

REPORT OF THE REVIEW COMMITTEE ON ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. Brent Larson. Committee Members: Mr. David Cushing, Dr. Sarandeep Huja, Dr. Howard Lieb, Dr. Steven Lindauer, and Dr. Emile Rossouw. Guest (Open Session Only): Dr. Norman Nagel, president-elect, American Association of Orthodontists, attended the policy portion of the meeting. Staff Members: Ms. Jennifer Snow, manager, Advanced Dental Education and Mr. Christopher Castaneda, senior project assistant, Advanced Dental Education, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, CODA, attended a portion of the meeting. The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) was held on January 14, 2022 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION

Report on Orthodontics and Dentofacial Orthopedics Programs (Residency and Fellowship) Annual Survey Curriculum Sections (p. 1100): The Review Committee on Orthodontics and Dentofacial Orthopedics Education (ORTHO RC) noted that the Annual Survey Curriculum Section is reviewed during the Winter Review Committee meeting in the year the survey will be distributed; which will next occur in August/September 2022. The ORTHO RC considered both its residency and fellowship discipline-specific Annual Survey Curriculum Sections (**Appendix 1** and **Appendix 2, Policy Report p. 1100**).

At its Winter 2022 meeting, the ORTHO RC reviewed each question on the Annual Survey Curriculum Sections for both residency and fellowship programs. The Committee considered the residency section first, noting that average numbers per student/resident would be more meaningful than program totals. Being mindful of programs compiling and reporting Annual Survey data, the ORTHO RC determined that streamlining of items would be beneficial, including the simplification of treatment mechanism categories in Question 23 and the reordering of Questions 25 and 26. Following discussion, the Committee proposed the changes found in **Appendix 1**.

In addition, the ORTHO RC determined that questions on the Curriculum Section for fellowship programs should also be updated to reflect average numbers per student/fellow where appropriate. Through the course of their review, the Committee suggested an editorial change in terminology from “fellow” to “student/fellow” in alignment with the Accreditation Standards, as well as the elimination of Question 26 related to the number of patients managed by students/fellows with subsequent renumbering, as found in **Appendix 2**.

In summary, the ORTHO RC recommended that the Orthodontics and Dentofacial Orthopedics Annual Survey Curriculum Section for orthodontics and dentofacial orthopedics residency programs be revised to include the changes noted in **Appendix 1** for use in Fall 2022. It was

further recommended that the Clinical Fellowship in Craniofacial and Special Care Orthodontics Annual Survey Curriculum Section for craniofacial and special care orthodontics fellowship programs be revised to include the changes noted in **Appendix 2** for use in Fall 2022.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Orthodontics and Dentofacial Orthopedics Annual Survey Curriculum Section for orthodontics and dentofacial orthopedics residency programs noted in **Appendix 1** and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

It is further recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Clinical Fellowship in Craniofacial and Special Care Orthodontics Annual Survey Curriculum Section for craniofacial and special care orthodontics fellowship programs noted in **Appendix 2** and direct implementation of the revised Annual Survey Curriculum Section in Fall 2022.

Consideration of Proposed Revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (p. 1101):

The Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics were adopted and implemented by the Commission on Dental Accreditation at its August 7, 2015 meeting. According to the Commission's Policy on Assessing the Validity and Reliability of the Accreditation Standards, "the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years." Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. In accordance with this policy, the Validity and Reliability Study of the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics was initiated in Summer/Fall 2019 with the results considered at the Winter 2020 meeting of the Commission.

In Winter 2020, the Orthodontics and Dentofacial Orthopedics Review Committee (ORTHO RC) conducted an initial review of the validity and reliability study report. The Review Committee concluded that further study of the survey data was warranted. The ORTHO RC believed a small workgroup should be formed to further study the report and identify the fellowship Accreditation Standards, if any, which warrant revision. The Commission concurred and directed the appointment of a workgroup composed of at least four (4) Orthodontics and Dentofacial Orthopedics Review Committee members and no more than two (2) additional individuals representing the American Association of Orthodontists (AAO) to further study the findings of the 2019 orthodontics fellowship Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision, with a report to the ORTHO RC and Commission in Summer 2020. At its special, closed April 13, 2020 meeting to consider the impact of COVID-19 on CODA's operations related to ongoing work of the Commission, the Commission directed that the Ad Hoc Committee for Orthodontics and Dentofacial Orthopedics be directed to submit an update report in Winter 2021 rather than Summer 2020.

At its Winter 2021 meeting, the ORTHO RC reviewed the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics as submitted by the Ad Hoc Committee as a result of its charges, which included consideration of the use of the term “should” in the fellowship standards.

The Committee concluded, and the Commission concurred, that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics (**Appendix 1, Policy Report p. 1101**) be circulated to the communities of interest for review and comment for a period of one (1) year, with Hearings conducted at the March 2021 American Dental Education Association (ADEA) Annual Session and the October 2021 American Dental Association (ADA) Annual Meeting, with further consideration at the Commission’s Winter 2022 meeting.

