Academy of General Dentistry
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The AGD PACE Program Guides are subject to modification from time to time by the AGD at its discretion. The most current edition of this document can be accessed at:

Information on how to successfully apply PACE Criteria to continuing education programs can be accessed at:
http://www.agd.org/education-events/pace/apply-for-pace-approval.aspx
The PACE Guidelines are a tool designed to help continuing dental education providers to offer quality education courses. In addition to the standards, which are based on overall best practices of any type of continuing education provider, the guidelines provide detailed criteria providers are expected to meet.

The AGD believes established uniform standards benefit both organizations and attendees.

Table of Contents

Program Approval for Continuing Education (PACE) .................................................. 3

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Purpose and Goals</td>
<td>3</td>
</tr>
<tr>
<td>Eligibility</td>
<td>4</td>
</tr>
<tr>
<td>Guidelines for Joint Program Provider Approval</td>
<td>4</td>
</tr>
</tbody>
</table>

Standards/Criteria for Approval .............................................................. 5

<table>
<thead>
<tr>
<th>Standard</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard I Administration</td>
<td>5</td>
</tr>
<tr>
<td>Standard II Fiscal Responsibility</td>
<td>7</td>
</tr>
<tr>
<td>Standard III Goals</td>
<td>7</td>
</tr>
<tr>
<td>Standard IV Needs Assessment</td>
<td>8</td>
</tr>
<tr>
<td>Standard V Objectives</td>
<td>8</td>
</tr>
<tr>
<td>Standard VI Admissions</td>
<td>9</td>
</tr>
<tr>
<td>Standard VII Patient Protection</td>
<td>10</td>
</tr>
<tr>
<td>Standard VIII Instructors</td>
<td>11</td>
</tr>
<tr>
<td>Standard IX Publicity</td>
<td>12</td>
</tr>
<tr>
<td>Standard X Evaluation</td>
<td>13</td>
</tr>
<tr>
<td>Standard XI Course Records</td>
<td>14</td>
</tr>
<tr>
<td>Standard XII Commercial or Promotional Conflict of Interest</td>
<td>16</td>
</tr>
<tr>
<td>Standard XIII Self-Instruction and Electronically Mediated Programs</td>
<td>18</td>
</tr>
</tbody>
</table>

Application/Evaluation Procedures ................................................................. 19

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
<td>19</td>
</tr>
<tr>
<td>Fees</td>
<td>19</td>
</tr>
<tr>
<td>Approvals</td>
<td>19</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>20</td>
</tr>
<tr>
<td>PACE Council Program Provider Monitoring Program</td>
<td>20</td>
</tr>
</tbody>
</table>

Regulations Governing Approval Process .......................................................... 21

Program Administration .......................................................................................... 22

<table>
<thead>
<tr>
<th>Policy</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints Policy</td>
<td>22</td>
</tr>
<tr>
<td>Policy Statement on Reporting Substantive Changes</td>
<td>23</td>
</tr>
</tbody>
</table>

Appeals ..................................................................................................................... 24

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures for Reconsideration of an Adverse Action Against a CDE Provider</td>
<td>24</td>
</tr>
</tbody>
</table>

Lexicon of Terms ....................................................................................................... 25
Program Approval for Continuing Education (PACE)

Each year, thousands of continuing education courses are presented by hundreds of program providers—dental schools, dental societies, and companies that specialize in course presentations. Most provide dentists with valuable information that can be successfully integrated into the dental practice. The Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE) was created to assist members of the AGD and the dental profession in identifying and participating in quality continuing dental education (CDE).

The program provider approval mechanism is an evaluation of the educational processes used in designing, planning, and implementing continuing education. Approval by the AGD does not imply endorsement of course content, products, or therapies presented, nor does this approval imply acceptance for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry. Approved program providers are expected to comply with all relevant state and federal laws. Continuing education offered by approved program providers will be accepted by the AGD for Fellowship, Mastership and Lifelong Learning & Service Recognition credit.

Disclaimer

The Academy of General Dentistry (AGD) does not endorse any course content, products, processes, services or therapies presented by AGD PACE-approved providers. The views and opinions of program providers expressed during education programs do not necessarily state or reflect those of the AGD. AGD PACE approval may not be used for product or program endorsement purposes; nor does it imply acceptance for licensure maintenance or any other purpose by any governmental or private regulatory authority that regulates the practice of dentistry, including any national, state or provincial board of dentistry; nor does it imply accreditation of a program.

Purposes and Goals

The Program Approval for Continuing Education (PACE) will operate:

1. To improve the educational quality of continuing dental education (CDE) programs through self-evaluation conducted by program providers in relation to the Standards and Criteria, and/or through counsel and recommendations provided to program providers by the PACE Council.

2. To assure participants that approved continuing education program providers have the organizational structure and resources necessary to provide CDE activities of acceptable educational quality.

3. To achieve interstate and, where applicable, international acceptance for AGD Fellowship and Mastership credit for activities put on by approved program providers.

4. To promote uniformity in identification of those CDE activities that are acceptable for AGD Fellowship and Mastership credit.

5. To promote uniformity of standards for CDE that can be accepted by the dental profession.

6. To promote, through consistent and meaningful application of standards, an increased credibility for AGD’s Fellowship and Mastership awards.

Where to Apply: National or Local?

1. Program providers who are national or international in scope must apply for national approval.

2. Program providers that draw participants from more than one state/province or country must be nationally approved.

3. Program providers who intend to become national in scope should apply for national approval.

4. Program providers that offer protocol, webinars or self-instruction courses must apply for national approval.

5. Program providers who are local in scope can apply for either local or national approval.
Eligibility

The provider organization is approved, not speakers or individual course content. The applicant may be a major unit or department within an institution. To be eligible for PACE, the following criteria must be met:

1. The CDE provider offers a planned program of continuing dental education activities consistent with the definition of continuing dental education provided in the Lexicon of Terms. The CDE provider must demonstrated oversight by an independent advisory committee. CDE organizations can be granted up to a six year approval based on documented experience offering courses and documented compliance to the published PACE Standards and Criteria.

2. The CDE provider must be located or have a permanent base in the United States, Canada or their territories, or be an officially recognized agency or unit within the national dental services of the United States or Canada. CDE providers that do not fit within this criterion must meet the additional international eligibility requirements provided in the Eligibility Requirements for International Continuing Dental Education Providers section before being considered eligible to apply for recognition.

3. The program provider must ensure that all courses offered for continuing education credit have a sound scientific basis in order to adequately protect the public. PACE reserves the right to require acceptable substantiation from providers that their courses have a sound scientific basis and that they ensure public safety.

4. The program provider must ensure that the educational methods are appropriate to the stated objectives for the activity and, when participation is involved, enrollment must be related to available resources to ensure effective participation by enrollees.

5. The program provider must ensure that the facilities selected for each activity are appropriate to accomplishing the educational method(s) being used and the stated educational objectives.

6. The CDE provider must demonstrate that it assumes the financial and administrative responsibility of planning, publicizing and offering the CDE program consistent with the definition of provider at the end of this document.

7. The program provider must ensure that, upon completion of a continuing dental education course intended toward attainment of certification or other recognition through the program provider, participating dentists will not be obligated, as a condition for attaining or maintaining that certification or recognition, to utilize a volume of any products and/or services.

Eligibility Requirements for International Continuing Dental Education Providers

1. An International CDE Provider interested in obtaining AGD PACE Approval must demonstrate that it is a dental school, continuing education program within a dental school, a national governmental health authority or a national membership association or society for dental professionals. The International CDE provider must be recognized and/or accredited by the appropriate governmental or private regulatory authority that regulates organizations to ensure that they meet the applicable standards for quality advance dental education, as determined in the sole discretion of the AGD.

2. International CDE Providers applying for AGD PACE Approval must meet the same PACE Eligibility Requirements and Standards and Criteria as provers in the United State and Canada.

3. All application materials and documentation submitted by International CDE Providers must be translated and presented to the AGD in English.

4. In addition to the standard PACE application, International CDE Providers MUST completed and submit the application for International CDE Providers.

Guidelines for Joint Program Provider Approval

1. Joint program provider approval is defined as an educational activity planned and presented jointly by two organizations, only one of which is a PACE-approved program provider. Both organizations assume financial and administrative responsibility for planning and implementing the program.

2. The approved program provider is held accountable for upholding the PACE standards of the AGD and must be able to provide documentation that the educational activity was jointly planned and implemented in compliance with the standards.

