Commission on Dental Accreditation

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.

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

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Proposed Revised Standards
Additions are Underlined
Strikethroughs indicate Deletions

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

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

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.
STANDARD 4 - CURRICULUM AND PROGRAM DURATION

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 standards: Discrepancy Index, Cast-Radiograph Evaluation, Case Management Forms