At this meeting, the ORTHO RC carefully considered the comment received during the comment period (**Appendix 2, Policy Report p. 1101**), which was in support of the proposed revision. The Committee reviewed the proposed revisions to Standard 4-3c and Standard 7-Research and determined that they reorganize the items related to research based on the use of the term “should,” without substantive change. Therefore, the Committee determined implementation of the revisions in one (1) year on January 1, 2023 is appropriate.

Through discussion, the ORTHO RC noted that the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics include a definition of the term “proficiency” within the Definition of Terms. As this terminology was eliminated from the Accreditation Standards for advanced dental education disciplines in favor of the term “competency” a number of years ago, the Committee found no need to include its definition in the current Definition of Terms.

The ORTHO RC determined that inclusion of the definition of “proficiency” in the Definition of Terms is outdated and should be eliminated from the fellowship standards. The ORTHO RC did not believe that this type of revision warranted a second circulation to communities of interest for comment. Following discussion, the ORTHO RC determined that this revision should be adopted and implemented with the revised Accreditation Standards on January 1, 2023 as noted in **Appendix 3**.

In summary, the ORTHO RC recommended the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, including elimination of the definition of “proficiency” within the Definition of Terms, found in **Appendix 3** be adopted by the Commission and implemented on January 1, 2023.

Recommendation: It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Accreditation Standards for Clinical Fellowship

Training Programs in Craniofacial and Special Care Orthodontics found in **Appendix 3**, with an implementation date of January 1, 2023.

**CONSIDERATION OF MATTERS RELATING TO
MORE THAN ONE REVIEW COMMITTEE**

Matters related to more than one review committee are included in a separate report.

**CONSIDERATION OF SITE VISITOR APPOINTMENTS TO THE
COMMISSION ON DENTAL ACCREDITATION IN THE AREA OF
ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS EDUCATION**

The Review Committee on Orthodontics and Dentofacial Orthopedics Education considered site visitor appointments for 2022-2023. The Committee's recommendations on the appointments of individuals are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

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

Respectfully submitted,

Dr. Brent Larson
Chair, Review Committee on Orthodontics and Dentofacial Orthopedics Education

Draft Annual Survey Curriculum Section for Orthodontics and Dentofacial Orthopedics Residency Programs

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Part II - Orthodontics & Dentofacial Orthopedics Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What percentage of time do students/residents devote to each of the following areas during the entire program?

Column must add up to 100%. Do not enter percent signs.

- a. Clinical (include related laboratory activity) %
- b. Didactic (include assigned laboratory activity) %
- c. Research %
- d. Teaching %
- e. Other, please specify %
- Total %

22. In which of the following interdisciplinary approaches did students/residents receive instruction or gain clinical consultation experience during the past 24-month period for the management of dental patients?

	Yes	No
a. Case history	<input type="radio"/>	<input type="radio"/>
b. Cephalometric analysis	<input type="radio"/>	<input type="radio"/>
c. Intraoral radiographs	<input type="radio"/>	<input type="radio"/>
d. Model Analysis	<input type="radio"/>	<input type="radio"/>
d1. Model Analysis: Plaster cast	<input type="radio"/>	<input type="radio"/>
d2. Model Analysis: Digital models	<input type="radio"/>	<input type="radio"/>
e. Photographics	<input type="radio"/>	<input type="radio"/>
f. Cone beam imaging	<input type="radio"/>	<input type="radio"/>
g. Other, please specify <input style="width: 150px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

23. What percentage of all patients are managed by the students/residents in each of following treatment mechanisms?

Column must not exceed 100%. Do not enter percent signs.

a. Begg Appliance <u>Fixed appliances (with or without a functional appliance)</u>	<input style="width: 40px; text-align: center;" type="text"/> %
b. Edgewise <u>Aligners (with or without a functional appliance)</u>	<input style="width: 40px; text-align: center;" type="text"/> %
c. Functional: Fixed <u>Functional appliance (alone)</u>	<input style="width: 40px; text-align: center;" type="text"/> %
d. Functional: Removable	<input style="width: 40px; text-align: center;" type="text"/> %
e. Universal	<input style="width: 40px; text-align: center;" type="text"/> %
f. <u>Aligners</u>	<input style="width: 40px; text-align: center;" type="text"/> %
g. <u>d.</u> Other, please specify <input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 40px; text-align: center;" type="text"/> %
Total	<input style="width: 40px; text-align: center;" type="text"/> %

24. What clinical procedures exist to ensure program objectives are met?

- Check all that apply.
- Experience with pre-surgical orthopedics for infants born with cleft lip and palate
- Orthodontic therapy for craniofacial deformities patients from the primary through adult dentition
- Orthodontic management of patients with cleft or craniofacial anomalies
- Surgical/orthodontic treatment planning
- Pre- and post-surgical orthodontic management
- Surgical splint design and construction and observation of surgical fixation splints in the operating room to assure appropriate placement
- Orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs
- Participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists who provide restorative services for Craniofacial Anomalies and Special Care (CFA&SC) patients
- Exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language Pathology for additional exposure to management of CFA&SC patients
- Supervised participation in craniofacial team activities
- Participate in craniofacial team meetings

25. ~~26.~~ How many patients were managed ~~by the students/residents per student/resident (average)~~ during the 2019-20 academic year?