3. All printed material for educational activities that are provided jointly must carry the following statement:

“This activity has been planned and implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of (approved program provider) and (non-approved program provider). The (approved program provider) is approved for awarding FAGD/MAGD credit.”

4. Jointly provided educational activities may be considered toward the eligibility of an organization applying for its initial PACE approval.
Standards/Criteria for Approval

Program providers are expected to adhere to published standards/criteria in different areas in order to obtain and retain approval status. These standards/criteria are accompanied in some areas by recommendations. Though these recommendations do not represent requirements for approval, they provide suggestions and guidance that can improve program providers’ CDE programs or make administration easier.

Standard I Administration

1. Administration of the program must be consistent with the goals of the program and scope of activities.

2. The program must be under the continuous guidance of an administrative authority and/or individual responsible for its quality, content, and ongoing content.

Criteria

A. The responsibilities and scope of authority of the individual or administrative authority must be clearly defined.

B. Responsibility for compliance with PACE Standards will be assigned to an individual administrator.

C. The CDE provider must be responsible for:
   a. Establishing clear lines of authority and responsibility
   b. Conducting a planning process
   c. Ensuring qualified personnel are available to manage the program
   d. Ensuring continuity of administration

D. Program providers must outline procedures for maintaining administrative continuity when key personnel changes occur.

E. Program providers must maintain a planning committee that includes at least one licensed dentist. This dentist shall represent the intended audience of the programming, and will have no other responsibilities to the program provider.

F. The planning committee must meet at least annually for the purpose of development, implementation and improvement of the program. The planning committee will maintain appropriate minutes documenting these activities. Minutes from the most recent meeting must accompany the PACE application.

G. Program providers must assure that program facilities and equipment are in good working order. Program providers will choose the educational methods employed in consultation with the planning committee, advisors, instructors or potential attendees.

H. Support personnel for any CDE program must be adequate for the program requirements. All participation courses are required to provide at least one instructor for every 15 participants. (Reference S:XII, C:C)

I. Program planners must maintain accurate records of participant attendance for at least seven (7) years following and educational course or program (Reference S:XII, I). Program planners must also outline methods used to determine the needs of participants and will retain records of course or program activities, outlines, a and evaluation procedures. This Information must accompany the PACE application.

J. Program providers must assume responsibility for compliance by participants with applicable laws and regulations, including local dental practice acts. Participants must be notified of any malpractice insurance requirements and be required to provide written declarations of coverage if appropriate.

K. When two or more approved program providers act in consort for development, distribution, and/or presentation of an activity, each must be equally and fully responsible for assuring compliance with AGD PACE Standards.

L. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest with PACE-approved providers whenever an approved provider acts in cooperation with providers that are not approved by PACE. A written agreement with non-approved providers must document this understanding.

M. Program providers must submit complete contact information annually to the AGD. Contact information must include current provider name, address, phone number, fax number, Web address (if available), name of current provider contact person and address, phone number, fax number, and e-mail address of contact person.
N. For protocol programs, the following requirements must be met:

1. A bibliography of current literature on the subject being taught must be assembled and distributed at the initial formal lecture/demonstration session(s).
2. The initial formal course session(s) will include both lecture and demonstration of the procedures to be studied and can also include direct hands-on activities.
3. For protocol courses, written instructions must be given to participants for individual in-office assignments. The assignments must be commensurate in difficulty with the credit hours that will be awarded and within the abilities of the participants.
4. Participants will do whatever procedures they are assigned on patients in their offices. They will keep complete records on these patients, which must include at least the following:
   a. Patient consent and release form;
   b. Preoperative medical/dental history;
   c. Preoperative unedited radiographs, if indicated
   d. Preoperative mounted diagnostic casts, if applicable
   e. Preoperative unedited photographs
   f. Preoperative dental charting.
5. During treatment, records will be kept to demonstrate:
   a. Treatment rendered materials, methods, etc.
   b. Mounted treatment casts, if applicable
   c. Photographs of treatment progress, if appropriate
   d. Radiographs taken during treatment, if indicated.
6. Upon completion of treatment:
   a. Unedited photographs of completed treatment;
   b. Postoperative unedited radiographs, if indicated.
7. After an agreed-upon time needed to complete the assignment, the original group will reconvene with the program director, instructor and/or pre-designated evaluator to hear and evaluate participants’ 15-20 minute case assignment presentation and guide discussion with the group and relate this discussion to current literature for that topic. The case presentation will be evaluated using a standardized evaluation form provided by the AGD.

O. Program providers must develop and operate in accordance with written policies, procedures or guidelines designed to ensure that all clinical and/or technical CDE activities offered include the scientific basis for the program content and an assessment of the benefits and risks associated with that content in order to promote public safety.

Where scientific basis for a clinical and/or technical CDE activity is evolving or uncertain, the presentation will describe the level of scientific evidence that is currently available and what is known of the risks and benefits associated with the clinical and/or technical CDE activity.

P. For repeated CDE activities program providers must be able to demonstrate a process to ensure that the activities continue to meet all PACE Standards and Criteria.

Recommendations

A. The program planner should have background and experience appropriate to the task.

B. The size of the potential audience for any CDE activity is important in determining appropriate methods. A potentially active method can become purely passive if the group is too large.

C. Methods requiring learner involvement (seminars, discussion groups, case reviews/preparations, laboratory work, and patient treatment) have been shown to provide more effective learning experiences. Over-emphasis on purely didactic methods (lectures, panel discussions) is discouraged.

D. Program providers are encouraged to provide attendees with resource materials and references to facilitate post-course practical application of course content, as well as continued learning.

E. Continuity of administration and planning is necessary for the stability and growth of the program. It is required that:
   1. Members of the planning committee be selected for a term of longer than one year.
   2. Members of the planning committee serve staggered terms of office.

F. Additional independent consultants may add value and give guidance to program planners.
Standard II Fiscal Responsibility

1. Resources must be sufficient to meet:
   a. The goals of the program;
   b. The objectives of the planned activities.

Criteria

A. Adequate resources must be available to fund the administrative and support services necessary to manage the continuing education program.

B. In instances where continuing education is only one element of a program provider's activities, resources for continuing education must be a clearly identifiable component of the program provider's total budget and resources.

C. Program providers must provide a budget for the overall continuing education program, to include all costs and income, both direct (e.g., honoraria, publicity costs, tuition fees, refunds, or foundation grants) and indirect (e.g., use of classroom facilities or equipment, non-paid instructor time, etc.).

D. Resources must be adequate for the continual improvement of the program.

E. Adequate resources must be available to fund assessment of learner needs and outcomes.

Recommendations

A. Separate budgets for each activity should be prepared as guidelines, but institutional or organizational policies requiring that each individual activity be prepared to be self-supporting tend to restrict the quality of the CDE program unduly, and are discouraged.

Standard III Goals

1. Program providers must develop and operate in accordance with a written statement of its broad, long-range goals related to the continuing education program.

2. Goals must relate to the health care needs of the public and/or interests and needs of the profession.

Criteria

A. The individual or authority responsible for administration of the CDE program must have input into development of the overall program goals.

B. There must be a clear formulation of the program provider's:
   1. Mission
   2. Organizational goals
   3. Educational goals

C. A mechanism must be provided for periodic reappraisal and revision of the program provider's continuing education goals.

Recommendations

A. The goals of the CDE program should be consistent with the goals of the organization or institution.

B. The goals of the CDE program should be relevant to the educational needs and interests of the intended audience.
Standard IV Needs Assessment

1. Program providers must utilize identifiable mechanisms to determine objectively the current professional needs and interests of the intended audience, and the content of the program must be based upon these needs.

Criteria

A. The program provider must be responsible for carrying out or coordinating needs assessment procedures.

B. Identified needs/interests must be developed from data sources that go beyond the program provider’s own perceptions of needs/interests.

C. Program providers must document the process used to identify needs/interest and must include input from the provider’s planning committee.

D. Program providers must state the needs/interests identified and indicate how the assessment is used in planning educational activities.

E. Program providers must involve members of the intended audience in the assessment of their own educational needs/interests.

F. Consistent use of needs assessment data from multiple sources is required for use in planning continuing education activities.

