Appendix 10 Subpage 1 Proposed ORTHO Standards Revision CODA Winter 2019

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 <u>December 1, 2019</u>, for review at the Winter 2020 Commission meeting.

Written comments can be directed to <u>snowj@ada.org</u> or mailed to:

ATTN: Ms. Jennifer Snow, 19th Floor Manager, Advanced Dental Education Commission on Dental Accreditation 211 East Chicago Avenue Chicago, IL 60611

Proposed Revised Standards

Additions are <u>Underlined</u> Strikethroughs indicate Deletions

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

1	STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF		
2			
3	The program must be administered by one director who is board certified in the respective		
4	advanced dental education discipline of the program. (All program directors appointed after		
5	January 1, 1997, who have not previously served as program directors, must be board certified.)		
6			
7	Intent: The director of an orthodontic program is to be certified by the American Board of		
8	Orthodontics.		
9			
10	The director of an advanced dental education program is to be certified by a nationally		
11	accepted certifying board in the advanced dental education discipline. Board certification is		
12	to be active. The board certification requirement of Standard 2 is also applicable to an		
13	interim/acting program director. A program with a director who is not board certified but		
14	who has previous experience as an interim/acting program director in a Commission-		
15	accredited program prior to 1997 is not considered in compliance with Standard 2.		
16			
17	Examples of evidence to demonstrate compliance may include:		
18			
19	For board certified directors: Copy of board certification certificate; letter from board		
20	attesting to current/active board certification		
21			
22	(For non-board certified directors who served prior to January 1, 1997: Current CV		
23	identifying previous directorship in a Commission on Dental Accreditation- or Commission		
24	on Dental Accreditation of Canada-accredited advanced dental education program in the		
25	respective discipline; letter from the previous employing institution verifying service)		
26			
27	The program director must be appointed to the sponsoring institution and have sufficient authority		
28	and time to achieve the educational goals of the program and assess the program's effectiveness in		
29	meeting its goals.		
30			
31	Documentation of all program activities must be ensured by the program director and available for		
32	review.		
33			
34	2-1 The program must be directed by one individual.		
35			
36	2-2 The program director position must be full-time as defined by the institution.		
37			
38	2-23 There must be evidence that sufficient time is devoted to the program by the		
39	director so that the educational and administrative responsibilities can be met.		
40			

1	Intent	<i>It</i> : The program director is expected to be intimately involved in all aspects of the		
2	progra	im.		
3	1 0			
4		Examples of evidence to demonstrate compliance may include:		
5				
6	•	Program's director's weekly schedule		
7	•	Institution's definition of full-time and part-time commitment		
8	•	Program director's job description		
9				
10		2-34 A majority of the discipline-specific instruction and supervision must be		
11		conducted by individuals who are educationally qualified in orthodontics		
12		and dentofacial orthopedics.		
13				
14	2-4 <u>5</u>	Besides maintaining clinical skills, the director must have teaching experience in		
15	_	orthodontics and dentofacial orthopedics. For all appointments after July 1,		
16		2009, the director must have had teaching experience in an academic orthodontic		
17		departmental setting for a minimum of two (2) years.		
18				
19	2- <mark>56</mark>	Periodic faculty meetings must be held for the proper function and improvement		
20	_	of an advanced dental education program in orthodontics and dentofacial		
21		orthopedics.		
22		•		
23		Examples of evidence to demonstrate compliance may include:		
24				
25		• Schedules and minutes of faculty meetings		
26		• Action taken as a result of faculty meetings		
27		• Records of attendance at faculty meetings		
28		, , , , , , , , , , , , , , , , , , ,		
29	2 -67	The faculty must have knowledge of the required biomedical sciences relating to		
30	_	orthodontics and dentofacial orthopedics. Clinical instruction and supervision in		
31		orthodontics and dentofacial orthopedics must be provided by individuals who		
32		have completed an advanced dental education program in orthodontics and		
33		dentofacial orthopedics approved by the Commission on Dental Accreditation		
34		(grandfathered), or by individuals who have equivalent education in orthodontics		
35		and dentofacial orthopedics.		
36		*		
37	2 -7<u>8</u>	In addition to their regular teaching responsibilities with the department, full-		
38	_	time faculty must have adequate time for their own professional development.		
39				
40	<u>2-9</u>	<u>The program must ensure a minimum of one (1) full time equivalent (FTE)</u>		
41		faculty to four (4) students/residents for the entire program, including clinical,		
42		didactic, administration, and research components.		

Orthodontics and Dentofacial Orthopedics Standards

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1	
2	Intent: Full-time faculty have the obligation to teach, conduct research and provide
3	service to the institution and/or profession.
4	
5	Examples of evidence to demonstrate compliance may include:
6	
7	• Weekly schedules of full-time faculty
8	• Curriculum vita of full-time faculty, including academic ranks
9	• Schedule of faculty commitments in teaching, research and service
10	
11	2-810 For clinic coverage, the program must ensure no less than one (1) faculty to eight
12	(8) students/residents to assure T the number and time commitment of faculty
13	must be is sufficient to provide full supervision of the clinical portion of the
14	program.
15	2.11 The fearly equating clinic must be onthe dentists
16	2-11 The faculty covering clinic must be orthodontists.
17 18	2-912 Faculty evaluations must be conducted and documented at least annually.
19	Examples of evidence to demonstrate compliance may include:
20	Examples of evidence to demonstrate compnance may mendee.
20	• Faculty evaluation records
22	 Credentials and advanced education of faculty
23	 Institution plan for professional development
24	institution plan for professional development
25	2-1013 There must be evidence of an ongoing systematic procedure to evaluate the
26	quality of treatment provided in the program.
27	
28	Examples of evidence to demonstrate compliance may include:
29	
30	• Records of case presentations and evaluation
31	• Patient charts available for audit
32	Protocol for treatment
33	
34	2-11114 The program director and faculty must prepare students/residents to pursue
35	certification by the American Board of Orthodontics.
36	
37	2-1114.a The program director must document the number of graduates
38	who become certified by the American Board of Orthodontics.
39	
40	2-1215 The program must show evidence of an ongoing faculty development process.
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Orthodontics and Dentofacial Orthopedics Standards