26. ~~25.~~ How many surgical orthodontic cases per student/resident (average) were managed with the active participation of the students/residents during the 2019-20 academic year?

Use this space to enter comments or clarifications for your answers on this page.

Part II - Orthodontics & Dentofacial Orthopedics Curriculum Section (continued)

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

27. What is the total number of patients with craniofacial abnormalities managed with the active participation of the students/residents during the 2019-20 academic year?

Must be equal to or less than the number of patients reported in Question 26.

28. Identify the total number of patients per student/resident (average) initiating active treatment that were assigned to the students/residents during the 2019-20 academic year.

Total must be equal to or less than the number of patients reported in Question 26.

a. 1st year students/residents

b. 2nd year students/residents

c. 3rd year students/residents

Total

29. How many patients per student/resident (average) completed active treatment by the students/residents during the 2019-20 academic year?

Total must be equal to or less than the number of patients reported in Question 26.

a. 1st year students/residents

/

b. 2nd year students/residents

c. 3rd year students/residents

Total

30. How many ~~transferred active treatment and~~ active retention patients were ~~assigned to~~ managed by the students/residents (average) during the 2019-20 academic year? ~~Sum of lines a through c in each column must not exceed the number of patients reported in Question 26.~~

	Active Treatment	Active Retention
a. 1st year students/residents	<input type="text"/>	<input type="text"/>
b. 2nd year students/residents	<input type="text"/>	<input type="text"/>
c. 3rd year students/residents	<input type="text"/>	<input type="text"/>

31. Indicate the number of faculty positions and total number of hours per week devoted to the clinical supervision of the students/residents.

For example, if there are three clinical faculty members who each devote 30 hours per week to clinical supervision, the number of positions would be 3 and the total number of hours per week would be 90.

	Number
a. Number of faculty positions	<input type="text"/>
b. Total number of hours per week	<input type="text"/>

32. How often does the program conduct formal documented evaluations of student/resident clinical performance?

- Weekly
- Monthly
- Quarterly
- Biannually
- Annually

33. How often does the program conduct formal documented evaluations of faculty?

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually

Use this space to enter comments or clarifications for your answers on this page.

Draft Annual Survey Curriculum Section for Craniofacial and Special Care Orthodontics Fellowship Programs

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Part II - Clinical Fellowship in Craniofacial and Special Care Orthodontics Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. What clinical procedures exist to ensure program objectives are met?

Check all that apply. At least one item must be checked.

- Experience with pre-surgical orthopedics for infants born with cleft lip and palate
- Orthodontic therapy for craniofacial deformities patients from the primary through adult dentition
- Orthodontic management of patients with cleft or craniofacial anomalies
- Surgical/orthodontic treatment planning
- Pre- and post-surgical orthodontic management
- Surgical splint design and construction and observation of surgical fixation splints in the operating room to assure appropriate placement
- Orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs
- Participation in interdisciplinary dental care, clinical support and appropriate guidance for dentists who provide restorative services for Craniofacial Anomalies and Special Care (CFA&SC) patients
- Exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language Pathology for additional exposure to management of CFA&SC patients
- Supervised participation in craniofacial team activities
- Participate in craniofacial team meetings

22. Which of the following experiences exist in the program for each student/fellow?

Check all that apply. At least one item must be checked.

- Regularly scheduled grand rounds case presentations
- Historical and current scientific literature review
- Research methodology and biostatistics

23. What is the average number of patients completing a full sequence of treatment logged by each student/fellow per year?

Full sequence of treatment includes each of the following: pre-, post-, and long-term treatment, diagnosis and planning, use of specialized orthodontic appliances specifically for the management of CFA&SC patients; and retention.

/

24. How many orthognathic cases were managed per student/fellow (average) with the active participation of the fellows during the 2019-20 academic year?

25. What is the total average number of patients with craniofacial abnormalities managed per student/fellow with the active participation of the students/fellows during the 2019-20 academic year?

~~26. How many patients were managed by the fellows during the 2019-20 academic year?~~

~~a. Fellow 1~~

~~b. Fellow 2~~

~~Total~~

27. **26.** Identify the **total** number of patients **per student/fellow (average)** **initiating** active treatment ~~that were assigned to the fellows~~ during the 2019-20 academic year.