Recommendations

A. Examples of sources to be used when determining audience needs may include, but are not limited to:
   - Attendee feedback (verbal or survey/questionnaire/course evaluation)
   - Advice from professional organizations
   - Peer reviewed literature
   - Public health statistics
   - Patient care data
   - National guidelines
   - Consensus statements

B. Whenever possible, program providers should assess learner outcomes to use in planning educational objectives.

Standard V Objectives

1. Specific written educational objectives identifying the expected learner outcomes must be developed for each activity and published in advance for the intended audience.

Criteria

A. The program planner must be ultimately responsible for assuring that appropriate objectives are developed for each activity. The educational objectives may, however, be prepared by instructor, course director, or program planner.

B. Educational objectives must be developed for each activity during the earliest planning stages. These provide direction in selecting specific course content and choosing appropriate educational methodologies.

C. The written educational objectives must be published and distributed to the intended audience as a mechanism for potential attendees to select courses on a sound basis.

D. Educational objectives must not conflict with or appear to violate the ADA Principle of Ethics and Code of Professional Conduct.

E. For conventions and major dental meetings that involve multiple course topics and speakers present during a multi-day period it is sufficient to publish detailed course descriptions that enable participants to select appropriate course offerings however it shall be the responsibility of the provider to ensure that the individual course presenters are following the guidelines in their presentations.

Recommendations

A. Educational objectives shall form the basis of evaluating the effectiveness of the learning activity.

NOTE: Accurate educational objectives succinctly describe the education that will result from attending the course. Specific educational objectives must describe the expected outcome(s) of the learning experience. They may include, but are not limited to, the following categories:

1. Changes in the attitude and approach of the learner to the solution of dental problems;
2. Corrections of outdated knowledge;
3. Provision of new knowledge in specific areas;
4. Introduction to and/or mastery of specific skills and techniques;
5. Alterations in the habits of the learner.
Standard VI Admissions

1. In general, continuing education activities must be made available to all dentists.

2. If activities require previous training or preparation, the necessary level of knowledge, skill, or experience must be specified in course announcements.

Criteria

A. As an activity is designed, the program planner may determine that previous training or preparation is necessary for learners to participate effectively in the activity. In all such cases, program providers must:

   1. Provide a precise definition of knowledge, skill, or experience required for admission;
   2. Demonstrate the necessity for any admission restriction, based on course content and educational objectives;
   3. Specify in advance and make available a method whereby applicants for admission may demonstrate that they have met the requirement;
   4. Develop methods that are objective, specific, and clearly related to the course content and stated requirements;
   5. If attendees are required to provide materials and equipment, program providers must make this requirement clear to potential enrollees and must provide enrollees with specific descriptions of all equipment and materials required.

Recommendations

A. Where activities are offered at an advanced level, program providers are encouraged to provide sequentially planned instruction at basic and intermediate levels, to allow participants to prepare for the advanced activity. Though program providers are not obligated to provide CDE activities for all dental occupational groups, admission policies that discriminate arbitrarily against individuals within an occupational group, without a sound educational rationale, are not acceptable. Where restrictive registration requirements have been determined to be necessary on the basis of the foregoing Standards and Criteria, course applicants might demonstrate compliance with the requirements through documentation of attendance at CDE activities, submission of patient treatment records, or actual demonstration of required skills or knowledge.
1. Participants must be cautioned about the hazards of using limited knowledge when integrating new techniques into their practices.

2. Where patient treatment is involved, either by course participants or instructors, patient protection must be ensured as follows:
   a. Program providers must seek assurance prior to the course that participants possess the basic skill, knowledge, and expertise necessary to assimilate instruction and perform the treatment techniques being taught in the course.
   b. Informed consent from the patient must be obtained in writing prior to treatment.
   c. Appropriate equipment and instruments must be available and in good working order.
   d. Adequate and appropriate arrangements and/or facilities for emergency and postoperative care must exist.

Criteria

A. Participants must be cautioned about the dangers of incorporating techniques and procedures into their practices if the course has not provided them with adequate, supervised clinical experience in the technique or procedure to allow them to perform it competently.

B. Program providers must assume responsibility for assuring that participants treating patients are not doing so in violation of any applicable dental licensure laws.

C. Program providers are responsible for obtaining the informed consent of all patients.

D. Patients must be informed, in non-technical language, of:
   1. The training situation;
   2. The nature and extent of the treatment to be rendered;
   3. Any benefits or potential harm that may result from the procedure;
   4. Available alternative procedures;
   5. Their right to discontinue treatment.

E. Program providers must assume responsibility for completion of treatment by a qualified clinician, should any question of the course participant’s competence arise.

F. There can be no compromise in adequate and appropriate provisions for care of patients treated during CDE activities; aseptic conditions (where possible, and, where not possible, antiseptic conditions), equipment, and instruments, as well as emergency care facilities, must be provided.

G. Sufficient clinical supervision must be provided during patient treatment to ensure that the procedures are performed competently.

H. Program providers must assume responsibility for providing the necessary post-course treatment, either through the practitioner who treated the patient during the course or through some alternative arrangement.

I. Program providers, instructors, and participants should have adequate liability protection.

Recommendations

A. In order to meet course objectives, patients should be screened prior to the course to ensure that an adequate number is present, with conditions requiring the type of treatment relevant to the course content.

B. Program providers are advised to consult legal counsel regarding informed consent requirements in their locale and appropriate procedures for obtaining patient consent.
Standard VIII Instructors

1. Instructors chosen to teach courses must be qualified by education and/or experience to provide instruction in the relevant subject matter.

2. The number of instructors employed for a CDE activity must be adequate to ensure effective educational results.

3. Program providers must ensure that instructors support clinical recommendations with references from scientific literature whenever possible. References must have a sound scientific basis, as defined in the Lexicon of Terms. References must be published and/or translated into English.

4. Program providers must have a policy that demonstrates instructors are not discriminated against based on gender-identity, ethnicity, religion, age, disability, socioeconomic status and/or sexual orientation.

Criteria

A. Program providers must assume responsibility for communicating specific course objectives and design to instructors early in the planning process, and ensuring that stated course objectives are addressed in the presentation.

B. The number of instructors assigned to any activity must be predicated upon the course objectives and the educational methods used.

C. The instructor-to-attendee ratio is most critical in participation courses. Great care must be taken to ensure that close supervision and adequate direct interchange between participants and instructors will take place. The instructor-to-attendee should not exceed 1:15 during any hands-on activities.

D. CDE providers that utilize one instructor to present 50% or more of the provider’s CDE activities must submit a Curriculum Vitae containing complete information on the instructor’s education, professional training, positions held, publication and presentation history when applying for the AGD PACE recognition.

E. CDE program providers must assume responsibility for taking steps to ensure that images presented in courses have not been falsified or misrepresent the outcome of treatment. Signed affidavits of image authenticity must be obtained from all faculty members.

Recommendations

A. Program providers should work closely with instructors during course planning to ensure that the stated objectives will be addressed by the presentation.

B. Each program provider should have a carefully formulated plan for selecting qualified instructors. A wide variety of sources for qualified instructors should be explored and utilized.

C. The teaching staff for any CDE program should consist of dentists and other professionals in related disciplines who have demonstrated ability, training, and experience in the relevant fields.

D. Instructors should also possess the demonstrated ability to communicate effectively with professional colleagues, and possess an understanding of the principles and methods of adult education.

E. Expertise and assistance in development and use of instructional materials and aids, when needed, should be available to support the teaching staff.

F. Program providers should develop clearly defined policies on honoraria and expense reimbursement for instructors.

G. Program providers should have a process in place to ensure that those involved in the design development and delivery of learning events remain current in subject matter material and learning methods.
Using the AGD PACE Logo

The (name of provider) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or any other applicable regulatory authority, or AGD endorsement. The current term of approval extends from (month/day/year) to (month/day/year). Provider ID <AGD ID Number>

- The AGD PACE Logo should be between 3/4 of an inch and two inches in height and not be larger than the provider's logo.
- The above approval statement must be placed directly to the right of the AGD PACE Logo.
- Type size should not be less than 6 point. Type style should be san serif. (Helvetica, Arial, etc.)
- The AGD PACE Logo should be in the AGD approved color, black or white if reversed out of a dark colored background.
Standard X Evaluation

1. Program providers must develop and utilize activity evaluation mechanisms that:
   a. Are appropriate to the objectives and educational methods;
   b. Measure the extent to which course objectives have been accomplished;
   c. Assess course content, instructor effectiveness, and overall administration.