1	Intent: Ongoing faculty development is a requirement to improve teaching and learning, to
2	foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain
3	the vitality of academic dentistry as the wellspring of a learned profession.
4	
5	Examples of evidence to demonstrate compliance may include:
6	
7	Participation in development activities related to teaching, learning, and assessment
8	Attendance at regional and national meetings that address contemporary issues in
9	education and patient care
10	Mentored experiences for new faculty
11	Scholarly productivity
12	Presentations at regional and national meetings
13	Examples of curriculum innovation
14	Maintenance of existing and development of new and/or emerging clinical skills
15	Documented understanding of relevant aspects of teaching methodology
16	Curriculum design and development
17	Curriculum evaluation
18	Student/Resident assessment
19	Cultural Competency
20	Ability to work with students/residents of varying ages and backgrounds
21	Use of technology in didactic and clinical components of the curriculum
22	Evidence of participation in continuing education activities
23	

Appendix 10 Subpage 6 Proposed ORTHO Standards Revision CODA Winter 2019

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2	STANDARD 3 - FACILITIES AND RESOURCES
3	
4	3-1 Adequate space must be designated specifically for the advanced dental education
5	program in orthodontics and dentofacial orthopedics. For each clinic session to
6	which a student/resident is assigned, the program must provide a minimum of
7	one (1) clinic chair per student/resident.
8	
9	Intent: Dedicated space is necessary to maintain the autonomy of a program. Sharing the
10	same clinical facilities with other areas of dentistry is not permitted.
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1	STANDARD 4 - CURRICULUM AND PROGRAM DURATION		
2			
3	4-3.4	A graduate of an advanced dental education program in	
4		orthodontics must be competent to:	
5			
6	а.	Coordinate and document detailed interdisciplinary treatment	
7		plans which may include care from other providers, such as	
8		restorative dentists and oral and maxillofacial surgeons or other	
9		dental specialists;	
10	b.	Treat and manage developing dentofacial problems which can be	
11		minimized by appropriate timely intervention;	
12	с.	Use dentofacial orthopedics in the treatment of patients when	
13		appropriate;	
14	d.	Treat and manage major dentofacial abnormalities and coordinate	
15		care with oral and maxillofacial surgeons and other healthcare	
16		providers;	
17	е.	Provide all phases of orthodontic treatment including initiation,	
18		completion and retention;	
19	f.	Treat patients with at least one contemporary orthodontic	
20		technique;	
21			
22	Intent: It is i	ntended that the program teach one or more methods of comprehensive	
23	orthodontic tr	eatment.	
24			
25	g.	Manage patients with functional occlusal and temporomandibular	
26		disorders;	
27	h.	Treat or manage the orthodontic aspects of patients with moderate	
28		and advanced periodontal problems;	
29	i.	Develop and document treatment plans using sound principles of	
30		appliance design and biomechanics;	
31	j.	Obtain and create long term files of quality images of patients	
32		using techniques of photography, radiology and cephalometrics,	
33		including computer techniques when appropriate;	
34	k .	Use dental materials knowledgeably in the fabrication and	
35		placement of fixed and removable appliances;	
36	l.	Develop and maintain a system of long-term treatment records as a	
37		foundation for understanding and planning treatment and	
38		retention procedures;	
39	m.	Practice orthodontics in full compliance with accepted Standards of	
40		ethical behavior;	
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Orthodontics and Dentofacial Orthopedics Standards

Appendix 10 Subpage 8 Proposed ORTHO Standards Revision CODA Winter 2019

2 <i>ethical behavior is acquired through continuous integratio</i>	on with other courses in the
3 <i>curriculum</i> .	
4	
5 <u>Examples of evidence to demonstrate comp</u>	<u>oliance may include:</u>
6	
7 • Course outlines	
• Case treatment records	
9	
10 n. Manage and motivate patients to particip	pate fully with orthodontic
11 treatment procedures; and	· ·
12 o. Study and critically evaluate the literatur	re and other information
13 pertaining to this field;	
14 p. Identify patients with sleep-related breat	hing disorders/sleep
15 <u>apnea;</u>	
16 <u>q.</u> Identify patients with Craniofacial Anon	nalies and Cleft Lip and
17 Palate;	
18 r. Treat and effectively manage malocclusic	ons that require four (4)
19 <u>quadrants of bicuspid extractions or of c</u>	omparable space closure;
20 <u>and</u>	
21 <u>s. Treat and effectively manage Class II ma</u>	alocclusions, defined as a
22 bilateral end-on or greater Class II mola	<u>r or a unilateral full cusp</u>
23 Class II molar, through a non-surgical tr	<u>eatment approach.</u>
24	
25 <u>Examples of evidence to demonstrate comp</u>	bliance may include:
26	
• Course outlines	
• Clinical outcomes assessment	
ABO standards: Discrepancy Index,	Cast-Radiograph
30 Evaluation, Case Management Form	<u>ns</u>
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