of Terms Used in Craniofacial and Special Care Orthodontics Accreditation Standards

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

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

**Should**: Indicates a method to achieve the standard; highly desirable, but not mandatory.

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

**Levels of Knowledge**:

- **In-depth**: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.
- **Understanding**: Adequate knowledge with the ability to apply.
- **Familiarity**: A simplified knowledge for the purpose of orientation and recognition of general principles.

**Levels of Skills**:

- **Proficient**: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.
- **Competent**: The level of skill displaying special ability or knowledge derived from training and experience.
- **Exposed**: The level of skill attained by observation of or participation in a particular activity.
Other Terms:

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

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement.

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

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

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

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

Examples of evidence to demonstrate compliance may include:

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

Hospitals that sponsor fellowships must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor Craniofacial and Special Care Orthodontics Fellowship Standards
fellowships **must** be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of fellowship programs **must** assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

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

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

1-1 Fellowships which are based in institutions or centers that also sponsor orthodontic residency training programs **must** demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience **must** not compete with the residency training program for cases. Separate statistics **must** be maintained for each program.

1-2 Members of the teaching staff participating in an accredited fellowship program **must** be able to practice the full scope of the discipline in the focused area and in accordance with their training, experience and demonstrated competence.
USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

1-4 Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, must be available. The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;

b. The teaching staff;

c. The educational objectives of the program;

d. The period of assignment of students/fellows; and

e. Each institution’s financial commitment.

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

1-5 For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible.

1-6 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

Intent: It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a director who has documented expertise in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics. Additionally, the program director must either be board certified in orthodontics or have previously served as a director in a craniofacial orthodontic fellowship program prior to January 1, 2008.

Examples of evidence to demonstrate compliance may include: Board certification certificate or current CV identifying previous directorship in a Craniofacial Orthodontic Fellowship and letter from the employing institution verifying service.

2-1 Program Director: The program must be directed by one individual. The responsibilities of the program director must include:

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.

2-1.4 Responsibility for adequate educational resource materials for education of the students/fellows, including access to adequate learning resources.

2-1.5 Responsibility for selection of students/fellows and ensuring that all appointed students/fellows meet the minimum eligibility requirements.

2-1.6 Maintenance of appropriate records of the program, including student/fellow and patient statistics, institutional agreements, and student/fellow records.

2-2 Teaching Staff: The teaching staff must be of adequate size and must provide for the following:

2-2.1 Provide direct supervision appropriate to a student’s/fellow’s competence, level of training, in all patient care settings.

2-3 Scholarly Activity of Faculty: There must be evidence of scholarly activity among the fellowship faculty. Such evidence may include:

a. Participation in clinical and/or basic research particularly in projects funded following peer review;
b. Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed
   i. and scientific media;

c. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

2-4 The program must show evidence of an ongoing faculty development process.

Intent: Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

Examples of evidence to demonstrate compliance may include:
- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities
STANDARD 3 - FACILITIES AND RESOURCES

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

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

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

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

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

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

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

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

The use of private office facilities as a means of providing clinical experiences in advanced dental education is not approved, unless the discipline has included language that defines the use of such facilities in its discipline-specific Standards.
Intent: Required orthodontic fellowship clinical experiences do not occur in private office facilities. Practice management and elective experiences may be undertaken in private office facilities.

3-1 Adequate space must be designated specifically for the clinical fellowship training program in Craniofacial and Special Care Orthodontics.

*Intent: Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted.*

3-2 Facilities must permit the students/fellows to work effectively with trained allied dental personnel.

*Intent: A program is expected to have auxiliaries available to assist the students/fellows so the program can meet the educational Standards.*

Examples of evidence to demonstrate compliance may include:

- Schedule of dental assistants’ assignments

3-3 Radiographic, biometric and data collecting facilities must be readily available to document both clinical and research data. Imaging equipment must be available.

3-4 Students/Fellows in a Craniofacial and Special Care Orthodontic program must have access to adequate space, equipment, and physical facilities to do research.

