



Government Recognition Versus ISO-Based Accreditation of Continuing Dental Education: A Narrative Review of an International Gray Area

Dr. Althaaf Khan

Institutional affiliation and country: Private Practice, South Africa

Corresponding author: Dr. Althaaf Khan

Corresponding author email: khanalthaafy@gmail.com

ABSTRACT :

Background: Continuing professional development (CPD) is a condition of registration for dentists in many jurisdictions, yet there is no settled answer to who should confer recognition on CPD providers and activities: a statutory regulator, a professional-body programme, or an international management-system standard such as ISO 21001. The question is sharpest when dentists learn across borders or pursue master's and doctoral study.

Objective: To compare these approaches, together with accreditation by the American Accreditation Association (AAA) and degree-programme accreditation, clarify what each assures, and judge whether one is better.

Methods: Narrative review of regulator guidance (South Africa, the United Kingdom, Australia), ADA CERP, ISO 21001:2025 scope documents, AAA and degree-accreditation sources, and literature on CPD regulation and effectiveness, identified through targeted web searches in October 2026.

Results and discussion: The approaches assess different things. Statutory models set the quantity, timing and evidence of CPD that determine licensure. ADA CERP recognises providers and accepts applicants from outside the United States. ISO 21001 is a generic management-system standard and, on its published scope, does not evaluate clinical content or confer licensure credit. AAA, a Virginia-based private accreditor, frames its programmes around ISO/IEC standards, and no evidence was found that it is recognised for dental CPD. Degree accreditation, for example by CODA or national qualification authorities, assures programmes leading to master's and doctoral awards but is distinct from CPD hours, although some regulators credit postgraduate study. Evidence that any model improves patient outcomes is limited, and no study compared them directly.

Conclusion: No model is demonstrably better. Government recognition is indispensable for licensure; other signals are complementary. Dentists should confirm acceptance with their own regulator before enrolling.

Keywords: Continuing professional development; dental education; accreditation; ISO 21001; American Accreditation Association; postgraduate degrees; international recognition

Introduction

Continuing professional development (CPD) supports safe clinical practice by keeping dentists' knowledge and skills current, but requirements are not harmonised, even within the European Union [1]. By 2003, participation in CPD was already mandatory in most US states, all Canadian provinces, the United Kingdom and Latvia, and a variety of accreditation systems had been reported, including weighted CPD points and re-certification examinations [2].

Three broad ways of conferring legitimacy on CPD now coexist. The first is statutory recognition, in which a regulator sets the number of units or hours and decides what counts. The Health Professions Council of South Africa (HPCSA) requires dentists to earn 30 continuing education units (CEUs) a year, five of them in ethics, human rights or health law [3]. The General Dental Council (GDC) in the United Kingdom requires verifiable CPD over a five-year cycle [4], and the Dental Board of Australia requires 60 hours over three years [5]. The second is provider recognition by a professional body, exemplified by the American Dental Association's Continuing Education Recognition Program (ADA CERP), which approves organisations rather than individual activities [6]. The third is management-system standardisation, such as ISO 21001, which specifies requirements for educational organisations in general [7].

These approaches are often conflated in everyday usage. In conformity-assessment terminology, accreditation is a third-party attestation of a conformity assessment body's competence, whereas certification demonstrates that a product, process, system or person meets specified requirements [8]. For a dentist who studies abroad, or a provider hoping to serve dentists in several countries, the question is practical: which signal will a regulator accept, and which signal actually indicates quality? No international authority settles this, which is why the topic is best described as a gray area rather than a matter of right and wrong. Two further forms of accreditation are often mentioned in the same breath: accreditation by private bodies such as the American Accreditation Association (AAA) in Virginia, and the accreditation of master's and doctoral degree programmes. This review also considers where these fit.

This review aims to compare government recognition, professional-body provider recognition and ISO-based certification of continuing dental education, to identify what each does and does not assure, and to state whether the evidence supports preferring one over the others. No formal hypothesis was tested. The guiding proposition was that the models answer different questions and are therefore not strict alternatives.