Criteria

A. Program providers must provide an evaluation mechanism that will allow participants to assess their achievement of personal objectives. Such mechanisms must be content-oriented and provide feedback to participants so that they can assess their mastery of the material. This is especially important if the activity is self-instructional in nature. The educational objectives for the activity must form the basis for the evaluation.

B. Program providers must provide an evaluation mechanism that will help the program provider assess the effectiveness of the CDE activity and the level at which stated objectives were fulfilled, with the goal being continual improvement of the program provider’s activities.

C. Program providers are required to periodically conduct an internal review of completed course evaluations to determine:
   1. If the goals are being achieved and to what extent;
   2. If the activity evaluation effectively and appropriately assesses:
      a. Educational objectives;
      b. Quality of the instructional process;
      c. Participants’ perception of enhanced profession effectiveness;
   3. If evaluation methods are appropriate to and consistent with the scope of the activity;
   4. How effectively activity evaluation data are used in planning future CDE activities.

Recommendations

A. Minimally, the evaluation mechanisms should:
   1. Be appropriate to the educational objectives and methods for the activity;
   2. Measure the extent to which objectives have been met;
   3. Determine participant assessment of course content with regard to whether it was practically useful, comprehensive, appropriate, and adequately in-depth;
   4. Assess instructor effectiveness;
   5. Assess adequacy of facilities;
   6. Assess overall administration of the activity;
   7. Assess learner outcomes.

B. Program providers should provide feedback to the instructor concerning the information that evaluation of the CDE activity has produced.

D. The planning committee must be involved in the provider’s periodic assessment of the effectiveness of its continuing education program.
Standard XI Course Records

1. Program providers must maintain accurate records of individual attendance and make such records accessible to attendees for a minimum of seven years or more if required by local or national regulations.

2. Any record supplied in connection with the continuing education activity must not be, nor resemble, a certificate or diploma that attests to or might appear to attest to specific skill, specialty, or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.

3. Credit awarded to participants of an approved program provider’s educational activity must be in compliance with AGD policies related to credit allocation.

4. Effective January 1, 2017, program providers must submit continuing education credits for lecture and participation hours for all AGD member attendees directly to the AGD through the AGD online roster within 30 days. Self-instruction hours may be submitted to the AGD using the AGD online roster or the AGD-approved standardized roster submission forms.

Criteria

A. Program providers must accept the responsibility of maintaining accurate records of individual attendees at each activity, to accommodate the growing number of legal and professional requirements.

1. Rosters submitted using incorrect forms or with missing information will be returned to the program provider for completion. Corrected rosters must be returned to the AGD within 21 days.

B. Credit must be awarded based on the following calculations:

1. For formal structured lectures, credit will be awarded based on actual number of contact hours. No credit will be awarded if the course is less than one hour in duration.

2. For courses in which at least 30% of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients, or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit will be awarded based on actual number of contact hours (excluding meals and registration periods).

3. Participants who complete audio, audio-visual, or electronically delivered self-instructional programs must receive credit equal to the length of the instructional time with a minimum being one half an hour (30 minutes) of credit.

4. Participants who complete self-paced self-instructional programs must receive credit based on an educator’s estimate of the time required to complete the program, with the minimum being one half an hour credit (30 minutes) and the maximum being eight credit hours.

5. For protocol courses, credit will be awarded hour-for-hour for the formal, on-site session(s). The amount of credit for the homework component must not exceed, but may be less than, the amount of credit awarded for the initial formal on-site session(s) and be commensurate with the level of difficulty of the homework assignment. Additional credit will be awarded hour-for-hour for the case presentation session. To determine if hours are participation or lecture, use these conditions:
   a. If the participant completes the formal on-site session(s), does the homework component and passes the final case presentation all hours awarded may be coded as participation.
   b. If a participant does not complete all there components (on-site lecture session, homework and case presentation) participation credit can only be awarded if the initial demonstration session(s) contained hands-on activities and as defined in Standard XI.B.2 above.

C. Providers must issue accurate records of individual participation to attendees.

D. Verification of participation documentation must clearly indicate at least:

1. The name and PACE provider ID number of the program provider;
2. The date(s), location and duration of the activity;
3. The title of the activity and specific AGD subject codes;
4. Educational methods used (e.g., lecture, clinical participation, self-instruction)
5. Number of credit hours (excluding meals);
6. A course completion code for each educational activity.
   a. When attendees can attend one or more portions of a program, completion codes should be issued at the end of each portion of the program.
7. The name of the participant
8. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
9. The recognition status of the provider, through the use of the authorized statement, and, whenever feasible (given space considerations) the use of the AGD PACE logo in conjunction with the authorized approval statement. (See page 19.)
Recommendations

A. Program providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.

B. Program providers should cooperate with course participants and with requiring agencies in providing documentation of course attendance at the end of each educational activity, as necessary. Electronic scanning devices to collect participant information should be used at the end of each educational activity.
Standard XII Commercial or Promotional Conflict of Interest

In 1997 the U.S. Food and Drug Administration (FDA) issued a policy statement entitled “Guidance for Industry: Industry Supported Scientific and Educational Activities.” This policy states that activities designed to market or promote the products of a commercial company are subject to FDA regulation under the labeling and advertising provisions of the Federal Food, Drug and Cosmetic Act, whereas.

Activities that are independent of commercial influence and non-promotional are not. In this context, the AGD PACE standards and criteria are designed to ensure separation of promotional activities from continuing education activities in the following ways: 1) CDE providers must demonstrate that all educational activities offered are independent of commercial influence, either direct or indirect, and 2) CDE providers must ensure that all financial relationships between the provider and commercial entities, as well as all financial relationships between course planners and faculty and commercial entities are fully disclosed to participants.

1. The PACE standards and criteria are designed to ensure that:

   a. CDE providers must ensure that continuing education activities promote improvements in oral healthcare and not a specific drug, device, service or technique of a commercial entity.
   b. If commercial relationships exist between the program provider, course presenters, and/or a commercial company and its products, they must be fully disclosed to participants.
   c. Providers must disclose to participants in CDE activities any conflicts of interest the planners and lecturer/author/instructors or a continuing education activity may have. Disclosure must be made at the beginning of the continuing education activity and must be made in writing in publicity materials, course materials and/or audiovisual materials.
   d. Financial aid is acknowledged in printed announcements and brochures.

Criteria

A. CDE program providers must operate in accordance with written guidelines and policies that clearly place the responsibility for faculty selection, quality of the program content and scientific integrity of all CDE activities on the program provider. These guidelines must not conflict with the PACE Standards/Criteria for Approval. Each CDE learning experience offered must conform to this policy.

B. The ultimate decision regarding funding arrangements for CDE activities must be the responsibility of the CDE program provider. CDE activities may be supported by funds received from external sources if such funds are unrestricted. CDE program providers must assume responsibility for the specific content and use of instructional material that are prepared with outside financial support.

External funding, monetary support, or other special interest a program provider and/or instructors/authors may have with any commercial entity whose products or services are discussed in the program must be disclosed to participants in announcements, brochures, or other educational materials, and in the presentation itself.

C. CDE program providers receiving commercial support must develop and apply a written statement or letter of agreement outlining the terms and conditions of the arrangement and/or relationship between the program provider and the commercial supporter. The program provider and the organization(s) providing support must sign the written statement or letter of agreement.

D. Product-promotion material or product-specific advertisement of any type is prohibited in or during CDE activities. Live promotional activities (staffed exhibits, presentations) or enduring promotional activities (print or electronic advertisements) must be kept separate from CDE. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided during CDE activities.

   a. For live, face-to-face CDE, advertisements and promotional materials cannot be displayed or distributed in the educational space during a CDE activity. Providers cannot allow presenters or representatives of Commercial Interests to engage in sales or promotional activities during the CDE activity.
   b. For print CDE activities, advertisements and promotional materials will not be interleaved within the pages of the CDE content. Advertisements and promotional materials may face the first or last pages of printed CDE content as long as these materials are not related to the CDE content they face and are not paid for by the commercial supporters of the CDE activity.
   c. For electronically mediated/computer based CDE activities, advertisements and promotional materials will not be visible on the screen at the same time as the CDE content and not interleaved between computer ‘windows’ or screens of the CDE content.
d. For audio- and video-based CDE activities, advertisements and promotional materials will not be included within the CDE. There will be no ‘commercial breaks.’
e. Educational materials that are part of a CDE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
f. Print or electronic information distributed about the non-CDE elements of a CDE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

E. Arrangements for commercial exhibits or advertisements must not influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CDE activities.