*Intent: Adequate space is necessary to do research, but does not need to be dedicated to craniofacial and special care orthodontic research.*

3-5 Adequate secretarial, clerical, dental auxiliary and technical personnel must be provided to enable students/fellows to achieve the educational goals of the program.

*Intent: The intent is to assure the students/fellows in Craniofacial and Special Care Orthodontics utilize their time for educational purposes.*

3-6 Clinical facilities must be provided within the sponsoring, affiliated institution or surgical center to fulfill the educational needs of the program.

3-7 Sufficient space must be provided for storage of patient records, models and other related diagnostic materials.

3-8 These records and materials must be readily available to effectively document active treatment progress and immediate as well as long term post-treatment results.
Intent: Students/Fellows are expected to have easy access to active, post treatment, and retention records. These records should be complete.

Radiography equipment must be available and accessible to the craniofacial clinic so that panoramic, cephalometric and other images can be provided for patients. Cone-beam volumetric images are also acceptable.

Intent: High quality radiographic images are essential for orthodontic and dentofacial orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and TMJs are acceptable if clinically indicated.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The fellowship program must be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities must be assured by the program director and available for review.

4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills for management of Craniofacial Anomalies and Special Care (CFA&SC) patients. These patients have craniofacial anomalies that affect the face and stomatognathic system and require special care due to physical mental and/or psychological conditions. The goals of the fellowship program must be clearly identified and documented.

4-2 The duration of the fellowship program must be a minimum of twelve months.

4-3 The fellowship program must include a formally structured curriculum. The curriculum must include the following experiences for each student/fellow:
   a. regularly scheduled grand rounds case presentations
   b. historical and current scientific literature review
   c. research methodology and biostatistics
   d. training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families

4-4 The fellowship program must provide a complete sequence of patient experiences which includes:
   a. pre-treatment evaluation and orthodontic record taking;
   b. diagnosis and treatment planning;
   c. advanced training in the use of the specialized orthodontic appliances required for the management of CFA&SC patients;
   d. retention and long-term post-treatment evaluation.

4-5 The student/fellow must maintain a treatment log of all patients under their care with associated treatment plans/procedures performed and include at least the date of the procedure, patient name, patient identification number, and the outcome of the procedure, and long-term follow-up plans when applicable.
STANDARD 5 – STUDENTS/FELLOWS

ELIGIBILITY AND SELECTION

Orthodontists who have completed their formal orthodontic residency training are eligible for fellowship program consideration.

5-1 Nondiscriminatory policies must be followed in selecting students/fellows.

5-2 There must be no discrimination in the selection process based on professional degree(s).

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

EVALUATION

A system of ongoing evaluation and advancement must assure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its fellowship students, using appropriate written criteria and procedures;

b. Provide to fellowship students an assessment of their performance, at least semiannually;

c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

Intent: A copy of the final written evaluation stating that the student/fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship program.

DUE PROCESS

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

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the fellowship students must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.
STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship program in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics complete advanced training in a focused area:

6-1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of proficiency.

6-2 Craniofacial and Special Care Orthodontics:

Craniofacial is that area of orthodontics that treats patients with congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures. Special Care is that area of orthodontics that treats patients with special needs including disabilities and medically compromised patients who require comprehensive treatment.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as the orthodontist, who works with a craniofacial team treating patients with a broad scope of craniofacial deformities and special needs situations.

6-2.2 Clinical Experience: Clinical experience must include the following procedures and must exist in sufficient number and variety to assure that objectives of the training are met:

a. experience with pre-surgical orthopedics for infants born with cleft lip and palate;

b. orthodontic therapy for patients with craniofacial deformities from the primary through adult dentition;

c. orthodontic management of patients with cleft or craniofacial anomalies;

d. surgical/orthodontic treatment planning;

e. pre and post surgical orthodontic management;

f. surgical splint design and construction;

g. observation of surgical procedures, including splint placement;

h. orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs;

i. participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists providing restorative services for CFA & SC patients;
j. exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language Pathology for additional exposure to management of CFA&SC patients.

k. supervised participation in craniofacial team activities.

l. participate in craniofacial team meetings.