Materials and Methods

Design. This is a narrative (non-systematic) review with structured document analysis. The design was chosen because the topic spans regulatory instruments, standards and scholarly literature, which fixed-protocol database searches capture poorly.

Sources and search. In October 2026, targeted searches were run with a general web search engine, and regulator, standards-body, professional-association and publisher pages were retrieved directly. Search concepts were CPD and accreditation in dentistry, HPCSA CPD requirements, AAA accreditation, accreditation of postgraduate dental degrees (CODA, SAQA, European quality assurance), GDC Enhanced CPD, Dental Board of Australia CPD standard, ADA CERP recognition standards, ISO 21001, accreditation versus certification, and the effectiveness of CPD. Primary regulatory documents were preferred over secondary commentary, and peer-reviewed articles were verified through institutional repository records.

Eligibility. English-language documents were included if they described CPD requirements, the recognition or accreditation of CPD providers or activities, quality-management standards for educational organisations, or evidence on CPD effectiveness. Undergraduate dental curricula and qualifications leading to first registration, and promotional material from individual commercial providers were excluded.

Analysis. Sources were compared on who confers recognition, what is assessed, how cross-border activity is handled, and what is known about outcomes. No quantitative synthesis was attempted and no formal quality-appraisal tool was applied.

Ethical considerations. Only published documents were analysed. The study involved no human participants, so ethical approval and informed consent were not required.

Limitations. Searches were not run in bibliographic databases such as PubMed or Scopus and were not duplicated by a second reviewer. The full text of ISO 21001:2025 is behind a paywall, so only its published scope and publisher summaries were reviewed [7]. Regulatory requirements change and describe the position at the time of writing. Selection by a single author carries a risk of selection bias. Information on AAA came from its own website and one secondary source, so it is unverified by independent review. Sources on doctoral research degrees were sparse, so that coverage is thinner than for master's programmes.

Results and Discussion

The central finding is that the three approaches answer different questions. Statutory recognition decides whether CPD counts towards the right to practise. Provider recognition asks whether an educational organisation meets professional standards. ISO 21001 asks whether an organisation manages its educational processes systematically. AAA accreditation and degree-programme accreditation are treated separately because they answer further questions. Table 1, at the end of this section, summarises the comparison.

Statutory (government) recognition

South Africa. The HPCSA guidelines, revised in November 2021, require dentists to accumulate 30 CEUs per twelve-month period, at least five of them in ethics, human rights or health law, and each unit remains valid for 24 months [3]. Accreditation is layered. Professional boards appoint accreditors, who approve activities and providers, and accredited service providers are higher education institutions, professional associations or formally constituted interest groups [3]. A recognised postgraduate qualification can earn 30 CEUs per year of study without prior approval, whereas short courses need prior approval by an accreditor, and meetings run by manufacturers purely to promote products are ineligible [3]. The council describes the system as resting on trust in practitioners [3]. On cross-border learning, the guidelines recognise attendance at an accredited meeting abroad and state that a South African

accreditor should accredit an international activity that lacks equivalent recognition in the country where it was held [3]. Compliance remains a concern: a Medical Protection Society article reports an HPCSA notice that only 33% of practitioners registered with the Medical and Dental Professions Board were compliant [9].

United Kingdom. The GDC's Enhanced CPD scheme, introduced in 2018, requires 100 verifiable hours per five-year cycle for dentists, 75 for dental therapists, hygienists, orthodontic therapists and clinical dental technicians, and 50 for dental nurses and dental technicians [10]. Non-verifiable CPD was dropped from the reporting requirement and a personal development plan was introduced [10]. Verifiable CPD needs documentary proof, and at least 10 verifiable hours must be completed in any two-year period [11]. Registrants who do not meet the minimum or fail to submit an annual statement may be removed from the register [4]. The GDC's own evaluation found high compliance but persistent confusion about personal development plans and recommended topics [12].

Australia. The Dental Board of Australia requires 60 hours over a three-year cycle [5]. Of these, 80% must be clinically or scientifically based, and evidence takes the form of a logbook of activities and hours, with certificates available on request [13].