F. CDE program providers must ensure that a balanced view of all therapeutic options is presented. Whenever possible, generic names must be used to contribute to the impartiality of the program presented.

G. CE program providers must assume responsibility for taking steps to protect against and/or disclose any conflict of interest of the advisory committee, CDE activity planners, course directors and lecturer/author/instructors presenting courses. Signed conflict of interest statements must be obtained from all advisory committee members, CDE activity planners, course directors and lecturer/author.

H. If providing electronically mediated distance learning, embedded advertising and direct commercial links are inappropriate within the educational content and must be avoided.

I. CDE providers that also offer activities designed to promote drugs, devices, services or techniques must clearly disclose the promotional nature of the activity in publicity materials and in the activity itself. The CDE hours awarded must not include the promotional hours.

J. The advisory committee must be involved in evaluating and taking steps to protect against conflicts of interest that CDE activity planners, course directors and lecturer/author/instructors may have.

Recommendations

A. The following are examples of outside or commercial support that is customary and proper: payment of reasonable honoraria, reimbursement of out-of-pocket expenses for faculty, and modest meals or social events held as part of the educational activity.

B. The CDE program provider and the commercial supporter or other relevant parties should each report to the other on the expenditure of funds each has provided, following each subsidized CDE activity.
**Standard XIII** Self-Instruction and Electronically Mediated Programs

**Criteria**

A. Self-instruction activities that are primarily audio or audiovisual must include supplemental information that further explains the audio or audiovisual material.

B. Electronically mediated programs must include a documented technology plan including electronic security measures to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, and firewalls).

C. Participant interaction with faculty or individuals having expertise in the subject area and/or other participants is an essential characteristic and can be facilitated in a timely manner through a variety of methods such as voicemail, e-mail, or chat rooms.

D. Participants who complete self-paced self-instructional programs should receive credit based on an educator's estimate of the time required to complete the program segment, with the minimum being one half an hour (30 minutes) of credit and the maximum being eight credit hours.

E. For self-instructional or electronically-mediated activities, a provision must be made for a mechanism by which the learner can assess his/her mastery of the material.

F. Participants must be informed of specific requirements for hardware and software and must have access to technical assistance throughout the duration of the course and the design of the course should support easy navigation to even novice users.

G. Courses must include resources, references, and information to aid participants in securing relevant supportive material.

H. Embedded advertising and direct commercial links are inappropriate with the educational content and must be avoided.

I. Program providers who plan self-instructional activities must ensure the input of individuals having technical expertise in both media and self-directed learning techniques, and the application of these techniques to adult learning.

J. For live electronically mediated events a provision must be made to ensure periodic interchange between the instructor(s) such as, but not limited to, polling, direct questions and surveys.

K. Providers that offer self-instructional activities must review the activities at least once every three years, or more frequently if indicated by new scientific developments, to ensure that content is current and accurate.

**Recommendations**

A. For self-instructional activities, use of audiovisual materials may offer valuable learning experiences when their usefulness as a means, rather than an end, is appreciated.

B. Course program providers should direct course participants to where appropriate software needed to utilize the electronic media used in the course can be obtained or downloaded.

C. If providing electronically mediated distance learning, security measures should be in place to ensure both quality standards and the integrity and validity of information (e.g., password protection, encryption, back-up systems, firewalls, secure servers).

D. Feedback to participants about assignments and questions should be constructive and provided in a timely manner.

E. Courses should provide participants with flexibility to access and review course materials on demand during the period of announced availability.

F. Questions directed to course personnel should be answered quickly and accurately. A structured system to address participant complaints should be in place.
Applications

A program provider that wishes to apply for approval to give Fellowship/Mastership-approved continuing education credit is required to submit data documenting its compliance with PACE Program Standards/Criteria. To apply for approval, program providers must complete the “Application for Program Provider Approval,” in English. This application, together with other required or pertinent data, is submitted for evaluation to the PACE Council.

Fees

**National Approval**

All applications for national approval must be submitted with a $685* application fee. The check or money order should be made payable to the Academy of General Dentistry.

Completed applications should be emailed to: PACE@agd.org

Providers may also mail applications to:

Academy of General Dentistry - PACE
560 W. Lake St. Sixth Floor
Chicago, IL 60661

If mailing applications, four complete copies of the application must be included.

Effective Jan. 1, 2018 the application fee for National PACE Approval will increase to $705*.

All nationally approved providers will continue to pay a non-refundable application fee when an application is submitted. If the application is approved, this fee will include the first year’s approval. An annual approval maintenance fee of $275* for nationally approved PACE providers will be due at 12 month intervals, based on the start of each approval period.

Effective Jan. 1, 2020 the annual approval maintenance fee for nationally approved providers will increase.

Non-payment of all required fees within the established deadline(s) will be viewed as a decision by the approved provider to voluntarily withdraw from the PACE program. The name of the previously approved provider will be removed from the current list of AGD PACE-approved providers available on the AGD Website. Any provider wishing to reinstate its recognition following discontinuation for non-payment of fees will be required to submit a new AGD PACE Application and follow the established procedures for recognition.

**Local Approval**

All applications for local approval must be submitted to the local AGD approval representative that approves providers in the state or province in which the provider intends to offer courses. Applicants must include the appropriate application fee with their application. Fees may vary. A list of local AGD approval representatives is available on the AGD Website (http://www.agd.org/education-events/pace/apply-for-local-pace-approval/list-of-constituent-approval-representatives.aspx). Applicants for local approval may also call the AGD at 1.888.243.3368 ext. 4114 or 4335 for a complete list.

*Application and maintenance fees subject to change

Approvals

The maximum term of approval of locally approved organizations will not exceed four years. The maximum term of approval for nationally approved organizations will not exceed six years. Shorter terms of approval will be awarded if there are deficiencies or concerns that would justify an earlier re-evaluation date. In these cases, the reason(s) for a shorter period of approval will be identified and provided to the program provider. In no case will approval be granted for a period of less than one year. Only nationally approved organizations who have documented extraordinary compliance to the published PACE Standards and Criteria by receiving at least two consecutive four-year approval terms will be eligible for extended six-year approval terms. Multiple six-year approval terms are possible if the approved organizations continues to document extraordinary compliance with PACE Standards and Criteria.

Program providers approved by the PACE Council shall be designated “approved program providers” for the length of the approval period. Approval of a program provider does not imply recognition or approval of that program provider’s parent or satellite organizations, cooperating agencies, parent company, subsidiaries, or divisions.

Any reference to the awarding of approved continuing education credit by a PACE-approved program provider in its announcements, promotional materials, publications, or any other form of communication must conform exactly to the following:

(Name of program provider) is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by AGD for Fellowship/Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or any other applicable regulatory authority, or AGD endorsement. The current term of approval extends from (date to date). Provider ID#:

See Standard IX Publicity for usage guidelines.

The terms “accreditation,” “accredited,” “certification,” or “certified” must not be used in conjunction with PACE approval.

The AGD will publish an official list of program providers approved by the PACE Council and update this list whenever there are additions, deletions, or status changes. This list is available on the AGD’s Website, www.agd.org. The list will also be made available to constituent academies for inclusion in their publications.
Confidentiality
The AGD will not release in any form the name of any CDE program provider that (1) has initiated contact with the AGD concerning application for approval; (2) has applied for approval but has not yet been apprised of a decision; (3) has applied for and been denied approval. Further, the AGD will not confirm that a program provider has not applied for approval, or provide details regarding any weaknesses of a program provider that has been approved. All inquiries as to the approval status of a specific program provider may be answered by the AGD by referral to the published, official list of approved program providers and/or, if the provider’s approval has expired, lapsed, or been withdrawn, by confirmation of previous terms of approval. The AGD reserves the right to notify its members in the event that a program provider’s approval has been withdrawn, or if a program provider’s approval status has changed, or if a program provider uses false or misleading statements regarding AGD PACE approval.

PACE Council Program Provider Monitoring Program
The PACE Council is committed to ensuring that program providers maintain the high standards of PACE approval. The Monitoring Program has been instituted to assist the council with this and the following guidelines have been adopted:

Monitoring Selection Criteria
A program provider could be monitored if a:
• Complaint has been lodged against a provider
• Provider submitted a questionable application or received provisional approval
• Provider has received multiple citations
• Provider is selected randomly by the PACE Council
• Provider’s approval was previously revoked due to a violation of the standards and re-applies for approval.

