REPORT OF THE REVIEW COMMITTEE ON PREDOCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Bruce Rotter. Committee Members: Dr. William Akey, Dr. Abby Brodie, Dr. Marcia Ditmyer, Dr. Carla Evans, Dr. Chester Evans, Dr. Susan Long, Dr. Karl Self, and Dr. John Valenza. Commissioner Trainees: Dr. Willie Keith Beasley, Dr. Maxine Feinberg, and Dr. Carol Anne Murdoch-Kinch observed the meeting as Commissioner trainees. Dr. Murdoch-Kinch is an active Commissioner fulfilling the remaining term of a vacated position and observed the Review Committee for training purposes. Guests (Open Session Only): Ms. Ann Lynch, director, Advocacy and Education, American Dental Hygienists’ Association and Dr. Anthony Palatta, chief learning officer, American Dental Education Association attended the policy portion of the meeting. Staff Members: Dr. Sherin Tooks, director, and Ms. Peggy Soeldner, manager, Advanced Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Predoctoral Dental Education (PREDOC RC) was held on July 13, 2020 via a virtual conference meeting.

CONSIDERATION OF MATTERS RELATED TO PREDOCTORAL DENTAL AND DENTAL THERAPY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on the frequency of citings for dental education programs, and noted the standards with the highest number of citings overall are: Standard 2 on Educational Program (80 citings) and Standard 5 on Patient Care Services (33 citings). The highest number of citings for a single area of compliance (with 10 citings) was Standard 2-24.h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Overall, Standard 2-24.a-o totaled 34 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 25 citings total) was Standard 5-3.a-e, which requires programs to conduct a formal system of continuous quality improvement for patient care. The PREDOC RC noted that these standards may warrant further review at the time of the next validity and reliability study of the Accreditation Standards.

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

Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on frequency of citings for dental therapy education programs, noting there have been no site visits for dental therapy education programs since implementation of the Accreditation Standards in August 2015 through the period of this report ending October 31, 2019.

Recommendation: This report is informational in nature and no action is required.
Consideration of Proposed Revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs (p. 102): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to Dental Education Standard 2-24k related to “temporomandibular” disorders (Appendix 1, Policy Report p. 102) and the comments received during the period of public comment (Appendix 2, Policy Report p. 102). The Review Committee noted that comments were generally supportive of the proposed revision. Related to the comment suggesting the “management” of temporomandibular disorder, the PREDOC RC noted that the program will define its scope of competence as it relates to general dentistry, which could include diagnosis and management, including referral and/or treatment, as applicable depending upon the resources of the program. The Review Committee also considered whether temporomandibular disorder should be considered in the broader category of orofacial pain; however, the Committee determined it should focus on the revision that was originally proposed. The Committee noted that a future proposed revision could be considered at a subsequent meeting, if one was received by the Commission. Further, the Review Committee believed that the intent statement for Standard 2-24 sufficiently addresses all aspects of this Standards, without need for further modification.

Following discussion, the PREDOC RC reiterated its support for inclusion of the proposed wording in its current location, Standard 2-24k, as “temporomandibular” disorders should be assessed along with oral mucosal and osseous disorders. The PREDOC RC believed that the proposed revision to Standard 2-24k (Appendix 1) should be adopted by the Commission with implementation July 1, 2022. The Review Committee believed a two-year implementation period should be granted, rather than the customary one-year implementation period, to ensure that programs have sufficient time to prepare for this requirement given the continued educational challenges as a result of the COVID-19 pandemic.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs, found in Appendix 1, with an implementation date of July 1, 2022.

Report on Dental Education Programs Annual Survey Curriculum Section (p. 103): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the Curriculum Section of the Commission’s Annual Survey (Appendix 1, Policy Report p. 103), which is scheduled to be distributed in Fall 2020. The Review Committee also reviewed aggregate data of the most recent Curriculum Section of the Annual Survey, conducted in Fall 2018 (Appendix 2, Policy Report p. 103). The Committee noted that the Curriculum Section is distributed every other year to dental education programs.

The Review Committee discussed several aspects of the Annual Survey as well as questions from the Health Policy Institute (HPI), which assists the Commission in the distribution and compilation of the Commission’s Annual Survey.