European Union. A survey of 143 dental educators from 30 EU countries found that about half the countries had a compulsory CPD system, that university dental schools and professional dental associations were the most common providers, and that national regulatory bodies were the most common accrediting bodies [1]. Only 41% of respondents believed they knew the criteria for successful accreditation of CPD [1].

Statutory recognition has legal force and is tied directly to the licence, which no other model can offer. Its weakness is that it largely counts time and attendance, as the HPCSA's one-unit-per-hour rule illustrates [3], and its rules differ from country to country [1,3,5,10].

Provider recognition by a professional body: ADA CERP

ADA CERP evaluates and recognises organisations that provide continuing dental education. It does not approve individual activities [6]. Recognition lasts two, three or four years, and new applicants may receive an initial two-year period [14]. The 2026 revision, effective 1 June 2026, cut the requirements from 14 standards to five and from 104 criteria to 17 [15]. It also adopted the Accreditation Council for Continuing Medical Education's Standards for Integrity and Independence, which aim to separate education from marketing and sales [16]. The commission reported 487 recognised providers in October 2024 and drew on the experience of accrediting bodies in other health professions [17].

Two features matter for international learners. First, providers based outside the United States and Canada can apply, but must pass an eligibility pre-application and pay an annual fee scaled to the size of their programme [18,19]. A Spanish dental faculty, for example, announced renewal of its CERP recognition in December 2025 [20]. Second, the framework defines and addresses commercial bias, meaning material designed to promote a proprietary business interest [18]. This is relevant because accredited programmes in some countries are built with professional associations, industry and commercial companies, whereas Iran's programmes were formally run by institutions and universities only [21].

Provider recognition is portable and focuses on educational quality and independence. It does not, however, bind any regulator outside the United States. Under the HPCSA rules, for instance, a foreign activity is recognised according to its accreditation in the country where it was held, with South African accreditation as the fallback [3].

ISO-based certification: ISO 21001

ISO 21001:2025 specifies requirements for a management system for educational organisations that must demonstrate their ability to support the development of competence and aim to raise learner satisfaction [7]. Its requirements are generic and apply to any organisation that uses a curriculum, regardless of type, size or method of delivery, including professional training departments within larger organisations [7]. The publisher BSI presents it as a stand-alone management-system standard and lists benefits such as increased credibility, consistent processes and evaluation tools, and a culture of improvement [22].

In conformity-assessment terms, an organisation is certified against such a standard by a certification body, and the competence of that body is itself the subject of accreditation [8]. In the author's reading of the published scope, the standard therefore assures process quality, such as planning, resourcing, monitoring and improvement, but is silent on whether a given hands-on course teaches current clinical technique. The regulatory documents reviewed here did not name ISO 21001 certification as a route to CPD credit [3,5,10,13]. This should be confirmed with each regulator, because it was not tested beyond the documents retrieved.

Does the accreditation model affect outcomes?

The evidence does not rank the models. A 2005 international workshop concluded that there was little evidence for the effectiveness of dental CPD and

recommended a systematic review [2]. A systematic review published in 2013 included ten trials or quasi-experimental studies and suggested that multimethod and multiphased CPD has the greatest potential for impact on patient care, while calling for more high-quality randomised trials [23]. A 2021 Cochrane review found that educational meetings probably improve professional practice slightly and patient outcomes to a lesser extent, that multi-strategy approaches might add benefit, and that the certainty of evidence comparing interactive with lecture-based meetings is very low [24].

Regulator-commissioned reviews point the same way. The GDC's literature review, carried out by the Association for Dental Education in Europe, covered more than 800 papers and 184 publications [25]. An earlier review for the GDC by the Faculty of General Dental Practice (UK) found few robust evidence-based answers, but noted that repeated learning, personal development plans, reflection and blended approaches appear helpful [26]. None of the sources retrieved compared statutory, provider-recognised and ISO-certified CPD on clinical or patient outcomes. That is a gap in the literature, and it means any claim that one model produces better dentistry is currently unsupported.