A. Role of the PACE Council Chair
1. The PACE Council Chair will be responsible for identifying monitors and will select the courses of nationally approved program providers appropriate for monitoring within his/her constituent. Monitors must have a clear understanding of all PACE standards.
2. The Constituent Continuing Education Chair or Approval Representative may be asked by the PACE Council Chair to monitor specific program providers.
3. The PACE Council Chair will authorize only ONE monitor per course.
4. The Constituent Continuing Education Chair will ensure that nationally approved program providers will be monitored only once per year per constituent. Even in instances in which the program provider offers several different courses, only one course from the program provider’s entire list of offerings for that calendar year may be monitored.
5. The monitor will forward one copy of the completed Monitor Evaluation Form to the PACE Council within two weeks of its submission by the monitor. He/she will retain one copy of the form.

B. Role of the Monitor
1. The monitor will evaluate the course, using the PACE Standards and Criteria as the guide.
2. The monitor will receive lecture credit for his/her attendance at the course monitored. Participation credit is allowable if the monitor participates in a participation course and pays the provider for that course.
3. The monitor will return the completed Monitor Evaluation Form to the CE Chair within 10 days of the course.

C. Role of the Program Provider
1. The program provider will admit a maximum of one monitor per calendar year as requested by the PACE Council Chair at no cost to the AGD or the monitor unless the monitor participates in hands-on activities.
2. The program provider has the right to determine if the monitor may take part in the participation portions of the course.
Regulations Governing the Approval Process

**Process**

1. All program providers interested in approval by the AGD PACE program must complete the appropriate Application form and submit it to the PACE Council or local approval representative for consideration.

2. Within 14 days after receipt of an Application for Program Provider Approval, applicants will receive confirmation that the application was received.

3. If the application does not appear to provide adequate information on which to base an approval action, the council may seek additional information from the program provider within 45 days of receipt of the application. Only complete applications are forwarded to the PACE Council for review.

4. If the program provider does not meet the PACE program eligibility requirements (page 4), the application will be returned to the program provider, with a full refund of the application fee, within 30 days after the PACE Council meets to determine approvals.

5. Applicant program providers will be notified of the action taken by the PACE Council within 30 days after it meets to determine approvals.

6. If approval is granted, the program provider will be provided with the following information:
   a. The effective dates of the approval;
   b. A statement and logo that must be used to announce or publicize the approval;
   c. The correct AGD program provider code for use in reporting attendance at activities;
   d. Responsibilities and procedures for reporting attendance at activities;
   e. Statement explaining the right of the PACE Council to audit future activities;
   f. General procedures and time frames regarding expiration of approval and reapplication;
   g. Recommendations and suggestions for alterations or improvements in the program provider’s CDE program.

7. After approval is granted, the PACE Council reserves the right to re-evaluate a program provider at any time by surveying participants in the program provider’s CDE activities, by reviewing activities in person, or by requiring additional information concerning the program provider and/or its activities. AGD Constituents may lodge a formal written complaint with the PACE Council if they can document noncompliance with the Standards by an approved program provider. Upon receipt of such a formal complaint from an AGD Constituent, the PACE Council may initiate a formal review of the program provider’s approval status. An approved program provider may also be reevaluated at any time if information is received from the program provider or other sources that indicates the program provider has undergone changes in program administration or scope, or may no longer be in compliance with the Standards/Criteria for Approval. Such monitoring activities will be undertaken by the PACE Council solely to ensure compliance with the Standards/Criteria for Approval.

8. Approval may be denied if there is noncompliance with the Standards/Criteria for Approval. If approval is denied, the applicant program provider will be provided with the following by return receipt mail:
   a. The Standards and Criteria with which the Council found noncompliance;
   b. Recommendations and suggestions for alterations and/or improvements in the CDE program;
   c. Rules and mechanisms governing appeal of the Council’s decision.

9. Approval may be withdrawn by the council if:
   a. The approved program provider makes a request for voluntary withdrawal of approval;
   b. The Council finds that there is non-compliance with the Standards/Criteria for Approval;
   c. Continuing dental education activities have not been offered for a period of two years or more;
   d. The provider submits false or misleading information.

10. The effective date of approval is the day on which action is taken by the council. However, retroactive approval may be granted by the PACE Council when a written request outlining the situation is received on behalf of a program provider who is applying for or who has previously received program provider approval for continuing education via PACE. Previously approved providers requesting retroactive approval for a time greater than twelve months may be required to pay a penalty fee of up to $125 per year for each year they are requesting retroactive approval. Retroactive approval will not be granted for a period greater than three years.

11. The council will notify nationally-approved program providers of the need to reapply for approval within no less than 11 months prior to the date that the program provider’s approval will expire. Program providers must submit a new Application for Program Approval no less than three months prior to the expiration date. In addition to the formal application for approval, the program provider must submit other relevant materials documenting its continued compliance with the Standards and Criteria, as well as improvements in any previously identified areas of deficiency or weakness. Program providers that anticipate promoting courses that will be presented after their approval expires are encouraged to submit a renewal application early to ensure that approval statements will be accurate.

12. Approved program providers who did not provide self-instructional or on-site/in-office participation programs at the time their application was reviewed, but who may provide such programs in future, are expected to conform to the Standards and Criteria unique to these areas, specifically:
   - Standard XI, Criteria B.3, B.4
   - Standard XIII, Criteria A through K
Program Administration

The AGD PACE program must be administered by the PACE Council. This council must be composed of nine members of the AGD, appointed by the AGD’s president. Each member must be appointed for staggered three-year terms, and each may serve a maximum of two full terms on the Council.

The PACE Council must be responsible for overall administration of the AGD PACE program and for recommending alterations in the policies governing the program. The Council must evaluate and take action on all applications for AGD PACE. The Council must be responsible for hearing appeals of all such action.

The PACE Council shall review and determine action on pending applications at least four times per year. Application deadlines shall be regularized and published on the AGD website at least two times per year.

Complaints Policy

The PACE Council is interested in the continued improvement and sustained quality of continuing dental education programs, but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters not related to the AGD’s PACE Standards and Criteria or established recognition policies. If a complaint includes matters that are currently the subject of, or directly related to, litigation, the PACE Council will not proceed with consideration of the complaint until the litigation is concluded.

Potential complaints will be evaluated to ascertain whether they pertain to PACE Standards and Criteria and/or recognition policies. A potential complainant will be asked to provide information and documentation about the alleged lack of compliance with the Standards and Criteria or recognition policies.

The PACE Council will consider appropriate complaints against PACE-approved program providers from AGD staff, course participants, faculty, other CDE providers, constituent dental societies, state boards of dentistry, and other interested parties. In this regard, an appropriate complaint is defined as one alleging that there exists a practice, condition, or situation within the program of a PACE-approved provider that indicates potential non-compliance with PACE Standards and Criteria or established recognition policies. The PACE Council will review and make recommendations regarding disposition of such complaints.

Attempts at resolution between the complainant and the provider should be pursued prior to initiating a formal complaint. This should include, but not be limited to, the issuance of warning letters with recommendations of corrective action and informing providers that failure to correct could result in withdrawal of PACE approval. If corrective action is not taken, formal written complaints are to be forwarded to the council. Only written, signed complaints will be considered by the PACE Council. The complaint will be considered at the earliest possible opportunity, usually at the next scheduled meeting of the PACE Council. When setting this date, the due process rights of both the provider and the complainant will be protected to the degree possible.

The following procedures have been established to review appropriate complaints:

A. The complaint will become a formally lodged complaint only when the complainant has submitted a written, signed statement of the program’s non-compliance with a specific standard and/or recognition policy; the statement should be accompanied by documentation of the non-compliance whenever possible. At the request of the complainant, the complainant’s identity will be withheld from the provider when possible.

B. The CDE provider will be informed that the PACE Council has received information indicating that compliance with a specific standard or recognition policy has been questioned.

C. The provider will be required to provide documentation supporting its compliance with the standard or policy in question by a specific date (usually within 30 days). The PACE Council reserves the right to seek additional information from the provider, including but not limited to, course evaluation forms completed by participants and the names, addresses, and telephone numbers of all course participants. The PACE Council also has the right to seek information from alternate sources including, but not limited to, surveys of program participants, on-site visits, observation of the provider’s CDE activities, or other means considered necessary to determine whether the CDE provider is in compliance with the Standards and Criteria. Refusal or failure to provide all requested information, or to cooperate with the Council’s information-gathering efforts, will be considered cause for withdrawal of the provider’s approval.