28. **27.** How many ~~transferred active treatment and~~ retention patients were ~~assigned to~~ **managed by** the **students/fellows (average)** during the 2019-20 academic year?

Number of patients

~~a. Active treatment~~

~~b. Active retention~~

29. **28.** How many patients completed active treatment by the **students/fellows (average)** during the 2019-20 academic year?

30. **29.** Indicate the number of faculty positions and total number of hours per week devoted to the clinical supervision of the **students/fellows**.

For example, if there are three clinical faculty members who each devote 30 hours per week to clinical supervision, the number of positions would be 3 and the total number of hours per week would be 90.

Number

a. Number of faculty positions

b. Total number of hours per week

/

31. **30.** How often does the program conduct formal documented evaluations of students'/fellows' clinical performance?

- Weekly
 Monthly
 Quarterly
 Semiannually
 Annually

32. **31.** How often does the program conduct formal documented evaluations of faculty?

- Weekly
 Monthly
 Quarterly
 Semiannually
 Annually

33. **32.** Does anyone else treat the patients of the orthodontic students/fellows?

	Treat craniofacial anomaly patients?		Number of craniofacial anomaly patients	Treat special care needs patients?		Number of special care needs patients
	Yes	No		Yes	No	
a. Orthodontic students/residents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
b. Postdoctoral students/residents in other types of programs	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Commission on Dental Accreditation

At its Winter 2021 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2021, for review at the Winter 2022 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from February 12, 2021 to December 1, 2021.

This document will be considered by the Commission in Winter 2022.

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics

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**Accreditation Standards for
Clinical Fellowship Training Programs in
Craniofacial and Special Care Orthodontics
Commission on Dental Accreditation
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Chicago, Illinois 60611
(312) 440-4653
www.ada.org/coda**

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Commission on Dental Accreditation

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Proposed Revisions to Orthodontics Fellowship Standards
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CODA Winter 2022

Date	Item	Action
August 7, 2015	Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics	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	Revision to Standard 6-2.2	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	Adopted
August 4, 2017	Revised Accreditation Status Definitions	Adopted and Implemented
July 1, 2018	Revision to Standard 1, Affiliations	Implemented
August 3, 2018	Revised Terminology Related to Advanced Education Programs	Adopted
January 1, 2019	Revised Terminology Related to Advanced Education Programs	Implemented
<u>TBD</u>	<u>Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics</u>	<u>Adopted</u>
<u>TBD</u>	<u>Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics</u>	<u>Implemented</u>

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Proposed Revisions to Orthodontics Fellowship Standards
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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

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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 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: 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

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

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1 program for the specific occupational area. The classification “initial accreditation” is granted
2 based upon one or more site evaluation visit(s).

3 Revised: 7/08; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 2/02
4

5 **Other Accreditation Actions:**

6 **Teach-Out:** An action taken by the Commission on Dental Accreditation to notify an accredited
7 program and the communities of interest that the program is in the process of voluntarily
8 terminating its accreditation due to a planned discontinuance or program closure. The
9 Commission monitors the program until students/residents who matriculated into the program
10 prior to the reported discontinuance or closure effective date are no longer enrolled.

11 Reaffirmed: 8/18; Adopted: 2/16
12

13 **Discontinued:** An action taken by the Commission on Dental Accreditation to affirm a
14 program’s reported discontinuance effective date or planned closure date and to remove a program
15 from the Commission’s accredited program listing, when a program either 1) voluntarily
16 discontinues its participation in the accreditation program and no longer enrolls students/residents
17 who matriculated prior to the program’s reported discontinuance effective date or 2) is closed by
18 the sponsoring institution.

19
20 **Intent to Withdraw:** A formal warning utilized by the Commission on Dental Accreditation to
21 notify an accredited program and the communities of interest that the program’s accreditation will
22 be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a
23 specified date. The warning is usually for a six-month period, unless the Commission extends for
24 good cause. The Commission advises programs that the intent to withdraw accreditation may have
25 legal implications for the program and suggests that the institution’s legal counsel be consulted
26 regarding how and when to advise applicants and students of the Commission’s accreditation
27 actions. The Commission reserves the right to require a period of non-enrollment for programs
28 that have been issued the Intent to Withdraw warning.

29 Revised: 2/16; 8/13; Reaffirmed: 8/18
30

31 **Withdraw:** An action taken by the Commission when a program has been unable to demonstrate
32 compliance with the accreditation standards or policies within the time period specified. A final
33 action to withdraw accreditation is communicated to the program and announced to the
34 communities of interest. A statement summarizing the reasons for the Commission’s decision and
35 comments, if any, that the affected program has made with regard to this decision, is available
36 upon request from the Commission office. Upon withdrawal of accreditation by the Commission,
37 the program is no longer recognized by the United States Department of Education. In the event
38 the Commission withdraws accreditation from a program, students currently enrolled in the
39 program at the time accreditation is withdrawn and who successfully complete the program, will
40 be considered graduates of an accredited program. Students who enroll in a program after the
41 accreditation has been withdrawn will not be considered graduates of a Commission accredited
42 program. Such graduates may be ineligible for certification/licensure examinations.