Examples of Evidence to demonstrate compliance may include:

- Roster of who attends craniofacial team meetings
- Schedule as to how often the craniofacial team meets
- Sense of what is discussed at meetings of craniofacial team, e.g., meeting minutes.
STANDARD 7 - RESEARCH

Students/Fellows must engage in an evidence-based research project approved by the director of the program, which should include one or more of the following:

- **7-1** Analyses based on clinical case records.
- **7-2** Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
- **7-3** Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
- **7-4** Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.

Examples of evidence to demonstrate compliance may include:

a. Basic Sciences or Clinical Research Investigation
b. Meta-Analyses or Systematic Reviews of scientific literature
c. Analyses based on clinical case records.
   Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
d. Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
e. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.
At its Winter 2019 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2019, for review at the Winter 2020 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from February 8, 2019 to December 1, 2019. This document also represents the Standards following Validity and Reliability Study.

This document will be considered by the Commission in Winter 2021.

Additions are Underlined
Strikethroughs indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics
Accreditation Standards for
Advanced Dental Education Programs in
Orthodontics and Dentofacial Orthopedics

Commission on Dental Accreditation
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### Document Revision History

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<td>January 31, 2013</td>
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<td>February 6, 2015</td>
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Mission Statement of the
Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016
ACCREDITATION STATUS DEFINITIONS

Programs That Are Fully Operational:
Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:
- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

Programs That Are Not Fully Operational: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation
classification provides evidence to educational institutions, licensing bodies, government or other
granting agencies that, at the time of initial evaluation(s), the developing education program has
the potential for meeting the standards set forth in the requirements for an accredited educational
program for the specific occupational area. The classification “initial accreditation” is granted
based upon one or more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02

Other Accreditation Actions:

Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited
program and the communities of interest that the program is in the process of voluntarily
terminating its accreditation due to a planned discontinuance or program closure. The
Commission monitors the program until students/residents who matriculated into the program
prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a
program’s reported discontinuance effective date or planned closure date and to remove a
program from the Commission’s accredited program listing, when a program either 1) voluntarily
discontinues its participation in the accreditation program and no longer enrolls
students/residents who matriculated prior to the program’s reported discontinuance effective date
or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to
notify an accredited program and the communities of interest that the program’s accreditation
will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated
by a specified date. The warning is usually for a six-month period, unless the Commission
extends for good cause. The Commission advises programs that the intent to withdraw
accreditation may have legal implications for the program and suggests that the institution’s legal
counsel be consulted regarding how and when to advise applicants and students of the
Commission’s accreditation actions. The Commission reserves the right to require a period of
non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate
compliance with the accreditation standards or policies within the time period specified. A final
action to withdraw accreditation is communicated to the program and announced to the
communities of interest. A statement summarizing the reasons for the Commission’s decision
and comments, if any, that the affected program has made with regard to this decision, is
available upon request from the Commission office. Upon withdrawal of accreditation by the
Commission, the program is no longer recognized by the United States Department of
Education. In the event the Commission withdraws accreditation from a program, students
currently enrolled in the program at the time accreditation is withdrawn and who successfully
complete the program, will be considered graduates of an accredited program. Students who
enroll in a program after the accreditation has been withdrawn will not be considered graduates
of a Commission accredited program. Such graduates may be ineligible for certification/licensure
examinations.

Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program
(without enrollment) or to a fully operational program (with enrollment) that has applied for
accreditation. Reasons for the denial are provided. Denial of accreditation is considered an
adverse action.

Reaffirmed: 8/18; 8/13; Adopted: 8/11
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

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

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards Orthodontics and Dentofacial Orthopedics Standards.
which are common to all disciplines of advanced dental education, institutions and programs. Each discipline develops discipline-specific standards for educational programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status.

The profession has a duty to consider patients’ preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).
Definitions of Terms Used in Orthodontic and Dentofacial Orthopedic Accreditation Standards

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

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

Intent: Intent statements are presented to provide clarification to the advanced dental education programs in orthodontics and dentofacial orthopedics in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

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

Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.