D. The provider’s report and documentation, as well as any additional information obtained from other sources, will be considered by the PACE Council usually at the next regularly scheduled meeting.

Following consideration, the PACE Council will take action, as follows:

A. If the complaint is determined to be unsubstantiated and the provider is found to be in compliance with PACE Standards and Criteria or established approval policies, the complainant and the provider will be notified accordingly and no further action will be taken.

B. If the complaint is substantiated and it is determined that the CDE provider is not in compliance with the Standards and Criteria or established recognition policies, the PACE Council may:
1. Postpone action pending the receipt of additional information through:
   a. A comprehensive re-evaluation of the provider.
   b. A written report by the provider documenting progress in meeting the relevant standards or policies prior to the next regularly scheduled meeting of the PACE Council.
   c. A personal appearance by the complainant and/or the provider or their representatives before the PACE Council to present oral testimony in support of the written documentation provided. Legal counsel may represent the complainant and the provider. The costs to the complainant and the provider of such personal appearances and/or legal representation shall be borne by the complainant and the provider, respectively.

2. Withdraw the provider’s recognition status.

The complainant and the provider will receive written notice of the PACE Council’s action on the complaint within thirty (30) days following the Council’s meeting. The records/files related to such complaints shall remain the property of the PACE Council for five years and shall be kept confidential. After five years, these records will be destroyed.

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**Policy Statement on Reporting Substantive Changes**

**Substantive Changes:** A substantive change to a provider’s continuing education (CE) program is one that may impact the degree to which the approved provider complies with the PACE Standards & Criteria. Substantive changes may include, but are not limited to:

- Changes in ownership, legal status, or form of control.
- Introducing a new educational method beyond the scope described in the application (e.g., adding patient treatment courses or self-study activities).
- Changes in the CDE program’s source(s) of financial support, especially if funding is from an external commercial source.
- Changes in contact person or information

When substantive changes occur, the primary concern of the PACE Council is that the provider continues to meet the PACE Standards and Criteria. Recognized providers must be able to demonstrate that any substantive change(s) to their CDE program will not adversely affect the ability of the organization to comply with established standards. If the program changes are judged to represent a sufficient departure from practices in place at the time of application, the PACE Council may elect to re-evaluate the provider before the next formal reapplication is due.

**Reporting Substantive Changes:** All approved providers are expected to report substantive changes in writing to the PACE Council in a timely manner. If a provider is uncertain whether a change is substantive, the provider should contact PACE staff for clarification and guidance. The following procedures shall apply to substantive changes:

- PACE-approved providers must report any substantive change(s) to their CDE program.
- The provider must submit a description and/or documentation describing the change(s) and explaining how the CDE program will continue to comply with PACE standards and criteria.

Providers will receive written notification that:

A. The information is acceptable and will be kept on file for review at the time of the provider’s next scheduled reapplication, or

B. Additional documentation is required for re-evaluation prior to the next scheduled reapplication

The PACE Council may exercise its right to re-evaluate an approved provider at any time during the approval period. When a provider has received written notification to provide additional documentation, failure to submit the requested documentation shall be considered grounds for withdrawal of PACE approval status, usually at the next regularly scheduled meetings of the PACE Council. Submission of false or misleading information shall be grounds for withdrawal of PACE approval.
 Appeals

In the event that the PACE Council takes adverse action on an application for program provider approval, that program provider may appeal the decision. The following conditions and policies apply:

Procedures for Reconsideration of an Adverse Action Against a CDE Provider

If the PACE Council takes an adverse action on an application for approval or against an approved provider, the provider may request reconsideration by the PACE Council. An adverse action is defined as denial or withdrawal of approval. A reconsideration would be considered by the PACE Council, usually at its next regularly scheduled meeting. Reconsiderations are conducted in accord with the following procedures. The principal purpose of a reconsideration is to determine if, based on the information and documentation previously submitted to the PACE Council, the Council’s decision to deny or withdraw recognition was in accordance with the PACE Council’s procedures and policies. Reconsiderations may not be based on the length of the recognition period or disagreement with the recognition Standards and Criteria. To ensure due process, the Council will, when appropriate, review substantive procedural issues raised by the provider.

Procedures

If the Council denies or withdraws recognition, the CDE provider shall be informed of this decision within thirty (30) days following the Council meeting. If the provider would like reconsideration of the denial or withdrawal, the provider must file a written request for reconsideration with the Council’s Program Coordinator by certified mail within twenty-one (21) days after notification of the Council’s decision. In the absence of receipt of a request for reconsideration as prescribed above, the Council’s decision will automatically be final.

If a request for reconsideration is received as set forth above, the Council shall acknowledge receipt of the request and indicate the deadline for submission of documentation. Receipt of a request for reconsideration will not change a provider’s approval status. Approval will remain withdrawn or denied unless and until the Council restores of grants approval.

The provider must submit a non-refundable Reconsideration Fee of $300 with its request for reconsideration. The provider must submit fifteen (15) copies of evidence and argument in writing to refute or overcome the decision of the Council.

Reconsiderations will be evaluated by the PACE Council. Representatives of the provider may make an appearance before the PACE Council. If desired, legal counsel may accompany the provider and observe the appearance. Legal counsel for the AGD PACE Council may be present for the appearance(s) and the executive session(s) thereafter. No tape-recording of the appearance(s) is permitted.

The provider will be given the opportunity to offer evidence and argument to refute or overcome the adverse action. The Council will review only information and documentation that was previously available to the PACE Council at the time the Council made its decision to take the adverse action.

Mechanism for the Conduct of a Personal Appearance

A. A brief opening statement may be made by a representative of the PACE Council for the purpose of establishing the Council’s findings and reasons therefore and to restate to the representative(s) the amount of time, 30 minutes, allocated for the hearing.

B. The provider will then present its argument to the Council.

C. Council members may ask questions of the provider’s representative(s) to clarify information presented.

D. After hearing the evidence, the PACE Council shall meet in closed session to discuss the reconsideration and determine its decision. The recommendation shall be based on a majority vote of the members of the Council present. The Council’s decision upon reconsideration will be final.

E. The Council’s decision will be sent by registered mail to the provider within ten (10) days following the Council’s decision on reconsideration.
Lexicon of Terms

Many discussions of CDE result in misinterpretation or confusion because frequently used terms may be defined differently in the context of continuing education (CE). To clarify the intent of this document, the following terms are defined as they will be used in relation to CDE. CDE providers should familiarize themselves with these definitions to ensure complete understanding of information provided in this document.

ACTIVITY: An individual educational experience such as a lecture, clinic, or home-study package. (See COURSE)

ADMINISTRATIVE AUTHORITY: The person(s) responsible for the coordination, organization and dissemination of planned CDE offerings. Typically, it is an employee of the provider; the provider is responsible for the overall quality.

ADVISORY COMMITTEE: (See PLANNING COMMITTEE)

BEST PRACTICES: Those strategies, methods, activities, or approaches that have been shown through research and evaluation to effectively promote continuous quality improvement of CDE in accordance with the AGD PACE Standards and Criteria.

COMMERCIAL BIAS/COMMERCIAL INFLUENCE: Any activity or material designed to promote a specific proprietary business interest or entity with a commercial interest.

COMMERCIAL INTEREST/COMMERCIAL ENTITY: Any proprietary entity producing health care goods or services, with the exception of non-profit or government.

COMMERCIAL SUPPORT: Financial support, products, and other resources contributed to support or offset expenses or needs associated with a provider’s CDE activity.

COMMERCIAL SUPPORTER: Entities which contribute financial support, products, and other resources to support or offset expenses and/or needs associated with a provider’s CDE activity.

CONFLICT OF INTEREST: When an individual has an opportunity to affect CDE content with products or services from a commercial interest with which he/she has a financial relationship.

CONTACT HOUR: Unit of time equal to a minimum of fifty (50) minutes and not more than sixty (60) minutes.

CONTINUING DENTAL EDUCATION (CDE): Educational activities designed to review existing concepts and techniques, to convey information beyond basic dental education, and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and profession. The basic sciences and behavioral and social sciences should be considered inseparable from technical knowledge in their influence on the professional person and, for this reason, educational experiences in these areas are an equally valid part of CDE.

