

# **Commission on Dental Accreditation**

---

## **Accreditation Standards for Advanced Specialty Education Programs in Periodontics**

# **Accreditation Standards for Advanced Specialty Education Programs in Periodontics**

**Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611  
(312) 440-4653  
[www.ada.org/coda](http://www.ada.org/coda)**

Periodontics: that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.  
(Adopted December 1992).

Copyright ©2017

Commission on Dental Accreditation

All rights reserved. Reproduction is strictly prohibited without prior written permission.

## Document Revision History

<b>Date</b>	<b>Item</b>	<b>Action</b>
August 10, 2012	Revised Mission Statement	Adopted and Implemented
January 31, 2013	Revision to Policy on Accreditation of Off-Campus Sites	Adopted and Implemented
January 31, 2013	Revision to Standard 5, Eligibility and Selection	Adopted
January 31, 2013	Accreditation Standards for Advanced Specialty Education Programs in Periodontics	Adopted
August 9, 2013	Revised Policy on Accreditation of Off-Campus Sites	Adopted and Implemented
August 9, 2013	Revised Policy on Reporting Program Changes in Accredited Programs	Adopted and Implemented
August 9, 2013	Revised Instructions for Completing Self-Study	Adopted and Implemented
January 1, 2014	Revision to Standard 5, Eligibility and Selection	Implemented
January 1, 2014	Accreditation Standards for Advanced Specialty Education Programs in Periodontics	Implemented
February 6, 2015	Revision to Standard 1, Institutional Commitment/Program Effectiveness	Adopted and Implemented
February 6, 2015	Revision to Standard 5, Eligibility and Selection	Adopted and Implemented
August 7, 2015	Revision to Policy on Reporting Program Changes in Accredited Programs	Adopted and Implemented
August 7, 2015	Revised Policy on Enrollment Increases in Advanced Dental Specialty Programs	Adopted and Implemented
February 5, 2016	Revised Accreditation Status Definitions	Adopted and Implemented
August 5, 2016	Revised Mission Statement	Adopted
January 1, 2017	Revised Mission Statement	Implemented
August 4, 2017	Revision to Standard 1, Affiliations and Addition of Standard 2-5	Adopted
August 4, 2017	Revised Accreditation Status Definitions	Adopted and Implemented
July 1, 2018	Revision to Standard 1, Affiliations and Addition of Standard 2-5	Implemented

## Table of Contents

	<u>PAGE</u>
Mission Statement of the Commission on Dental Accreditation .....	6
ACCREDITATION STATUS DEFINITIONS.....	7
Preface.....	9
Definition of Terms Used In Periodontics Accreditation Standards.....	11
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS.....	13
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF.....	16
STANDARD 3 - FACILITIES AND RESOURCES.....	19
STANDARD 4 - CURRICULUM AND PROGRAM DURATION.....	21
BIOMEDICAL SCIENCES.....	22
CLINICAL SCIENCES.....	23
STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS	
ELIGIBILITY AND SELECTION.....	28
EVALUATION.....	29
DUE PROCESS.....	29
RIGHTS AND RESPONSIBILITIES.....	30
STANDARD 6 - RESEARCH.....	31

# **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

### 1. 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: 8/13; 8/10, 7/05; Adopted: 1/98

**2. 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: 8/13; 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.

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

**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: 8/13; 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: 8/13; Adopted: 8/11

## Preface

Maintaining and improving the quality of advanced education in the nationally recognized specialty areas of dentistry 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 specialty education programs is a voluntary effort of all parties involved. The process of accreditation ensures students/residents, 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 recognized specialty areas of dental practice: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics and prosthodontics. 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 education in a recognized specialty area of dentistry 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 consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their 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 consultants will evaluate advanced programs in each specialty for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all dental specialties, institutions and programs regardless of specialty. Each specialty develops specialty-specific standards for educational programs in its specialty. The general and specialty-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 specialty.

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). Specialty-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 Periodontics 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 specialty education programs in periodontics in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty Education Programs in Periodontics. 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 standards.

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

Graduates of specialty 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 specialty programs for independent practice should not be viewed as a continuum from general dentistry. Each specialty defines the educational experience best suited to prepare its graduates to provide that unique specialty service.

**Competencies:** Statements in the specialty standards describing the knowledge, skills and values expected of graduates of specialty programs.

**Competent:** Having the knowledge, skills and values required of the graduates to begin independent, unsupervised specialty 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 specialty education.

Sponsoring institution: primary responsibility for advanced specialty education programs.

Affiliated institution: support responsibility for advanced specialty education programs.

Advanced specialty education student/resident: a student/resident enrolled in an accredited advanced specialty 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 a specialty recognized by the American Dental Association.

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

Resident: The individual enrolled in an accredited advanced specialty education program in oral and maxillofacial surgery.