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

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique service.

Competencies: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

Competent: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.
In-depth: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

Understanding: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.

Other Terms:

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

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

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

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

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program.

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

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

Evidence-based dentistry: Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.
Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

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

Ethics and Professionalism

1-1 Graduates must receive instruction in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, and practice management.

Intent: Graduates should know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.

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

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

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

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

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

Examples of evidence to demonstrate compliance may include:

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

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

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) must demonstrate successful achievement of Service-specific organizational inspection criteria.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters must rest within the sponsoring institution. The institution/program must have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the program director must have the authority, responsibility and privileges necessary to manage the program.
USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-2 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

1-3 Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, must be available. The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of students/residents; and
e. Each institution’s financial commitment.

Intent: An “institution (or organizational unit of an institution)” is defined as a dental, medical or public health school, patient care facility, or other entity that engages in advanced dental education. The items are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

1-4 For each site where educational activity occurs, there must be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible.

1-5 All faculty, including those at major and minor educational activity sites, must be calibrated to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

Intent: It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Accreditation of Off-Campus Sites found in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by one director who is board certified in the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

**Intent:** The director of an orthodontic program is to be certified by the American Board of Orthodontics.

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

Examples of evidence to demonstrate compliance may include:

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

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

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

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

2-1 The program must be directed by one individual.

2-2 The program director position must be full-time as defined by the institution.

2-23 There must be evidence that sufficient time is devoted to the program by the director so that the educational and administrative responsibilities can be met.

**Intent:** The program director is expected to be intimately involved in all aspects of the program.

Orthodontics and Dentofacial Orthopedics Standards
Examples of evidence to demonstrate compliance may include:

- Program’s director’s weekly schedule
- Institution’s definition of full-time and part-time commitment
- Program director’s job description

2-34 A majority of the discipline-specific instruction and supervision must be conducted by individuals who are educationally qualified in orthodontics and dentofacial orthopedics.

2-45 Besides maintaining clinical skills, the director must have teaching experience in orthodontics and dentofacial orthopedics. For all appointments after July 1, 2009, the director must have had teaching experience in an academic orthodontic departmental setting for a minimum of two (2) years.

2-56 Periodic faculty meetings must be held for the proper function and improvement of an advanced dental education program in orthodontics and dentofacial orthopedics.

Examples of evidence to demonstrate compliance may include:

- Schedules and minutes of faculty meetings
- Action taken as a result of faculty meetings
- Records of attendance at faculty meetings

2-67 The faculty must have knowledge of the required biomedical sciences relating to orthodontics and dentofacial orthopedics. Clinical instruction and supervision in orthodontics and dentofacial orthopedics must be provided by individuals who have completed an advanced dental education program in orthodontics and dentofacial orthopedics approved by the Commission on Dental Accreditation (grandfathered), or by individuals who have equivalent education in orthodontics and dentofacial orthopedics.

2-78 In addition to their regular teaching responsibilities with the department, full-time faculty must have adequate time for their own professional development.

2-9 The program must ensure a minimum of one (1) full time equivalent (FTE) faculty to four (4) students/residents for the entire program, including clinical, didactic, administration, and research components.
Intent: Full-time faculty have the obligation to teach, conduct research and provide service to the institution and/or profession.

Examples of evidence to demonstrate compliance may include:

- Weekly schedules of full-time faculty
- Curriculum vita of full-time faculty, including academic ranks
- Schedule of faculty commitments in teaching, research and service

2-810 For clinic coverage, the program must ensure no less than one (1) faculty to eight (8) students/residents to assure the number and time commitment of faculty must be is sufficient to provide full supervision of the clinical portion of the program.

2-11 The faculty covering clinic must be orthodontists.

2-912 Faculty evaluations must be conducted and documented at least annually. Examples of evidence to demonstrate compliance may include:

- Faculty evaluation records
- Credentials and advanced education of faculty
- Institution plan for professional development

2-1013 There must be evidence of an ongoing systematic procedure to evaluate the quality of treatment provided in the program.