The cross-border gray area

Mutual recognition of professional qualifications means that a qualification gained in a home country is recognised in a host country, which allows skilled workers to move [27]. For CPD there is no equivalent arrangement. The EU survey concluded that harmonised requirements would improve both dentist mobility and safe clinical practice [1]. In South Africa, practitioners working abroad must meet the host country's CPD requirements and may prove compliance with a letter from the accrediting authority there [3]. An Australian example from education rather than CPD shows the same principle: programmes accredited by ADC International outside Australia do not by that fact make graduates eligible for registration [28]. In every case, recognition is ultimately conferred by the regulator that holds the licence, not by the body that accredited or certified the provider.

The American Accreditation Association (AAA)

The American Accreditation Association (AAA) describes itself as authorised under Title 13.1 of the Code of Virginia by the State Corporation Commission of the Commonwealth of Virginia, with an address in Tysons Corner, Virginia, and as an independent body delivering international accreditation programmes [29]. Its published list of services includes healthcare, training providers and schools, together with testing, calibration and medical laboratories and certification and inspection bodies, framed around ISO/IEC standards such as 17025, 15189, 17021, 17024 and 17065 [29]. A secondary source describes its programmes as following recognised international standards but does not state that AAA itself operates under the international accreditation cooperation frameworks [30]. The pages reviewed did not mention dentistry or CPD, and they did not describe any mutual recognition arrangement with the International Accreditation Forum or the International Laboratory Accreditation Cooperation. The meaning of its stated recognition by the United States government is not explained [29]. In the author's reading, AAA is therefore an ISO-style conformity-assessment accreditor whose training-provider and school programmes sit in the same category as ISO 21001: a generic quality signal, not a dental one. Whether a given regulator, such as the HPCSA, would accept AAA-accredited providers for CPD credit was not established and should be confirmed directly. It is distinct from the Accreditation Association for Ambulatory Health Care (AAAHC), a separate United States body that accredits health-care facilities.

Master's and doctoral studies

Postgraduate degrees are a separate question from CPD, because they are accredited as programmes. In South Africa, the HPCSA gives 30 CEUs a year for recognised postgraduate study and a further 30 on completion, but no CEUs for a qualification during a period of deferment [3]. The Master of Dental Science sits at level 9 of the National Qualifications Framework, at 180 credits, as registered with the South African Qualifications Authority [31]. In the United States, the Commission on Dental Accreditation (CODA) is the sole agency recognised by the Department of Education for dental programmes, having been recognised since 1952, and it accredits advanced education only in the United States [32]. State licensure of international dentists generally requires a CODA-accredited degree, and advanced education does not cure a non-accredited first degree [33]. In Europe, Directive 2005/36/EC sets a three-year minimum for specialist training, degrees follow the Bologna three-cycle structure, and the Association for Dental Education in Europe has reviewed more than 60 schools [34]. Programme-level quality assurance results are published in the Database of External Quality Assurance Results; for example, a German MSc in Advanced General Dental Practice received a "positive with conditions" result on 26 February 2019 [35]. Sources on doctoral research degrees were sparse, and no dental-specific doctoral accreditation scheme was found.

Three practical points follow. First, accreditation of a degree programme is not the same as recognition of CPD hours. Second, some regulators, such as the HPCSA, credit postgraduate study towards CPD requirements, but rules differ [3]. Third, dentists planning a foreign master's or doctorate should confirm that their own regulator will recognise the degree [33].

Is one model better?

The evidence supports a purpose-based answer rather than a ranking.

- **For licensure**, government recognition is the only route that matters, because it defines what counts [3,5,10].
- **For international portability and independence from commercial influence**, provider recognition such as ADA CERP offers explicit, published standards [14,16,18].
- **For organisational reliability**, ISO 21001 certification offers process assurance, but the published scope makes it a generic signal rather than a dental one [7,22].
- **For effects on practice**, the quality of the educational design, in particular multimethod and repeated learning, appears more important than the label on the certificate [23,24,26].