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.

\*Epstein, R.M. (2007) *Assessment in Medical Education*. The New England Journal of Medicine, 387-96.

## STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced specialty 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 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 periodontics and that one of the program goals is to comprehensively prepare competent individuals to initially practice periodontics. 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.*

### 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 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 specialty 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 specialty 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 specialty education programs must be accredited by an accreditation organization recognized by the Center for Medicare and Medicaid (CMS). Educational institutions that sponsor advanced specialty 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 specialty 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 The following items must be covered in such inter-institutional agreements:**

- a. Designation of a single program director;**
- b. Teaching staff and means for calibration where competency assessments occur;**
- c. Availability and adequacy of staff;**
- d. Student/Resident oversight and responsibility;**
- e. The educational objectives of the program;**
- f. The period of assignment of students/residents; and**
- g. Each institution's financial commitment.**

***Intent:** The items that 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).*

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 one director who is board certified in the respective specialty 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 advanced specialty education program is to be certified by an ADA-recognized certifying board in the specialty. 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 specialty 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 director should be an experienced educator in periodontics and should be a full-time faculty member with a primary commitment to periodontics.**
- 2-2 The program director must have primary responsibility for the organization and execution of the educational and administrative components of the program. The director must devote sufficient time to the program to include the following:**
  - a. Utilize a faculty that can offer a diverse educational experience in biomedical, behavioral and clinical sciences;**
  - b. Promote cooperation between periodontics, general dentistry, related dental specialties and other health sciences;**

- c. **Select students/residents qualified to undertake specialty training in periodontics unless the program is sponsored by a federal service utilizing a centralized student/resident selection process;**
  - d. **Develop and implement the curriculum plan;**
  - e. **Evaluate and document student/resident and faculty performance;**
  - f. **Document educational and patient care records as well as records of student/resident attendance and participation in didactic and clinical programs; and**
  - g. **Responsibility for the quality and continuity of patient care.**
- 2-3 The program director must prepare graduates to seek certification by the American Board of Periodontology.**
- a. **The program director must track Board Certification of program graduates.**
- 2-4 A combination of full-time and part-time faculty is most desirable. The number and time commitment of faculty must be sufficient to provide didactic and administrative continuity. Part-time faculty should contribute to the didactic as well as the clinical component of the program.**
- 2-5 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.**
- 2-6 Faculty must be assigned for all clinical sessions and immediately available for consultation with students/residents and patients. There must be direct faculty supervision of students/residents who are performing surgical procedures.**
- 2-7 Faculty must take responsibility for patient care and actively participate in the development of treatment plans and evaluation of all phases of treatment provided by students/residents.**
- 2-8 Faculty must be formally evaluated at least annually by the program director to determine their effectiveness in the educational program.**
- 2-9 In addition to their regular responsibilities in the program, full-time faculty must have adequate time to develop and foster advances in their own education and capabilities in order to ensure their constant improvement as clinical periodontists, teachers and/or researchers.**
- 2-10 The program director and faculty should demonstrate their continued pursuit of new knowledge in periodontics and related fields.**



**2-11 The program director and faculty must actively participate in the assessment of the outcomes of the educational program.**

### 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 specialty education is only approved when the specialty has included language that defines the use of such facilities in its specialty-specific standards.

- 3-1 Adequate clinical and radiographic facilities must be readily available in order to meet the objectives of the program. State-of-the-art imaging resources should be accessible to the student/resident. There must be a sufficient number of operatories to efficiently accommodate the number of students/residents enrolled. One operatory should be available to each student/resident during clinic assignments.**
- 3-2 Hospital facilities should be available to enhance the clinical program.**
- 3-3 Facilities should be available to support research.**
- 3-4 Clinical photography is essential for case documentation. Students/Residents must have clinical photographic equipment available.**
- 3-5 The institution must provide audiovisual and reproduction capabilities for student/resident seminars.**
- 3-6 Students/Residents must have ready access to dental and biomedical libraries containing equipment for retrieval and duplication of information.**
- 3-7 Adequate support personnel must be assigned to the program to ensure chairside and technical assistance.**
- 3-8 Dental hygiene support should be available for the clinical program. Adequate facilities should be provided for this activity.**

## STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The advanced specialty 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 specialty 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 specialty.*

**Advanced specialty 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 specialty area instruction in certificate and degree-granting programs must be comparable.**

*Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.*

**If an institution 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 The goal of the curriculum is to allow the student/resident to attain skills representative of a clinician competent in the theoretical and practical aspects of periodontics. The program duration must be three consecutive academic years with a minimum of 30 months of instruction. At least two consecutive years of clinical education must take place in a single educational setting.**

