

MINUTES

COMMISSION ON DENTAL ACCREDITATION AMERICAN DENTAL ASSOCIATION ADA HEADQUARTERS BUILDING, CHICAGO

January 31, 2013 (OPEN SESSION)

Call to Order: The Chair, Dr. Kent Knoernschild, called a regular meeting of the Commission on Dental Accreditation to order at 1:00 P.M. on Thursday, January 31, 2013, in the Hillenbrand Auditorium of the ADA Headquarters Building, Chicago, in open session.

Roll Call: Dr. Byron “Pete” Benson, Dr. Michael Biermann, Ms. Kristi Schmitt Burr, Dr. Thomas Cangialosi, Dr. Eric Carlson, Ms. Elizabeth Curran, Dr. Geri Ann DiFranco, Dr. William Dodge, Dr. Kevin Donly, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Milton Glicksman, Dr. Henry Greenwell, Dr. Richard Kahn, Dr. Kent Knoernschild (chair), Dr. William Leffler, Dr. Ana Karina Mascarenhas, Dr. Judith Messura (vice-chair), Dr. Brad Neville, Dr. Yilda Rivera-Nazario, Dr. Charlotte Royeen, Dr. William Schindler, Ms. Kathi Shepherd, Dr. Perry Tuneberg, Dr. Karen West, and Dr. John Williams.

Mr. Joseph Eliason, Dr. Stan Hardesty, Dr. Steven Schonfeld, and Mr. James Sherrard were unable to attend.

In addition to the staff of the Commission, Dr. Dennis Engel, ADA Trustee Liaison, attended.

Adoption of Agenda: A motion was made and seconded to remove from the Commission’s agenda *Page 1600 Consideration of the Letter Received From the American College of Prosthodontists Related to Commission Publication for Open Comment on Proposed Revisions to Accreditation Standards for Periodontics Education*. Argument in favor of the motion posited that the agenda item should be removed because the letter in question did not constitute a proper complaint under the EOPP as the allegations in the letter lacked merit and the letter was not presented to the Commission consistent with CODA due process policies. Following argument in favor of the motion, an immediate motion was made to vote immediately, which was subsequently withdrawn to allow others on the Commission to speak. Argument opposing the motion to remove the item disputed that the letter was a proper complaint and advocated that the letter should be considered as a complaint and evaluated on the merits. The motion to vote immediately was renewed and seconded and subsequently passed. Immediately following, the Commission adopted a motion to remove Page 1600 from the agenda. The Page 1600 report was removed from the Commission’s Winter 2013 agenda.

Following the discussion and action on Page 1600, the Commission voted to adopt the agenda as amended. The Commissioners then introduced themselves.

Conflict of Interest and Confidentiality Statement: Ms. Cathryn Albrecht, ADA/CODA Senior Associate General Counsel, reminded the Commission of the CODA Conflict of Interest policy.

Reminder of Professional Conduct Policy and Prohibition Against Harassment: Ms. Cathryn Albrecht, ADA/CODA Senior Associate General Counsel, reminded the Commission of the ADA Policy on Professional Conduct and Prohibition Against Harassment.

Approval of Minutes From Summer 2012 Meeting: The minutes of the August 2012 Commission meeting were adopted.

Consent Calendar: The following reports in their entirety were placed on the consent calendar and were adopted as received:

- Report of the Review Committee on Dental Laboratory Technology Education (Appendix 1)
- Report of the Review Committee on Oral and Maxillofacial Radiology Education (Appendix 2)
- Report of the Review Committee on Pediatric Dentistry Education (Appendix 3)
- Report of the Review Committee on Prosthodontics Education (Appendix 4)
- Approval of Mail Ballot since last Commission Meeting for Nomination Committee Report (Appendix 5)

Report of the Review Committee on Predoctoral Dental Education: Chair: Dr. John Williams. Committee Members: Dr. Cecile Feldman, Dr. Gerald Ferretti, Dr. Nicolaas Geurs, Dr. Sally Mauriello, Dr. Charlotte Royeen, and Dr. Marshall Titus. CODA Staff: Dr. Catherine Horan, manager, Predoctoral Dental Education and Dr. Sherin Tooks, director, CODA. Guests: Ms. Tami J. Grzesikowski, American Dental Education Association and Dr. Eugene Anderson (via telephone), were present for the policy portion of the meeting. The meeting of the Review Committee on Predoctoral Dental Education was held at ADA Headquarters in Chicago on January 7, 2013.