A provider certified to ISO 21001 and recognised by a professional body may still run a course that a given regulator will not credit, and a regulator-approved course may be poorly designed. The sensible reading is therefore layered: statutory recognition for compliance, provider recognition or ISO certification as supporting evidence of quality, and attention to educational design for impact.

Table 1. Comparison of five approaches to recognising continuing dental education (author's synthesis of the cited sources).

Approach	Examples	Who confers recognition	What is assessed	Main strength	Main limitation
Statutory (government)	HPCSA, GDC, Dental Board of Australia [3,4,5]	Regulator or accreditors it appoints [3]	Quantity, timing and documentary evidence of CPD [3,11,13]	Legal force; tied directly to the licence	Counts participation more than learning; rules differ by country [1,3,12]
Provider recognition by a professional body	ADA CERP [6,14]	Professional-body commission [6]	Provider's planning, evaluation and independence from commercial influence [14,16,18]	Open to international providers; addresses commercial bias [18,19]	Does not bind other regulators; acceptance varies [3,18]
ISO management-system certification	ISO 21001:2025 [7]	Certification body, itself accredited [8]	Organisation's management system [7]	Process consistency and credibility [22]	Generic scope; not named by the regulators reviewed [3,5,10,13]
ISO/IEC-style accreditation by a private body	AAA, Virginia [29,30]	Accrediting association	Competence of training providers, schools and other bodies against ISO/IEC standards [29]	Broad international framing	Dental and CPD acceptance, and any mutual recognition status, not shown [29,30]
Degree-programme accreditation (master's, doctoral)	CODA, SAQA with CHE, European quality-assurance agencies [31,32,34]	National or regional accreditor	Programme standards and outcomes [32,35]	Assures degree quality	Not CPD hours; foreign degrees need separate recognition [3,33]

Conclusion

No model of recognising continuing dental education is demonstrably better, because the models do different jobs and the available evidence cannot rank them. Statutory recognition is indispensable because it governs the licence [3,5,10]. Provider recognition such as ADA CERP and certification such as ISO 21001 are best understood as complementary quality signals, and neither guarantees credit from a given regulator [3,7,14]. AAA accreditation of providers and accreditation of master's and doctoral programmes answer other questions and should not be mistaken for CPD recognition [29,32,33]; foreign postgraduate degrees need separate confirmation of recognition [33]. Evidence that any accreditation route improves clinical performance or patient outcomes remains thin, with some support for multimethod and repeated learning [23,24].

Three implications follow. Dentists who study internationally should confirm acceptance with their own regulator before enrolling, and keep documentary evidence of attendance and assessment. Regulators could reduce the gray area by publishing explicit rules on foreign and ISO-certified providers. Researchers should compare recognition models directly against practice and patient outcomes. The main limitation of this review is its narrative design and single-author selection of sources, so its findings should be treated as a structured overview rather than a systematic appraisal.

Acknowledgements

The author has no acknowledgements to declare.

Funding Statement

No external funding was received for this work.

Conflict of Interest

The author declares no financial, professional, institutional or personal interests that could have influenced this work or its interpretation.