43 Revised 6/17; Reaffirmed: 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9
44

Proposed Revisions to Orthodontics Fellowship Standards
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1 **Denial:** An action by the Commission that denies accreditation to a developing program (without
2 enrollment) or to a fully operational program (with enrollment) that has applied for accreditation.
3 Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

4 Reaffirmed: 8/18; 8/13; Adopted: 8/11

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Preface

Maintaining and improving the quality of advanced dental education programs 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 fellowship programs is a voluntary effort of all parties involved. The process of accreditation assures students/fellows, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

A fellowship in craniofacial and special needs orthodontics is a planned post-residency program that contains advanced education and training in a focused area of the discipline of orthodontics. The focused areas include:

Cleft lip/palate patient care; Syndromic patient care; Orthognathic Surgery; Craniofacial Surgery and Special Care Orthodontics.

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 site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted 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 site visitors will evaluate fellowship programs in each discipline for accreditation purposes. The general and discipline specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular discipline.

General standards are identified by the use of a single numerical listing (e.g., I). Discipline-specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).

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Definitions of Terms Used in Craniofacial and Special Care Orthodontics Accreditation Standards

10 The terms used in this document (i.e. shall, **must**, should, can and may) were selected carefully
11 and indicate the relative weight that the Commission attaches to each statement. The definitions of
12 these words used in the Standards are as follows:
13

14
15 **Must** or Shall: Indicates an imperative need and/or duty; an essential or indispensable item;
16 mandatory.

17
18 Should: Indicates a method to achieve the standard; highly desirable, but not mandatory.
19

20 May or Could: Indicates freedom or liberty to follow a suggested alternative.
21

22 Levels of Knowledge:

23
24 In-depth: A thorough knowledge of concepts and theories for the purpose of critical
25 analysis and the synthesis of more complete understanding.
26

27 Understanding: Adequate knowledge with the ability to apply.
28

29 Familiarity: A simplified knowledge for the purpose of orientation and recognition of
30 general principles.
31

32 Levels of Skills:

33
34 ~~Proficient: The level of skill beyond competency. It is that level of skill acquired through~~
35 ~~advanced training or the level of skill attained when a particular activity is accomplished~~
36 ~~with repeated quality and a more efficient utilization of time.~~
37

38 Competent: The level of skill displaying special ability or knowledge derived from
39 training and experience.
40

41 Exposed: The level of skill attained by observation of or participation in a particular
42 activity.
43

1 Other Terms:

2

3 Institution (or organizational unit of an institution): a dental, medical or public health school,
4 patient care facility, or other entity that engages in advanced dental education.

5

6 Sponsoring institution: primary responsibility for advanced dental education programs. Affiliated
7 institution: support responsibility for advanced dental education programs.

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1
2 **STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS**
3

4 The program **must** develop clearly stated goals and objectives appropriate to advanced dental
5 education, addressing education, patient care, research and service. Planning for, evaluation of
6 and improvement of educational quality for the program **must** be broad-based, systematic,
7 continuous and designed to promote achievement of program goals related to education, patient
8 care, research and service.
9

10 The program **must** document its effectiveness using a formal and ongoing outcomes assessment
11 process to include measures of fellowship student achievement.
12

13 *Intent: The Commission on Dental Accreditation expects each program to define its own goals*
14 *and objectives for preparing individuals for the practice of Craniofacial and Special Care*
15 *Orthodontics and that one of the program goals is to comprehensively prepare competent*
16 *individuals to initially practice Craniofacial and Special Care Orthodontics. The outcomes*
17 *process includes steps to: (a) develop clear, measurable goals and objectives consistent with the*
18 *program's purpose/mission; (b) develop procedures for evaluating the extent to which the goals*
19 *and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d)*
20 *analyze the data collected and share the results with appropriate audiences; (e) identify and*
21 *implement corrective actions to strengthen the program; and (f) review the assessment plan,*
22 *revise as appropriate, and continue the cyclical process.*
23

24 The financial resources **must** be sufficient to support the program's stated goals and objectives.
25

26 *Intent: The institution should have the financial resources required to develop and sustain the*
27 *program on a continuing basis. The program should have the ability to employ an adequate*
28 *number of full-time faculty, purchase and maintain equipment, procure supplies, reference*
29 *material and teaching aids as reflected in annual budget appropriations. Financial allocations*
30 *should assure that the program will be in a competitive position to recruit and retain qualified*
31 *faculty. Annual appropriations should provide for innovations and changes necessary to reflect*
32 *current concepts of education in the advanced dental education discipline. The Commission will*
33 *assess the adequacy of financial support on the basis of current appropriations and the stability of*
34 *sources of funding for the program.*
35