Consideration of Guidelines for Reporting Enrollment Increase in Predoctoral Dental Education Programs: The Commission was informed that there has been a steady increase in requests received from predoctoral programs desiring to increase enrollment, appearing to evidence a lack of clarity as to the requirements of the approval process to increase enrollment. The Predoctoral Dental Education Review Committee believed the Commission should set forth guidelines to manage enrollment increases. More specifically, the Review Committee made two recommendations; one to accept the development of guidelines in concept and the second to direct that the Predoctoral Review Committee formulate enrollment increase guidelines for future review. It was noted that input would be sought from the predoctoral dental education communities of interest prior to final recommendations related to the enrollment increase guidelines.

Commission action: The Commission approves the development of enrollment increase guidelines for predoctoral dental education through a separate set of guidelines to complement the Commission's Policy on Reporting Program Changes in Accredited Programs. The Commission directs that the Predoctoral Review Committee's draft enrollment increase guidelines be reviewed at the Predoctoral Dental Education Review

Committee's next meeting in July 2013, with possible distribution of the document to the relevant communities of interest, as appropriate, and a report to the Commission at the Summer 2013 meeting.

Consideration of Revision of the Timing of the Initial Accreditation Application Requirement for Submission of Course Description and Syllabi: The Predoctoral Dental Education Review Committee considered the sequencing of curriculum materials as part of the initial application for accreditation. The Review Committee noted that not all faculty positions are filled at the time of application and the level of specificity of the curriculum could change. After review and discussion, the Predoctoral Dental Education Review Committee believed that no modification should be made regarding the application process for initial accreditation. The Review Committee believed that the curriculum must be outlined in the application to allow sufficient information for the site visit team to review the proposed program at the initial site visit.

Commission action: This report was informational in nature; current criterion (i.) for granting accreditation is retained and no action was taken.

Consideration of a Formal Needs Assessment and Feasibility Study for Predoctoral Dental Education Programs Applying for Initial Accreditation: The Predoctoral Dental Education Review Committee reviewed American Dental Association Board Resolution #B-51 requesting the Commission to consider a formal needs assessment and feasibility study for all predoctoral dental education programs applying for initial accreditation. The Predoctoral Dental Education Review Committee believed a formal needs assessment should be mandated for all disciplines, not just predoctoral programs. The Review Committee noted that some disciplines currently include this provision, which the Predoctoral Dental Education Review Committee modified and submitted for consideration by the Commission. The proposed feasibility study could include student interest, societal need, the availability and appropriate patient base, the projected student loan indebtedness, employment opportunities, and expected salaries of new graduates.

The Commission discussed how it would use the information provided in the needs assessment. The Commission believed that there are good reasons to ask about feasibility, though there would be a concern if the data were used to limit approval of programs based solely on the feasibility study. A concern was also raised related to benchmarks to evaluate the proposed criteria. It was believed there should be additional vetting of this requirement as the quality of the feasibility study that could be submitted to the Commission may vary greatly. It was noted that the feasibility study would not be used as a benchmark to make decisions to accredit or not accredit a program; rather, the study would be used as a tool to demonstrate the planning process used by the program in development. It was also discussed that an application would not be considered complete unless all this information was met; further, information about employability and salary data is difficult to retrieve. There were some concerns related to the prescriptive nature of the proposed feasibility criteria.

Commission action: The Commission approves a requirement for a formal needs assessment for all disciplines under the purview of the Commission. The Commission adopts in concept the proposed revision to the Criteria for Granting Accreditation, as presented in Appendix 6, and further directs that the proposed revision undergo legal

review, and possible distribution of the document to the relevant communities of interest before final adoption.

Report of the Review Committee on Postdoctoral General Dentistry Education: Committee chair: Dr. Judith Messura. Committee members: Dr. Michael Brennan, Dr. Sebastian Ciancio, Dr. John Coke, Dr. Kenneth Fedor, Ms. Marlene Futterman, Dr. Henry Gremillion, Dr. Agnes Lau, Dr. James Tom, and Dr. Stephen Young. Drs. Tim Halligan and Miriam Robbins were unable to attend the meeting. CODA Staff: Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education and Dr. Sherin Tooks, director, CODA. Guests: Dr. Evelyn Lucas-Perry, American Dental Education Association and Ms. Kristen Dee, American Association of Hospital Dentists. The meeting of the Postdoctoral General Dentistry Review Committee (PGD RC) was held January 10-11, 2013 in the ADA Headquarters Building.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology: At the January 2013 meeting, the Postdoctoral General Dentistry Education Review Committee considered the comments received on the proposed revisions to the dental anesthesiology standards. The Committee made minor editorial changes based on the comments received. The Review Committee recommended an implementation date of July 1, 2015 to allow programs with students/residents already enrolled in the two-year program to complete the two-year requirements as agreed upon.