REFERENCES

1. Bullock A, Bailey S, Cowpe J, Barnes E, Thomas H, Thomas R, et al. Continuing professional development systems and requirements for graduate dentists in the EU: survey results from the DentCPD project. *Eur J Dent Educ*. 2013;17(1):e77-87. doi:10.1111/j.1600-0579.2012.00764.x
2. Best HA, Eaton KA, Plasschaert A, Toh CG, Grayden SK, Senakola E, et al. Continuing professional development - global perspectives: synopsis of a workshop held during the International Association of Dental Research meeting in Gothenburg, Sweden, 2003. Part 2: Regulatory and accreditation systems and evidence for improving the performance of the dental team. *Eur J Dent Educ*. 2005;9(2):66-72. doi:10.1111/j.1600-0579.2005.00368.x
3. Health Professions Council of South Africa. Continuing professional development: guidelines for registered practitioners, version two [Internet]. Pretoria: HPCSA; 2021 Nov [cited 2026 Oct 10]. Available from: https://www.hpcsa.co.za/Content/upload/professional_practice/cpd/CPD_Guidelines_Nov_2021.pdf
4. General Dental Council. Enhanced CPD [Internet]. London: General Dental Council; [cited 2026 Oct 10]. Available from: <https://gdc-uk.org/professionals/cpd/enhanced-cpd>
5. Dental Board of Australia. Continuing professional development (CPD) resources [Internet]. [cited 2026 Oct 10]. Available from: <https://dentalboard.gov.au/codes-guidelines/cpd>
6. American Dental Association, Commission for Continuing Education Provider Recognition. ADA CERP recognition [Internet]. Chicago: American Dental Association; [cited 2026 Oct 10]. Available from: <https://ccepr.ada.org/recognition-process>
7. International Organization for Standardization. ISO 21001:2025. Educational organizations - management systems for educational organizations - requirements with guidance for use. Geneva: ISO; 2025. Scope summary available from: <https://www.evs.ch/en/iso-21001-2025>
8. ANSI National Accreditation Board. Difference between accreditation and certification [Internet]. ANAB Blog; [cited 2026 Oct 10]. Available from: <https://blog.ansi.org/anab/difference-between-accreditation-certification/>
9. Naidoo Y. The CPD clock is ticking [Internet]. Medical Protection Society; [cited 2026 Oct 10]. Available from: <https://www.dentalprotection.org/south-africa/publications-resources/articles/articles-display-page/cpd-clock-is-ticking>
10. Dental Protection. Enhanced CPD changes for 2018 [Internet]. 2017 Oct 26 [updated 2019 Mar 15; cited 2026 Oct 10]. Available from: <https://dentalprotection.org/uk/articles/enhanced-cpd>
11. Dentistry.co.uk. Looking back at 25 years of CPD [Internet]. 2022 Jun 21 [cited 2026 Oct 10]. Available from: <https://dentistry.co.uk/2022/06/21/the-history-of-cpd-a-25-year-perspective/>
12. GDUK. GDC to change CPD requirements? [Internet]. [cited 2026 Oct 10]. Available from: <https://www.gdpuk.com/news/latest-news/4537-gdc-preparing-to-change-cpd-requirements>
13. Dental Board of Australia. Dental guidelines on continuing professional development [Internet]. Hosted by the Australian Dental Association NSW; [cited 2026 Oct 10]. Available from: <https://adansw.com.au/CPD/About-Us/CPD-Guidelines>
14. American Dental Association, Commission for Continuing Education Provider Recognition. ADA CERP standards [Internet]. Chicago: American Dental Association; [cited 2026 Oct 10]. Available from: <https://ccepr.ada.org/ada-cerp-standards>
15. Becker's Dental Review. ADA adopts new continuing education standards: 6 notes [Internet]. [cited 2026 Oct 10]. Available from: <https://www.beckersdental.com/clinical-leadership-infection-control/ada-adopts-new-continuing-education-standards-6-notes/>
16. Commission for Continuing Education Provider Recognition. Commission approves revised ADA CERP recognition standards [Internet]. Chicago: American Dental Association; [cited 2026 Oct 10]. Available from: https://ccepr.ada.org/-/media/project/ada-organization/ada/ccepr/files/announcement_cceprapproves_revisedstandards.pdf
17. ADA News. ADA commission adopts revised CE standards [Internet]. 2024 Oct [cited 2026 Oct 10]. Available from: <https://adanews.ada.org/ada-news/2024/october/ada-commission-adopts-revised-ce-standards/>
18. Commission for Continuing Education Provider Recognition. ADA CERP glossary [Internet]. Chicago: American Dental Association; [cited 2026 Oct 10]. Available from: <https://ccepr.ada.org/ada-cerp-standards/cerp-glossary>
19. Commission for Continuing Education Provider Recognition. Fees for international providers [Internet]. Chicago: American Dental Association; 2023 Jul [cited 2026 Oct 10]. Available from: https://CCEPR.ada.org/-/media/project/ada-organization/ada/ccepr/files/cerp_internl_fees.pdf
20. UIC Barcelona. The Faculty of Dentistry renews international accreditation from the American Dental Association (ADA) [Internet]. 2025 Dec 4 [cited 2026 Oct 10]. Available from: <https://www.uic.es/en/noticia/faculty-dentistry-renews-international-accreditation-american-dental-association-ada>
21. Makarem A, Emadzadeh A, Amirchaghmaghi M, Sarraf Shiraz A. A comparative study of the continuing dental education in Iran and other countries in the world. *J Mashhad Dent Sch*. 2017;41(4):339-56. doi:10.22038/jmds.2017.9897
22. BSI. ISO 21001 management systems for educational organizations: requirements with guidance for use [Internet]. [cited 2026 Oct 10]. Available from: <https://bsigroup.com/en-AE/industries-and-sectors/Government/ISO-21001-Management-Systems-for-Educational-Organizations-Requirements-with-Guidance-for-Use>
23. Firmstone VR, Elley KM, Skrybant MT, Fry-Smith A, Bayliss S, Torgerson CJ. Systematic review of the effectiveness of continuing dental