Examples of evidence to demonstrate compliance may include:

- Records of case presentations and evaluation
- Patient charts available for audit
- Protocol for treatment

2-1114 The program director and faculty must prepare students/residents to pursue certification by the American Board of Orthodontics.

2-1114.a The program director must document the number of graduates who become certified by the American Board of Orthodontics.

2-1215 The program must show evidence of an ongoing faculty development process.
**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

Examples of evidence to demonstrate compliance may include:

- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities
STANDARD 3 - FACILITIES AND RESOURCES

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

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

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

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

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

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

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

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.
The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.

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

3-1 Adequate space must be designated specifically for the advanced dental education program in orthodontics and dentofacial orthopedics. **For each clinic session to which a student/resident is assigned, the program must provide a minimum of one (1) clinic chair per student/resident.**

**Intent:** Dedicated space is necessary to maintain the autonomy of a program. Sharing the same clinical facilities with other areas of dentistry is not permitted.

3-2 Facilities must permit the students/residents to work effectively with trained allied dental personnel.

**Intent:** A program is expected to have auxiliaries available to assist the students/residents so the program can meet the educational Standards.

Examples of evidence to demonstrate compliance may include:

- Schedule of dental assistants’ assignments

3-3 Radiographic, biometric and data collecting facilities must be readily available to document both clinical and research data. Imaging equipment must be available.

3-4 Students/Residents in an orthodontic program must have access to adequate space, equipment, and physical facilities to do research.

**Intent:** Adequate space is necessary to do research, but does not need to be dedicated to orthodontic research.

3-5 Adequate secretarial, clerical, dental auxiliary and technical personnel must be provided to enable students/residents to achieve the educational goals of the program.

**Intent:** The intent is to ensure the students/residents utilize their time for educational purposes.
3-6 Clinical facilities must be provided within the sponsoring or affiliated institution to fulfill the educational needs of the program.

3-7 Sufficient space must be provided for storage of patient records, models and other related diagnostic materials.

3-8 These records and materials must be readily available to effectively document active treatment progress and immediate as well as long term post-treatment results.

**Intent:** Students/Residents are expected to have easy access to active, post treatment, and retention records. These records should be complete.

3-9 Digital radiography equipment must be available and accessible to the orthodontic clinic so that panoramic, cephalometric and other images can be provided for patients. Cone-beam volumetric images are also acceptable.

**Intent:** High quality radiographic images are essential for orthodontic and dentofacial orthopedic therapy. Three dimensional cone-beam CT images of the dentition, face and TMJs are acceptable if the equipment is convenient.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

Curriculum Approach: Evidence-Based Dentistry (EBD)

Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences. (Adopted by the American Association of Orthodontists House of Delegates 05/24/2005)

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

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

Advanced dental education programs must include instruction or learning experiences in evidence-based practice. Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.
Intent: The intent is to ensure that the student/residents of these programs receive the same educational requirements as set forth in these Standards.

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

4-1 Program Duration: Advanced dental education programs in orthodontics and dentofacial orthopedics must be a minimum of twenty-four (24) months and 3700 scheduled hours in duration.

Examples of evidence to demonstrate compliance may include:

- Class schedules and outlines

4-2 Biomedical Sciences: A graduate of an advanced dental education program in orthodontics must be competent to:

a. Develop treatment plans and diagnosis based on information about normal and abnormal growth and development;
b. Use the concepts gained in embryology and genetics in planning treatment;
c. Include knowledge of anatomy and histology in planning and carrying out treatment; and
d. Apply knowledge about the diagnosis, prevention and treatment of pathology of oral tissues.