Commission action: The Commission adopts the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology, found in Appendix 7, with an implementation date of July 1, 2015.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Education in General Dentistry and General Practice Residency Programs: In January 2013, the Postdoctoral General Dentistry Education Review Committee completed review and revision of the Advanced Education in General Dentistry (AEGD) and Advanced Education in General Practice Residency (GPR) Accreditation Standards, based on the Validity and Reliability Study of these standards. The Review Committee believed that the proposed revisions should be circulated for a period of one year for review and comment until December 1, 2013. In addition, the Review Committee recommended that an open hearing be held at the 2013 Annual Meeting of the American Dental Education Association, the 2013 Annual Meeting of the American Association of Hospital Dentists, and the 2013 Annual Meeting of the American Dental Association. Comments received would be reviewed at the Winter 2014 meetings of the Postdoctoral General Dentistry Education Review Committee and the Commission.

Commission action: The Commission directs that the proposed revisions to the AEGD and GPR Standards, found in Appendices 8 and 9, be circulated to the communities of interest for review and comment until December 1, 2013. In addition, the Commission directs that an open hearing be held at the 2013 Annual Meeting of the American Dental Education Association, the 2013 Annual Meeting of the American Association of Hospital Dentists, and the 2013 Annual Meeting of the American Dental Association. Comments received will be reviewed at the Winter 2014 meetings of the Postdoctoral General Dentistry Education Review Committee and the Commission.

Report on the Validity and Reliability Study for Advanced General Dentistry Education Programs in Oral Medicine: The Postdoctoral General Dentistry Education Review Committee reviewed the survey data and written comments gathered through the Validity and Reliability Study of the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine. Due to the amount of data received, the Committee determined further review should occur at the Summer 2013 meeting, with a report to the Commission at that same meeting. Additionally, the oral medicine member of the Review Committee was requested to gather information from the oral medicine program directors for further discussion in Summer 2013.

Commission action: The Commission directs that further study of the survey data on the Validity and Reliability Study of the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine continue at the Summer 2013 meetings of the Postdoctoral General Dentistry Education Review Committee, with a report to the Commission at the same meeting.

Consideration of Proposed Revisions to Selected Accreditation Standards for Advanced Education in General Dentistry, General Practice Residency and Advanced General Dentistry Education Programs in Orofacial Pain: The Review Committee on Postdoctoral General Dentistry Education presented a new business item related to the request from the Council on Dental Education and Licensure (CDEL) that the Committee consider adding an intent statement related to the teaching of sedation in the Accreditation Standards in Advanced Education in General Dentistry (AEGD), General Practice Residency (GPR) and Advanced General Dentistry Education Programs in Orofacial Pain (Orofacial Pain). The Committee believed that because there is no accreditation standard requiring training in sedation, the addition of an intent statement related to training in sedation is not appropriate at this time.

Commission action: The Commission directs that the proposed intent statement related to training in sedation not be added to the Accreditation Standards for Advanced Education Programs in General Dentistry, Advanced Education Programs in General Practice Residency, and Advanced General Dentistry Education Programs in Orofacial Pain.

Discussion of Nominees to the PGD RC: The Review Committee on Postdoctoral General Dentistry Education presented a new business item related to nominations for review committee members for advanced education in general dentistry and general practice residency positions on the Review Committee. The Committee noted that advanced education in general dentistry nominees are submitted by the American Dental Education Association and general practice residency nominees are submitted by the American Association of Hospital Dentists. It was noted that it has become increasingly difficult to get nominations from the communities of interest in a timely manner. It appeared that there was confusion in the language of the criteria for nominations noted in the Commission's Evaluation and Operational Policies and Procedures manual. The Committee believed that the discipline nominated by each organization should remain the same; however, it should be clarified that nominees should be current educators in

advanced education in general dentistry and general practice residency programs. The Committee believed the EOPP manual should be updated to clarify this expectation.

Commission action: The Commission directs that the Review Committee Criteria in the Evaluation and Operational Policies and Procedures manual be revised to reflect that nominees to the Postdoctoral General Dentistry Education Review Committee must be current general practice residency and advanced education in general dentistry educators.