36 The sponsoring institution **must** assure that support from entities outside of the institution does not
37 compromise the teaching, clinical and research components of the program.
38

39 Examples of evidence to demonstrate compliance may include:
40

- 41 • Written agreement(s)
- 42 • Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to
43 facilities, funding, and faculty financial support
44

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1 Hospitals that sponsor fellowships **must** be accredited by an accreditation organization recognized
2 by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor
3 fellowships **must** be accredited by an agency recognized by the United States Department of
4 Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial
5 portion of fellowship programs **must** assure that dentists are eligible for medical staff membership
6 and privileges including the right to vote, hold office, serve on medical staff committees and
7 admit, manage and discharge patients.

8
9 United States military programs not sponsored or co-sponsored by military medical treatment
10 facilities, United States-based educational institutions, hospitals or health care organizations
11 accredited by an agency recognized by the United States Department of Education or accredited by
12 an accreditation organization recognized by the Centers for Medicare and Medicaid Services
13 (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection
14 criteria.

15
16 The authority and final responsibility for curriculum development and approval, student/fellow
17 selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

18
19 The position of the program in the administrative structure **must** be consistent with that of other
20 parallel programs within the institution and the program director **must** have the authority,
21 responsibility, and privileges necessary to manage the program.

22
23 1-1 Fellowships which are based in institutions or centers that also sponsor orthodontic
24 residency training programs **must** demonstrate that the fellowship and residency
25 programs are not in conflict. The fellowship experience **must** not compete with
26 the residency training program for cases. Separate statistics **must** be maintained
27 for each program.

28
29 1-2 Members of the teaching staff participating in an accredited fellowship program
30 **must** be able to practice the full scope of the discipline in the focused area and in
31 accordance with their training, experience and demonstrated competence.

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USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 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.

1-4 Documentary evidence of agreements, approved by the sponsoring and relevant major and minor activity sites not owned by the sponsoring institution, **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/fellows; 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).

1-5 For each site where educational activity occurs, there **must** be an on-site clinical supervisor who is qualified by education and/or clinical experience in the curriculum areas for which they are responsible.

1-6 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.

Intent: It is the responsibility of the program director to ensure that all faculty, including those at sites where educational activity occurs, are qualified.

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).

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STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program **must** be administered by a director who has documented expertise in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics. Additionally, the program director **must** either be board certified in orthodontics or have previously served as a director in a craniofacial orthodontic fellowship program prior to January 1, 2008.

Examples of evidence to demonstrate compliance may include: Board certification certificate or current CV identifying previous directorship in a Craniofacial Orthodontic Fellowship and letter from the employing institution verifying service.

2-1 Program Director: The program **must** be directed by one individual. The responsibilities of the program director **must** include:

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.

2-1.4 Responsibility for adequate educational resource materials for education of the students/fellows, including access to adequate learning resources.

2-1.5 Responsibility for selection of students/fellows and ensuring that all appointed students/fellows meet the minimum eligibility requirements.

2-1.6 Maintenance of appropriate records of the program, including student/fellow and patient statistics, institutional agreements, and student/fellow records.

2-2 Teaching Staff: The teaching staff **must** be of adequate size and **must** provide for the following:

2-2.1 Provide direct supervision appropriate to a student's/fellow's competence, level of training, in all patient care settings.

2-3 Scholarly Activity of Faculty: There **must** be evidence of scholarly activity among the fellowship faculty. Such evidence may include:

a. Participation in clinical and/or basic research particularly in projects funded following peer review;

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- 1 b. Publication of the results of innovative thought, data gathering research projects, and
2 thorough reviews of controversial issues in peer-reviewed
3 i. and scientific media;
4
5 c. Presentation at scientific meetings and/or continuing education courses at the local,
6 regional, or national level.

7
8 2-4 The program **must** show evidence of an ongoing faculty development process.

9
10 *Intent: Ongoing faculty development is a requirement to improve teaching and learning, to*
11 *foster curricular change, to enhance retention and job satisfaction of faculty, and to*
12 *maintain the vitality of academic dentistry as the wellspring of a learned profession.*

13
14 **Examples of evidence to demonstrate compliance may include:**

- 15 Participation in development activities related to teaching, learning, and assessment
16 Attendance at regional and national meetings that address contemporary issues in
17 education and patient care
18 Mentored experiences for new faculty
19 Scholarly productivity
20 Presentations at regional and national meetings
21 Examples of curriculum innovation
22 Maintenance of existing and development of new and/or emerging clinical skills
23 Documented understanding of relevant aspects of teaching methodology
24 Curriculum design and development
25 Curriculum evaluation
26 Student/Resident assessment
27 Cultural Competency
28 Ability to work with students/residents of varying ages and backgrounds
29 Use of technology in didactic and clinical components of the curriculum
30 Evidence of participation in continuing education activities