## **BIOMEDICAL SCIENCES**

- 4-2 Although students/residents entering postdoctoral programs will have taken biomedical science courses in their predoctoral dental curriculum, this material must be updated and reviewed in the program at an advanced level. Education in the biomedical sciences must provide the scientific basis needed to understand and carry out the diagnostic and therapeutic skills within the scope of periodontics.**
- 4-3 Formal instruction in the biomedical sciences must enable students/residents to achieve the following competencies:**
- a. Identification of patients at risk for periodontal diseases and use of suitable preventive and/or interceptive treatments;**
  - b. Diagnosis and treatment of patients with periodontal diseases and related conditions according to scientific principles and knowledge of current concepts of etiology, pathogenesis, and patient management; and**
  - c. Critical evaluation of the scientific literature.**
- 4-4 Formal instruction must be provided to achieve in-depth knowledge in each of the following areas:**
- a. Gross, surgical and ultrastructural anatomy;
  - b. Microbiology with emphasis on periodontal diseases;
  - c. Inflammatory mechanisms and wound healing with emphasis on periodontal diseases;
  - d. Infectious processes in oral and periodontal diseases;
  - e. Immunology with emphasis on oral and periodontal diseases;
  - f. Oral pathology;
  - g. Etiology, pathogenesis, histopathology, and natural history of periodontal diseases;
  - h. Epidemiology, including risk assessment, of periodontal diseases;
  - i. Genetics, epigenetics and the concepts of molecular biology as they relate to oral and periodontal diseases;
  - j. Biostatistics, research design and methods; and

- k. Behavioral sciences especially as they affect patient behavior modification and communication skills with patients and health professionals.

*Intent: Various methods may be used for providing biomedical science instruction, such as traditional course presentations, seminars, self-instructional module systems and rotations through hospital, clinical and research departments. It is recognized that the approach to be utilized will depend on the availability of teaching resources and the educational policies of the individual school and/or department.*

## **CLINICAL SCIENCES**

- 4-5 The educational program must provide training to the level of competency for the student/resident to:**
  - a. **Collect, organize, analyze and interpret data;**
  - b. **Interpret conventional and three-dimensional images as they relate to periodontal and dental implant therapy;**
  - c. **Formulate diagnoses and prognoses;**
  - d. **Develop a comprehensive treatment plan;**
  - e. **Understand and discuss a rationale for the indicated therapy;**
  - f. **Evaluate critically the results of therapy;**
  - g. **Communicate effectively to patients the nature of their periodontal health status, risk factors and treatment needs;**
  - h. **Communicate effectively with dental and other health care professionals, interpret their advice and integrate this information into the treatment of the patient;**
  - i. **Integrate the current concepts of other dental disciplines into periodontics;**
  - j. **Organize, develop, implement and evaluate a periodontal maintenance program;**
  - k. **Utilize allied dental personnel effectively; and**
  - l. **Integrate infection control into clinical practice.**
  
- 4-6 Each student/resident must: (a) treat a variety of patients with different periodontal diseases and conditions as currently defined by The American Academy of Periodontology; and (b) complete an adequate number of documented moderate to severe periodontitis cases to achieve competency**
  
- 4-7 An ongoing record of the number and variety of clinical experiences accomplished by each student/resident must be maintained. This must include**

periodontal diagnosis, disease severity, periodontal treatment, as well as patient's age, gender and health status.

- 4-8** The educational program must provide clinical training for the student/resident to the level of competency. This must include, but is not limited to, the following treatment methods for health, comfort, function and esthetics:
- a.** Nonsurgical management of periodontal diseases, including:
    - 1.** Biofilm control;
    - 2.** Mechanical scaling and root planing therapy;
    - 3.** Local and systemic adjunctive therapy; and
    - 4.** Occlusal therapy.
  - b.** Surgical management of periodontal diseases and conditions, including:
    - 1.** Resective surgery, including gingivoplasty, gingivectomy, periodontal flap procedures, osteoplasty, ostectomy, and tooth/root resection;
    - 2.** Regenerative and reparative surgery including osseous grafting, guided tissue regeneration, the use of biologics, and utilization of tissue substitutes, where appropriate; and
    - 3.** Periodontal plastic and esthetic surgery techniques including gingival augmentation, root coverage procedures and crown lengthening surgery.

*Intent: The emphasis of surgical training should be periodontal surgical procedures.*
  - c.** Tooth extraction in the course of periodontal and implant therapy.

**4-9** The educational program must provide didactic instruction and clinical training in oral medicine and periodontal medicine.