Examples of evidence to demonstrate compliance may include:

- Course outlines and case treatment records
- Outcome assessment of clinical performance

4-3 Clinical Sciences:

4-3.1 Orthodontic treatment must be evidence-based. (EBD is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.) (Adopted by the American Association of Orthodontists House of Delegates 05/24/2005)

Examples of evidence to demonstrate compliance may include:

Orthodontics and Dentofacial Orthopedics Standards
• orthodontic literature applied to clinical treatment decisions
• integration of current systematic literature reviews with treatment conferences
• ethics applied to patient management

4-3.2 An advanced dental education program in orthodontics and dentofacial orthopedics requires extensive and comprehensive clinical experience, which must be representative of the character of orthodontic problems encountered in private practice.

**Intent:** The intent is to ensure there is diversity in the patient population so that the students/residents will learn to treat a variety of orthodontic problems from the primary to adult dentition.

Examples of evidence to demonstrate compliance may include:

- Case treatment records
- Percentage of each category of patient care

4-3.3 Experience must include treatment of all types of malocclusion, whether in the permanent or transitional dentitions, and should include treatment of the primary dentition when appropriate.

Examples of evidence to demonstrate compliance may include:

- Case treatment records

4-3.4 A graduate of an advanced dental 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;
p. Identify patients with sleep-related breathing disorders/sleep apnea;

q. Identify patients with Craniofacial Anomalies and Cleft Lip and Palate;

r. Treat and effectively manage malocclusions that require four (4) quadrants of bicuspid extractions or of comparable space closure; and

s. Treat and effectively manage Class II malocclusions, defined as a bilateral end-on or greater Class II molar or a unilateral full cusp Class II molar, through a non-surgical treatment approach.

Examples of evidence to demonstrate compliance may include:

- Course outlines
- Clinical outcomes assessment
- ABO Assessment Tools: Discrepancy Index, Cast-Radiograph Evaluation, Case Management Forms

p. Manage patients with intellectual and developmental disabilities.

4-4 Supporting Curriculum. The orthodontic graduate must have understanding of:

a. Biostatistics;
b. History of Orthodontics and Dentofacial Orthopedics;
c. Jurisprudence;
d. Oral Physiology;
e. Pain and Anxiety Control;
f. Pediatrics;
g. Periodontics;
h. Pharmacology;
i. Preventive Dentistry;
j. Psychological Aspects of Orthodontic and Dentofacial Orthopedic Treatment;
k. Public Health Aspects of Orthodontics and Dentofacial Orthopedics;
l. Speech Pathology and Therapy;
m. Practice Management; and

n. The variety of recognized techniques used in contemporary orthodontic practice.

Examples of evidence to demonstrate compliance may include:
Course outlines
STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
c. International dental schools that provide equivalent educational background and standing as determined by the program.

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

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

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

Intent: Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:

- policies and procedures on advanced standing
- results of appropriate qualifying examinations
• course equivalency or other measures to demonstrate equal scope and level of knowledge
5-1 A committee of orthodontic faculty members must be responsible for the selection of students/residents for postdoctoral training unless the program is sponsored by a federal service utilizing a centralized student/resident selection process.

Examples of evidence to demonstrate compliance may include:
- Institutional/program policies on eligibility and selection
- Minutes from meetings of committee of orthodontic faculty members

**EVALUATION**

A system of ongoing evaluation and advancement must assure that, through the director and faculty, each program:

- 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;
- Provides to students/residents an assessment of their performance, at least semiannually;
- Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

**Intent:**
(a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments.
(b) Student/Resident evaluations should be recorded and available in written form.
(c) Deficiencies should be identified in order to institute corrective measures.
(d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

**DUE PROCESS**

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

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

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the students/residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.
STANDARD 6 - RESEARCH

Advanced dental education students/residents must engage in scholarly activity.

6-1 Students/Residents must initiate and complete a research project to include critical review of the literature, development of a hypothesis and the design, statistical analysis and interpretation of data.

Examples of evidence to demonstrate compliance may include:

- List of student/resident scholarly activity
- List of student/resident research projects
- Copies of student/resident research protocol
- List of completed manuscripts that are result of student/resident research
- Copy of completed manuscripts that are result of student/resident research
- Student/Resident manuscripts submitted for publication
- List of published manuscripts
- Papers/manuscripts published by graduates after leaving program