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STANDARD 3 - FACILITIES AND RESOURCES

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2
3 Facilities and resources **must** be adequate to provide the educational experiences and opportunities
4 required to fulfill the needs of the educational program as specified in these Standards. Equipment
5 and supplies for use in managing medical emergencies **must** be readily accessible and functional.
6

7 *Intent: The facilities and resources (e.g.; support/secretarial staff, allied personnel and/or*
8 *technical staff) should permit the attainment of program goals and objectives. To assure health*
9 *and safety for patients, students/fellows, faculty and staff, the physical facilities and equipment*
10 *should effectively accommodate the clinic and/or laboratory schedule.*
11

12 The program **must** document its compliance with any applicable regulations of local, state and
13 federal agencies including but not limited to radiation hygiene and protection, ionizing radiation,
14 hazardous materials, and bloodborne and infectious diseases. Policies **must** be provided to all
15 students/fellows, faculty and appropriate support staff and continuously monitored for compliance.
16 Additionally, policies on bloodborne and infectious diseases **must** be made available to applicants
17 for admission and patients.
18

19 *Intent: The program may document compliance by including the applicable program policies.*
20 *The program demonstrates how the policies are provided to the students/fellows, faculty and*
21 *appropriate support staff and who is responsible for monitoring compliance. Applicable policy*
22 *states how it is made available to applicants for admission and patients should a request to review*
23 *the policy be made.*
24

25 Students/Fellows, faculty and appropriate support staff **must** be encouraged to be immunized
26 against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B,
27 prior to contact with patients and/or infectious objects or materials, in an effort to minimize the
28 risk to patients and personnel.
29

30 *Intent: The program should have written policy that encourages (e.g., delineates the advantages*
31 *of) immunization for students/fellows, faculty and appropriate support staff.*
32

33 Students/Fellows, faculty and support staff involved in the direct provision of patient care **must** be
34 continuously recognized/certified in basic life support procedures, including cardiopulmonary
35 resuscitation.
36

37 *Intent: Continuously recognized/certified in basic life support procedures means the appropriate*
38 *individuals are currently recognized/certified.*
39

40 The use of private office facilities as a means of providing clinical experiences in advanced dental
41 education is not approved, unless the discipline has included language that defines the use of such
42 facilities in its discipline-specific Standards.
43

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1 *Intent: Required orthodontic fellowship clinical experiences do not occur in private office*
 2 *facilities. Practice management and elective experiences may be undertaken in private office*
 3 *facilities.*

4
 5 3-1 Adequate space **must** be designated specifically for the clinical fellowship training
 6 program in Craniofacial and Special Care Orthodontics.

7
 8 *Intent: Dedicated space is necessary to maintain the autonomy of a program. Sharing the*
 9 *same clinical facilities with other areas of dentistry is not permitted.*

10
 11 3-2 Facilities **must** permit the students/fellows to work effectively with trained allied dental
 12 personnel.

13
 14 *Intent: A program is expected to have auxiliaries available to assist the students/fellows*
 15 *so the program can meet the educational Standards.*

16
 17 Examples of evidence to demonstrate compliance may include:

- 18 • Schedule of dental assistants' assignments

19
 20 3-3 Radiographic, biometric and data collecting facilities **must** be readily available to
 21 document both clinical and research data. Imaging equipment **must** be available.

22
 23 3-4 Students/Fellows in a Craniofacial and Special Care Orthodontic program **must** have
 24 access to adequate space, equipment, and physical facilities to do research.

25
 26 *Intent: Adequate space is necessary to do research, but does not need to be dedicated to*
 27 *craniofacial and special care orthodontic research.*

28
 29 3-5 Adequate secretarial, clerical, dental auxiliary and technical personnel **must** be provided to
 30 enable students/fellows to achieve the educational goals of the program.

31
 32 *Intent: The intent is to assure the students/fellows in Craniofacial and Special Care*
 33 *Orthodontics utilize their time for educational purposes.*

34
 35 3-6 Clinical facilities **must** be provided within the sponsoring, affiliated institution or surgical
 36 center to fulfill the educational needs of the program.

37
 38 3-7 Sufficient space **must** be provided for storage of patient records, models and other related
 39 diagnostic materials.

40
 41 3-8 These records and materials **must** be readily available to effectively document active
 42 treatment progress and immediate as well as long term post-treatment results.

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Intent: Students/Fellows are expected to have easy access to active, post treatment, and retention records. These records should be complete.

3-9 Radiography equipment **must** be available and accessible to the craniofacial 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 clinically indicated.

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STANDARD 4 - CURRICULUM AND PROGRAM DURATION

The fellowship program **must** be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities **must** be assured by the program director and available for review.