International Program Data: The PREDOC RC noted that information must be collected from international programs accredited by the Commission, as this is CODA’s expectation for
programs within the United States. Further, international program data that can be anonymized will be published in the annual survey reports along with the data of CODA-accredited U.S.-based programs. However, in areas where the survey data is confidential and may identify the international program, there should be a notation that international data is not included due to the small number of programs and confidentiality. Similar to the Commission’s Frequency of Citings policy, the PREDOC RC believed that data must not be made available where a limited number (three or less) international programs are accredited and could be identified in a specific data set.

**Group I Survey - Educational Institution Sponsor:** The PREDOC RC considered whether the institutional sponsor categories should be modified or redefined to assist programs in determining which category to select. Following discussion, the Review Committee believed there should be no changes to the categories or definitions of institutional sponsor.

**Group II Survey - Student Information on Gender:** The PREDOC RC noted that the current gender options in the annual survey are “male,” “female,” and “other.” The Review Committee believed that the Commission may wish to consider these terms within all Annual Surveys, if these terms are used among all disciplines. Otherwise, the PREDOC RC will further consider this issue at a later date.

**Group IV Survey – Curriculum Section, Questions 80 to 83 on Use of Educational Activity Sites:** The PREDOC RC discussed several components of the Curriculum Section on the use of educational activity sites.

- The PREDOC RC noted that it may be helpful to add a question asking the program to define the age range for its child, adult and geriatric populations, just prior to the question on use of educational activity sites which asks for data on these categories of patients.
- Related to the “number of days that a typical dental student(s) renders care,” the Review Committee noted the following alternative language might be considered, “the number of days that a typical dental student(s) is assigned to renders care.” The Committee believed further discussion is warranted.
- Within Question 81 and Question 82, data is collected for the “adult” and “geriatric” patient population. The Committee considered whether combining these categories into the adult group would be appropriate, and determined further consideration is warranted.
- Related to Types of Services, it was noted that there may be confusion between “Emergency Care (Emerg Care)” and “Episodic and Urgent Care (Ep/Urg Care).” The Review Committee believed further consideration of these terms was warranted.

Following discussion, the PREDOC RC believed that revision to the Annual Survey Curriculum Section will be warranted, following further consideration by the Review Committee. Additionally, given the disruption to educational programs as a result of COVID-19, the PREDOC RC determined that the Annual Survey Curriculum Section should be delayed from Fall 2020 to Fall 2021 to allow time for the PREDOC RC to further study and propose revisions to the document, and to reduce the annual survey burden on dental education programs in Fall 2020.
**Recommendations:** It is recommended that the Commission on Dental Accreditation direct that international program data that can be anonymized be published in the annual survey reports along with the data of CODA-accredited U.S.-based programs, and that international data that cannot be anonymized will be excluded from the annual survey reports with a notation that where a limited number (three or less) international programs are accredited and could be identified in a specific data set, these data are not included.

It is further recommended that the Commission on Dental Accreditation postpone for one (1) year the distribution of the Annual Survey Curriculum Section for predoctoral dental education programs, from Fall 2020 to Fall 2021.

It is further recommended that the Commission on Dental Accreditation direct the Review Committee on Predoctoral Dental Education to review and make proposed revisions to the Annual Survey, as noted above, for consideration by the Commission no later than Summer 2021, and inclusion in the Annual Survey and Curriculum Section for all dental education programs in Fall 2021.

**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 MATTERS RELATED TO ACCREDITATION STATUS**

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

Respectfully submitted,

Dr. Bruce Rotter
Chair, Review Committee on Predoctoral Dental Education
Commission on Dental Accreditation

At its Summer 2019 meeting, the Commission directed that the proposed revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2020, for review at the Summer 2020 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from August 1, 2019 to December 1, 2020.

This document will be considered by the Commission in Summer 2020.

Additions are Underlined

Standard 2-24k of the Accreditation Standards For Dental Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

Clinical Sciences

2-24  At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
   a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
   b. screening and risk assessment for head and neck cancer;
   c. recognizing the complexity of patient treatment and identifying when referral is indicated;
   d. health promotion and disease prevention;
   e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
   f. restoration of teeth;
   g. communicating and managing dental laboratory procedures in support of patient care;
   h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
   i. periodontal therapy;
   j. pulpal therapy;
   k. oral mucosal, temporomandibular, and osseous disorders;
   l. hard and soft tissue surgery;
   m. dental emergencies;
   n. malocclusion and space management; and
   o. evaluation of the outcomes of treatment, recall strategies, and prognosis

Intent:
Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted general practitioner responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of general dentistry.