CDE programs are usually of short duration and are not structured or sequenced to provide academic credit toward a certificate or degree. Such courses are not applicable to advanced standing in specialty education programs. CDE courses are conducted in a wide variety of forms using many methods and techniques and are sponsored by a diverse group of institutions, schools, and organizations. CDE should favorably enrich past educational experience. These programs should make it possible for dentists and allied team members to attune dental practice to modern knowledge as it continuously becomes available. All CDE should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person.

COURSE: A type of CDE activity; usually implies a planned and formally conducted learning experience. (See ACTIVITY)

COURSE COMPLETION CODE: Also referred to as Verification code. Random code announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.

EDUCATIONAL METHODS/METHODOLOGIES: The systematic plan or procedure by which information or educational material is made available to the learner. Some examples include lectures, discussions, practice under supervision, audiovisual self-instructional units, case presentations, and Internet-based or other electronically mediated formats.

ELECTRONICALLY MEDIATED LEARNING: Continuing education activities that use one or more of the following technologies to deliver instruction to participants who are separated from the instructor and to support interaction between the participants and the instructor: (1) the internet; (2) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (3) audio conferencing; or (4) DVDs, CD–ROMs, and videocassettes if these are used in a course in conjunction with any of the other technologies listed. Electronically mediated learning may be delivered through live courses or self-instructional activities.
EVIDENCE-BASED DENTISTRY: 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. (See Center for Evidence-Based Dentistry at http://ebd.ada.org)

FINANCIAL RELATIONSHIPS: Any relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest contracted research, or other financial benefit or. The AGD considers relationships of the person involved in the CDE activity to include financial relationships of a family member. Financial relationships must be disclosed to the participants.

GOAL: A statement of long-range expectations of a CDE program.

INTERNATIONAL CONTINUING DENTAL EDUCATION PROVIDERS: Organizations which are not located in and do not have a permanent base in the United States, Canada, or their territories, and is not an official recognized agency or unit with the national dental services of the United States or Canada.

JOINT PROGRAM PROVIDER: An AGD PACE-recognized or non-AGD PACE-recognized provider that shares responsibility with an AGD PACE-recognized provider of CDE for planning, organizing, administering, publicizing, presenting, and keeping records for a program of CDE. Administrative responsibility for development, distribution, and/or presentation of CDE activities must rest with the AGD PACE-recognized provider whenever the provider acts in cooperation with providers that are not recognized by AGD PACE. When two or more AGD PACE-recognized providers act in cooperation to develop, distribute, and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards.

JOINT PROVIDERSHIP (or co-providership): Any continuing education activity in which an AGD PACE-approved provider agrees to jointly offer a program with another CDE program provider. When an AGD PACE-approved provider jointly offers a CDE activity with a non-approved provider, the PACE-approved provider assumes responsibility for the planning, organizing, administrating, publicizing, presenting, and keeping records for the planned continuing dental education activity. Administrative responsibility for development, distribution, and/or presentation of continuing education activities must rest solely with the AGD PACE-approved provider. When two or more AGD PACE-approved providers act in cooperation to develop, distribute and/or present an activity, each must be equally and fully responsible for ensuring compliance with these standards. Letters of agreement between the joint or co-providers must be developed to outline each party’s responsibilities for the CDE activity. Letters of agreement must be signed by all parties.

LECTURE COURSE: A live presentation intended to communicate information or teach people about a particular subject. Lectures are used to convey critical information, history, background, theories and equations and do not significantly involve audience participation with the exception of asking and answering questions.

NEEDS ASSESSMENT: The process of identifying the specific information or skills needed by program participants and/or interests of the program participants, based on input from participants themselves or from other relevant data sources. The specific needs identified provide the rationale and focus for the educational program.

LECTURER/AUTHOR (also instructor, faculty, faculty member): The person or persons responsible for the development and presentation of specific CDE course material for the intended audience.

LIVE COURSE / ACTIVITY: Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

OBJECTIVE: Anticipated learner outcomes of a specific CDE learning experience or instructional unit, stated in behavioral or action-oriented terms for the participant.

PARTICIPATION/HANDS-ON COURSE: A presentation intended to teach a particular subject, technique or skill that actively involves the audience. Participants will actively manipulate dental materials and/or devices, or practice clinical skills or techniques under the live or electronically-mediated supervision of a qualified instructor. When live patient treatment is involved, live instructor direct supervision is required. The participation activities must represent a minimum of 30% of total course time, and must directly address the educational objectives of the course and be an extension and amplification of the lecture portion of the course.

PLANNED PROGRAM: The total efforts of a sponsoring organization as they relate to CDE activities offered to professional audiences. A sequence or series of CDE activities, courses, or events that in total constitutes the sponsoring organization’s activities as they relate to CDE activities offered to professional audiences. These individual activities, courses, or events must be substantially distinguishable from one another. A planned program of CDE activities must consist of more than a single course offered multiple times. A single course offered multiple times may not exceed 50 percent of the total number of courses offered per year. The CDE provider’s administrator must not function as a sole lecturer/author.
PLANNING COMMITTEE: An objective entity that provides peer review and direction of the program and the provider. The committee must include at least one licensed dentist who is independent from other responsibilities for the provider. The composition should include objective representatives of the intended audience, including members of the dental team for which the courses are offered.

PRODUCT TRAINING: Courses where the central theme is focused on the use of a single product. Course content must be free from any sales and/or marketing information and should enhance a dental professional’s knowledge and/or skill to deliver quality service to the public.

PROGRAM PLANNING: The total process of designing and developing CDE activities. This process includes assessing learning needs; selecting topics; defining educational objectives; selecting lecturer/author, facilities, and other educational resources; and developing evaluation mechanisms. All steps in the program planning process should be aimed at promoting a favorable climate for adult learning.

PROTOCOL COURSE: Courses which assign homework involving clinical activities and award CDE credit for these clinical activities successfully completed outside of the classroom. Participants must present assignment results to the course instructor or course director before CDE is awarded.

PROGRAM PROVIDER: An agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the CDE program. The program provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the program provider contracts or agrees with another organization or institution to provide facilities, faculty, or other support for the CDE activity, the approved program provider must ensure that the facilities, faculty, or support provided meet the standards and criteria for recognition. The program provider remains responsible for the overall educational quality of the CDE activity. (See SPONSOR)

RECOGNITION: Recognition is conferred upon CDE providers or sponsoring organizations that are judged to be conducting a CDE program in compliance with the Standards and Criteria for recognition. (The term “accreditation” is not used in the context of CDE, as “accreditation” has a precise educational meaning that implies that an on-site review based on curricular or patient service standards have been conducted by an accrediting agency recognized by the U.S. Department of Education or the Council on Postsecondary Accreditation. The review process used by AGD PACE does not meet these specific criteria.)

RECOMMENDATIONS: Detailed suggestions and/or assistance in interpreting and implementing the Standards and Criteria for recognition.

RELEVANT FINANCIAL RELATIONSHIPS: For a person involved in the planning, administering or presentation of a continuing dental education activity, relevant financial relationships are financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. AGD PACE considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member. Relevant financial relationships must be disclosed to participants in CDE activities. (See CONFLICT OF INTEREST and FINANCIAL RELATIONSHIPS).

SELF-INSTRUCTIONAL COURSE / ACTIVITY: Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

SOUND SCIENTIFIC BASIS CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

SPONSOR: Another term used to designate the agency (institution or organization) that is responsible for organizing, administering, publicizing, presenting, and keeping records for the CDE program. (See PROGRAM PROVIDER)

STANDARDS AND CRITERIA FOR RECOGNITION: The criteria which applicant CDE providers will be expected to meet in order to attain and then retain recognition status. (See RECOMMENDATIONS) The verbs used in the Standards and Criteria for recognition (i.e., must, should, could, may) were selected carefully and indicate the relative weight attached to each statement. Definitions of the words that were utilized in preparing the standards are:

1. Must — expresses an imperative need, duty, or requirement; an essential or indispensable item; mandatory.
2. Should — expresses the recommended manner to meet the standard; highly recommended, but not mandatory.
3. May or could — expresses freedom or liberty to follow an idea or suggestion.

UNRESTRICTED SUPPORT: Financial or in-kind contributions to an organization and the use of the contributions is not restricted by the donor(s).
VERIFICATION CODE: Also referred to as Course Completion Code. Random code announced by program provider toward the end of each course to help verify that each participant has taken part in the entire course.