

Commission on Dental Accreditation

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

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

**Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org**

Orthodontics and Dentofacial Orthopedics: the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures. (Adopted April 2003)

Document Revision History

Date	Item	Action
July 31, 2008	Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics	Adopted
July 1, 2009	Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics	Implemented
January 30, 2009	Revisions to Language Common to All Specialties (Preface, Definitions of Terms, and Standards 1, 4 and 5)	Adopted
July 1, 2009	Revisions to Language Common to All Specialties (Preface, Definitions of Terms, and Standards 1, 4 and 5)	Implemented
July 31, 2009	Revised Policy on Major Change and Accreditation of Off-Campus Sites	Adopted and Implemented
August 6, 2010	Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)	Adopted
January 1, 2011	Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)	Implemented
August 5, 2011	Revised Policy on Program Changes	Adopted and Implemented
August 5, 2011	New Accreditation Standards on Board Certification (2-11, 2-11.a)	Adopted
February 3, 2012	The Joint Commission Equivalency Statement	Adopted
July 1, 2012	New Accreditation Standards on Board Certification (2-11, 2-11.a)	Implemented
August 4, 2012	The Joint Commission Equivalency Statement	Implemented
August 10, 2012	Revised Mission Statement	Adopted and Implemented
January 31, 2013	Addition of Standard 2-12	Adopted
January 31, 2013	Revision to Policy on Accreditation of Off-Campus Sites	Adopted and Implemented
January 31, 2013	Revised Compliance with Commission Policies section (Complaints)	Implemented
July 1, 2013	Addition of Standard 2-12	Implemented
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

Table of Contents

	<u>PAGE</u>
Mission Statement of the Commission on Dental Accreditation	5
Accreditation Status Definitions.....	6
Preface.....	7
Definition of Terms Used in Orthodontics and Dentofacial Orthopedics	
Accreditation Standards.....	12
<u>Standards</u>	
1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS	
AFFILIATIONS.....	13
2 - PROGRAM DIRECTOR AND TEACHING STAFF.....	17
3 - FACILITIES AND RESOURCES.....	20
4 - CURRICULUM AND PROGRAM DURATION.....	23
5 - ADVANCED EDUCATION STUDENTS/RESIDENTS	
ELIGIBILITY AND SELECTION.....	27
EVALUATION.....	28
DUE PROCESS.....	28
RIGHTS AND RESPONSIBILITIES.....	28
6 - RESEARCH.....	29

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation
Revised: August 10, 2012

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 must be demonstrated within 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. 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

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).

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 assures 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.

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).

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs. In addition, programs adding off-campus sites must adhere to the Policy on the Accreditation of Off-Campus sites. Guidelines for Reporting Off-Campus Sites are available from the Commission office.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the ADA website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and approved by the Commission **prior to the implementation** to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites used to meet accreditation standards or program requirements;
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another;
- Program director qualifications not being in compliance with the standards. In lieu of a CV, a copy of the new or acting program director's completed BioSketch should be provided to

Commission staff. Contact Commission Staff for the BioSketch template.

- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs);
- Change in the nature of the program's financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards; and/or
- Expansion of a developing dental hygiene or assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Expansion or relocation of dental facilities within the same institution;
- Change in program director. In lieu of a CV, a copy of the new or acting program director's completed BioSketch should be provided to Commission staff. Contact Commission Staff for the BioSketch template.

The Commission uses the following process when considering reports of changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program's potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the

following ways:

- a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
 - b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission's review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of changes received from accredited educational programs.

- *Approve the report of program change:* If the Review Committees or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- *Approve the report of program change and request additional information:* If the Review Committees or Commission does not identify any concerns regarding the program's compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- *Postpone action and continue the program's accreditation status, but request additional information:* The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
- *Postpone action and continue the program's accreditation status pending conduct of a special site visit:* If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.
- *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL SPECIALTY PROGRAMS

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed. A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission one (1) month prior to a regularly scheduled semiannual Review Committee meeting. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents.

The Commission will not retroactively approve enrollment increases without a special focused site visit. Special circumstances may be considered on a case-by-case basis, including, but not limited to, temporary enrollment increases due to:

- Student/Resident extending program length due to illness, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation. If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, a special focused site visit will be required at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

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 specialty education programs in orthodontics and dentofacial orthopedics in the application of and in connection with compliance with the Accreditation Standards for Advanced Specialty 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 standards.

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 purposes of orientation and recognition of general principles.

Levels of Skill:

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 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.

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)*

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

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 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 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

Centers 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.

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 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.

AFFILIATIONS

The primary sponsor of the educational program must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, 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: 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).

POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES

The Commission on Dental Accreditation recognizes primary and off-campus sites as locations where students/residents gain required educational experiences designed to meet accreditation or program requirements. Guidance regarding policy and procedures for each type of site follows.

Primary site: The sponsoring institutional site for an accredited program is the primary site. This site holds primary responsibility for clinical or didactic learning experiences that meet the program requirements or accreditation standards for a specific program. The site further holds responsibility for the written agreement with off-campus sites to meet accreditation standards.

Off-campus site: A training site located away from the primary site. For students/residents in a specific program, an off-campus site could be their principal learning site. An off-campus site could be one of the following:

1. A site with which a written agreement is held with the sponsoring institution regarding off-campus learning experiences that meet accreditation standards or program requirements.
2. A site owned/operated by the sponsoring institution that provides additional learning experiences that meet accreditation or program requirements and does not require a separate written agreement.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will then randomly select and visit several facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

Optional Enrichment/Optional Observation site: The Commission also recognizes optional enrichment and optional observation sites for the purposes of providing optional, *elective* enrichment or observational experiences. These sites are not used for achieving accreditation or program requirements. Therefore, these sites do not require Commission approval.

An institution may use one or more than one site to support student learning and meet CODA standards or program requirements. Initiation of activities at the off-campus site as well as documentation and reporting of site activities is expected to follow the EOPP guidelines and accreditation standards.

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate an off-campus site (distance site and/or additional training site not located on the main campus). The Commission must be informed in writing site at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. There may be extenuating circumstances when a special review is necessary. A program must receive Commission on Dental Accreditation approval of the off-campus site prior to recruiting students/residents and initiating use of the site.

Generally, only programs without reporting requirements will be approved to initiate educational experiences at off-campus sites. The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where a significant portion of each student's/resident's educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission.

A significant portion of each student's/resident's educational experience at an off-campus site is defined as any experience that impacts the program's ability to meet a CODA standard. The program

must report the rationale for adding an off-campus site and how that site affects the program's goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an off-campus site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

After the initial visit, each off campus site may be visited during the regularly scheduled CODA evaluation visit to the program.

Expansion of a developing dental hygiene and/or assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to on and off-campus location. The Commission office should be contacted for current information on fees.

STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a 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 orthodontic program is to be certified by the American Board of Orthodontics.

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.

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

2-2 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

2-3 A majority of the specialty instruction and supervision must be conducted by individuals who are educationally qualified in orthodontics and dentofacial orthopedics.

2-4 Besides maintaining clinical skills, the director must have teaching experience in orthodontics and dentofacial orthopedics. For all appointments after July 1,

Orthodontics and Dentofacial Orthopedics Standards

2009, the director must have had teaching experience in an academic orthodontic departmental setting for a minimum of two (2) years.

- 2-5 Periodic faculty meetings must be held for the proper function and improvement of an advanced specialty 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

- 2-6 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 specialty 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.**

- 2-7 In addition to their regular teaching responsibilities with the department, full-time faculty must have adequate time for their own professional development.**

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

- 2-8 The number and time commitment of faculty must be sufficient to provide full supervision of the clinical portion of the program.**

- 2-9 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

- 2-10 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**

2-11 The program director and faculty must prepare students/residents to pursue certification by the American Board of Orthodontics.

2-11.a The program director must document the number of graduates who become certified by the American Board of Orthodontics.

2-12 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 specialty education is not approved, unless the specialty has included language that defines the use of such facilities in its specialty-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 specialty education program in orthodontics and dentofacial orthopedics.

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 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.

The level of specialty area 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.

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

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 specialty 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 specialty education program in orthodontics must be proficient 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:

- 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 specialty 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 specialty education program in orthodontics must be proficient 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.**

Examples of evidence to demonstrate compliance may include:

- Course outlines
- Clinical outcomes assessment

4-4 Supporting Curriculum. The orthodontic graduate must have familiarity with:

- 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 EDUCATION STUDENTS/RESIDENTS ELIGIBILITY AND SELECTION

Dentists with the following qualifications are eligible to enter advanced specialty education programs accredited by the Commission on Dental Accreditation:

- a. Graduates from institutions in the U.S. accredited by the Commission on Dental Accreditation;**
- b. Graduates from institutions in Canada accredited by the Commission on Dental Accreditation of Canada; and**
- c. Graduates of international dental schools who possess equivalent educational background and standing as determined by the institution and 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. Transfer 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.

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:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its students/residents, using appropriate written criteria and procedures;**
- b. Provides to students/residents an assessment of their performance, at least semi-annually;**
- 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: (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 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 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