- 4-9.1** In depth didactic instruction must include the following:
- a.** Aspects of medicine and pathology related to the etiology, pathogenesis, diagnosis and management of periodontal diseases and other conditions in the oral cavity;
  - b.** Mechanisms, interactions and effects of drugs used in the prevention, diagnosis and treatment of periodontal and other oral diseases;
  - c.** Mechanisms, interactions and effects of therapeutic agents used in the management of systemic diseases that may influence the progression of periodontal diseases or the management of patients with periodontal diseases;
  - d.** Principles of periodontal medicine to include the interrelationships of periodontal status and overall health; and
  - e.** Clinical and laboratory assessment of patients with specific instruction in:

- 1. Physical evaluation;**
- 2. Laboratory evaluation;**
- 3. Oral pathology.**

**4-9.2 Clinical training to the level of competency must include the following:**

- a. Periodontal treatment of medically compromised patients;**
- b. Management of patients with periodontal diseases and interrelated systemic diseases or conditions; and**
- c. Management of non-plaque related periodontal diseases and disorders of the periodontium.**

**4-10 The educational program must provide didactic instruction and clinical training in dental implants, as defined in each of the following areas:**

**4-10.1 In depth didactic instruction in dental implants must include the following:**

- a. The biological basis for dental implant therapy and principles of implant biomaterials and bioengineering;**
- b. The prosthetic aspects of dental implant therapy;**
- c. The examination, diagnosis and treatment planning for the use of dental implant therapy;**
- d. Implant site development;**
- e. The surgical placement of dental implants;**
- f. The evaluation and management of peri-implant tissues and the management of implant complications;**
- g. Management of peri-implant diseases; and**
- h. The maintenance of dental implants.**

**4-10.2 Clinical training in dental implant therapy to the level of competency must include:**

- a. Implant site development to include hard and soft tissue preservation and reconstruction, including ridge augmentation and sinus floor elevation;**
- b. Surgical placement of implants; and**
- c. Management of peri-implant tissues in health and disease.**
- d. Provisionalization of dental implants.**

*Intent: To provide clinical training that incorporates a collaborative team approach to dental implant therapy, enhances soft tissue esthetics and*



*facilitates immediate or early loading protocols. This treatment should be provided in consultation with the individuals who will assume responsibility for completion of the restorative therapy.*

- 4-11 The educational program must provide training for the student/resident in the methods of pain control and sedation to achieve:**
- a. In-depth knowledge in all areas of minimal, moderate and deep sedation as prescribed by the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*; and**
  - b. Clinical training to the level of competency in adult minimal enteral and moderate parenteral sedation as prescribed by the *ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* .**

*Intent: To follow the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students\* regarding all aspects of training in minimal enteral and moderate parenteral sedation including didactic instruction, health status assessment, monitoring, airway management, emergency care, and number of required cases. The ADA Guidelines were developed and approved by the ADA Council on Dental Education and Licensure and adopted by the ADA House of Delegates.*

- 4-12 The educational program must provide instruction in the following interdisciplinary areas:**
- a. The management of orofacial pain to a level of understanding;**
  - b. Orthodontic procedures in conjunction with periodontal therapy to a level of understanding;**
  - c. Surgical exposure of teeth for orthodontic purposes, to a level of understanding; and**
  - d. Management of endodontic-periodontal lesions to a level of understanding; treatment should be provided in consultation with the individuals who will assume the responsibility for the completion of the case or supervision of endodontics therapy.**

- 4-13 The educational program must provide instruction to the level of understanding in the management of a periodontal practice.**

**4-13.1 The use of private office facilities not affiliated with a university as a means of providing clinical experiences in advanced specialty education is not approved. However, visiting private offices to view office design and practice management techniques is encouraged.**

- 4-14** Students/residents must have training and experience in teaching of periodontology, which should include interaction with dental students, residents and/or dental hygiene students. The teaching curriculum must not exceed 10% of the total program time.

## **STANDARD 5 - ADVANCED EDUCATION STUDENTS/RESIDENTS ELIGIBILITY AND SELECTION**

Eligible applicants to advanced specialty 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

## EVALUATION

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

- a. Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the specialty using formal evaluation methods;
- b. Provides to students/residents an assessment of their performance, at least semiannually;
- c. Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- d. Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

*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 specialty-level 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.*

**5-1 Written criteria for evaluating the quality of a student's/resident's performance must be used. These criteria must be shared with appropriate staff and students/residents.**

**5-1.1 A record of each student's/resident's clinical and didactic activities must be maintained and reviewed as part of each student's/resident's evaluation.**

**5-1.2 Evaluation results must be provided to students/residents in writing.**

**5-1.3 Documentation of evaluation meetings with students/residents, along with records of students'/residents' activities, and formal evaluations of students/residents must be kept in a permanent file.**

## 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 specialty 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 specialty 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 specialty education students/residents **must** engage in scholarly activity.

**6-1 Graduates of periodontal training programs must possess a general understanding of the theory and methods of performing research.**

**6-1.1 Postdoctoral students/residents must be given the opportunity to participate in research.**