- 4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills for management of Craniofacial Anomalies and Special Care (CFA&SC) patients. These patients have craniofacial anomalies that affect the face and stomatognathic system and require special care due to physical mental and/or psychological conditions. The goals of the fellowship program **must** be clearly identified and documented.
- 4-2 The duration of the fellowship program **must** be a minimum of twelve months.
- 4-3 The fellowship program **must** include a formally structured curriculum. The curriculum **must** include the following experiences for each student/fellow:
- a. regularly scheduled grand rounds case presentations
 - b. historical and current scientific literature review
 - ~~c. research methodology and biostatistics~~
 - d. training in the allied medical sciences and social services required to manage the unique needs of CFA&SC patients and their families
- 4-4 The fellowship program **must** provide a complete sequence of patient experiences which includes:
- a. pre-treatment evaluation and orthodontic record taking;
 - b. diagnosis and treatment planning;
 - c. advanced training in the use of the specialized orthodontic appliances required for the management of CFA&SC patients;
 - d. retention and long-term post-treatment evaluation.
- 4-5 The student/fellow **must** maintain a treatment log of all patients under their care with associated treatment plans/ procedures performed and include at least the date of the procedure, patient name, patient identification number, and the outcome of the procedure, and long-term follow-up plans when applicable.

STANDARD 5 – STUDENTS/FELLOWS

ELIGIBILITY AND SELECTION

Orthodontists who have completed their formal orthodontic residency training are eligible for fellowship program consideration.

5-1 Nondiscriminatory policies **must** be followed in selecting students/fellows.

5-2 There **must** be no discrimination in the selection process based on professional degree(s).

Specific written criteria, policies and procedures **must** be followed when admitting students/fellows.

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 fellowship students, using appropriate written criteria and procedures;
- b. Provide to fellowship students an assessment of their performance, at least semiannually;
- c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

Intent: A copy of the final written evaluation stating that the student/ fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship program.

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 fellowship students **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 fellowship students **must** be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.

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STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship program in Craniofacial Anomalies and Special Care (CFA&SC) orthodontics complete advanced training in a focused area:

6-1 Fellowship Program: A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and **must** be taught to a level of proficiency.

6-2 Craniofacial and Special Care Orthodontics:

Craniofacial is that area of orthodontics that treats patients with congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures. Special Care is that area of orthodontics that treats patients with special needs including disabilities and medically compromised patients who require comprehensive treatment.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as the orthodontist, who works with a craniofacial team treating patients with a broad scope of craniofacial deformities and special needs situations.

6-2.2 Clinical Experience: Clinical experience **must** include the following procedures and **must** exist in sufficient number and variety to assure that objectives of the training are met:

- a. experience with pre-surgical orthopedics for infants born with cleft lip and palate;
- b. orthodontic therapy for patients with craniofacial deformities from the primary through adult dentition;
- c. orthodontic management of patients with cleft or craniofacial anomalies;
- d. surgical/orthodontic treatment planning;
- e. pre and post surgical orthodontic management;
- f. surgical splint design and construction;
- g. observation of surgical procedures, including splint placement;
- h. orthodontic treatment for patients who are medically compromised, have disabilities and/or special needs;

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- 1 i. participation in interdisciplinary dental care, clinical support and appropriate
2 guidance for dentists providing restorative services for CFA & SC patients;
- 3 j. exposure to Oral and Maxillofacial Surgery, Pediatric Dentistry, Plastic and
4 Craniofacial Surgery, Sleep Disorders, Genetics, and Speech and Language
5 Pathology for additional exposure to management of CFA&SC patients.
- 6 k. supervised participation in craniofacial team activities.
- 7 l. participate in craniofacial team meetings.

8 Examples of Evidence to demonstrate compliance may include:

- 9 • Roster of who attends craniofacial team meetings
10 • Schedule as to how often the craniofacial team meets
11 • Sense of what is discussed at meetings of craniofacial team, e.g., meeting
12 minutes.
13

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STANDARD 7 - RESEARCH

Students/Fellows **must** engage in an evidence-based research project approved by the director of the program, ~~which should include one or more of the following~~

- ~~7-1 Analyses based on clinical case records.~~
- ~~Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.~~
- ~~7-2 Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.~~
- ~~7-3 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.~~

Examples of evidence to demonstrate compliance may include:

- a. Basic Sciences or Clinical Research Investigation
- b. Meta-Analyses or Systematic Reviews of scientific literature
- c. Analyses based on clinical case records.
Participation in clinical and/or basic research particularly in projects funded following peer review and Institutional Review Board (IRB) approval.
- d. Publication of case reports or hypotheses-driven research in peer reviewed journals related to the field of Craniofacial Anomalies and Special Care (CFA&SC) orthodontics.
- e. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.