- professional development on learning, behavior or patient outcomes. *J Dent Educ.* 2013;77(3):300-15.
24. Forsetlund L, O'Brien MA, Forsen L, Mwai L, Reinart LM, Okwen MP, et al. Continuing education meetings and workshops: effects on professional practice and healthcare outcomes. *Cochrane Database Syst Rev.* 2021;(9):CD003030. doi:10.1002/14651858.CD003030.pub3
 25. Dental Tribune UK. General Dental Council publishes systematic CPD literature review [Internet]. [cited 2026 Oct 10]. Available from: <https://uk.dental-tribune.com/news/general-dental-council-publishes-systematic-cpd-literature-review/>
 26. MDDUS. Study examines CPD in dentistry [Internet]. 2011 Nov [cited 2026 Oct 10]. Available from: <https://mddus.com/resources/resource-library/news-digest/2011/november/study-examines-cpd-in-dentistry>
 27. Hobson R, Rolland S, Rotgans J, Schoonheim-Klein M, Best H, Chomyszyn-Gajewska M, et al. Quality assurance, benchmarking, assessment and mutual international recognition of qualifications. *Eur J Dent Educ.* 2008;12(Suppl 1):92-100. doi:10.1111/j.1600-0579.2007.00484.x
 28. ADC International. Our services [Internet]. [cited 2026 Oct 10]. Available from: <https://www.adc.org.au/adc-international/accredited-programs/our-services/>
 29. American Accreditation Association. About AAA [Internet]. Tysons Corner (VA): American Accreditation Association; [cited 2026 Oct 10]. Available from: <https://aaa-accreditation.org/about-aaa/>
 30. ReSkills. Accreditation AAA [Internet]. Petaling Jaya: ReSkills; [cited 2026 Oct 10]. Available from: <https://about.reskills.com/aaa-info/>
 31. South African Qualifications Authority. Master of Dental Science, qualification ID 79136 [Internet]. [cited 2026 Oct 10]. Available from: <https://allqs.sqa.org.za/showQualification.php?id=79136>
 32. Commission on Dental Accreditation. About CODA [Internet]. Chicago: American Dental Association; [cited 2026 Oct 10]. Available from: <https://coda.ada.org/about-coda>
 33. American Dental Association. Licensure for international dentists [Internet]. [cited 2026 Oct 10]. Available from: <https://www.ada.org/en/resources/licensure/licensure-for-the-international-dentists>
 34. Manzanares Cespedes MC, Murphy D, Paganelli C, Field J. The last 15 years: the ADEE's leading role in the education of the European oral health workforce (2010/2025). *Eur J Dent Educ.* 2025;29(4):635-45. doi:10.1111/eje.70029
 35. Database of External Quality Assurance Results. Advanced General Dental Practice [Internet]. [cited 2026 Oct 10]. Available from: <https://www.eqar.eu/qa-results/search/by-report/report/?id=73110>