Discussion of Appointment Process for PGD Chair/Commissioner: The Review Committee on Postdoctoral General Dentistry Education presented a new business item related to the appointment of the Chair/Commissioner of the Review Committee. The Committee noted that in the past, the Chair/Commissioner appointment has been a dual appointment by the American Dental Education Association and the American Association of Hospital Dentists. Since the Review Committee now includes Advanced General Dentistry in Dental Anesthesiology, Oral Medicine and Orofacial Pain, the question arose as to whether the sponsoring organizations of these disciplines should also be included in the process of naming the Review Committee Chair/Commissioner. The Review Committee believed the Commission should explore the feasibility of including these disciplines in the process of appointing the Postdoctoral General Dentistry Education Chair/Commissioner.

Commission action: The Commission directs that the Documentation and Policy Committee explore the feasibility of including the sponsoring organizations in Advanced General Dentistry Education Programs in Dental Anesthesiology, Oral Medicine, and Orofacial Pain in the process of appointing the Postdoctoral General Dentistry Education Chair/Commissioner and report back to the Commission at its Summer 2013 meeting.

Report of the Review Committee on Dental Assisting Education: Committee chair: Dr. Lorraine Gagliardi. Committee members: Ms. Ethel Campbell, Ms. Cynthia Cronick, Dr. Paula Friedman, Dr. Gene Kelber, Ms. Donna Lepkoski, Ms. Cathy Roberts, Ms. Deanna Stentiford. Dr. Fady Faddoul was unable to attend the meeting. Commission Staff: Dr. Sherin Tooks, director, Ms. Patrice Renfrow, interim manager, Dental Assisting Education, Ms. Alyson Ackerman, coordinator, Allied Program Reviews. Guests: Dr. Carolyn Breen, president, American Dental Assistants Association, Ms. Cynthia Durley, Executive Director, Dental Assisting National Board, Ms. Tami Grzesikowski, Senior Director for Allied Dental Education, Dr. Evelyn Lucas-Perry, Director of Public Policy Research, American Dental Education Association attended the policy portion of the meeting. The meeting of the Review Committee on Dental Assisting Education (DA RC) was held on January 9-10, 2013 at the ADA Headquarters Building.

Consideration of Proposed Revisions To The Accreditation Standards For Dental Assisting Education Programs: The Review Committee on Dental Assisting Education considered the comments received on the proposed revisions to the Accreditation Standards. It was noted that Open Hearings were conducted at the annual meetings of the American Dental Association (ADA), American Dental Education Association (ADEA), and the American Dental Assistants Association (ADAA). All comments received on the proposed revisions were reviewed, including 19 written comments, three oral comments at the ADEA Allied Director's meeting,

and two oral comments at the ADAA Annual Session. The Review Committee made slight modifications to intent statements and examples of evidence to enhance clarity.

Commission action: The Commission adopts the Accreditation Standards for Dental Assisting Education programs, found in Appendix 10, with an implementation date of January 1, 2014.

Consideration of Policy and Guidelines for Approved Enrollment in Dental Assisting Education Programs: The Review Committee on Dental Assisting Education presented a new business item related to establishing a policy on enrollment in dental assisting education programs. The Committee acknowledged increasing numbers of unreported enrollment increases and changes in enrollment patterns in dental assisting programs making it difficult to monitor program compliance with the Accreditation Standards. The DA RC determined that based on available resources, individual, approved baseline enrollment numbers would 1) better assist programs in their planning processes and resource allocations, 2) facilitate a higher level of program compliance with reporting enrollment increases and changes in enrollment patterns, 3) facilitate improved Commission purview over the quality of educational programs, and 4) maximize protection of students and the public.

Commission action: The Commission approves the development of a policy on approved enrollment, and guidelines for requesting enrollment increases in dental assisting education programs. The Commission directs the circulation of the draft enrollment policy and guidelines (Appendices 11 and 12) among the dental assisting education community for comment and appropriate revision at the Dental Assisting Review Committee's Summer 2013 meeting, with a report to the Commission at that time.

Consideration of Additional Educator: The Review Committee on Dental Assisting Education presented a new business item requesting that one (1) additional dental assisting educator be added to the Dental Assisting Review Committee. The Dental Assisting Review Committee (DA RC) is currently comprised of nine (9) members, consisting of two (2) general dentist educators, one (1) public member, one (1) dental assisting Commissioner appointed by the American Dental Assistants Association, one (1) dental assisting practitioner, and four (4) dental assisting educators. The Review Committee noted committee workload has increased proportionally with the increased number of accredited dental assisting programs. The Committee believed that an additional member on the Review Committee would provide better distribution of reports and workload for the Committee.

Commission action: The Commission directs that one (1) additional dental assisting educator position be added to the Dental Assisting Review Committee to provide for better distribution of the increased workload.

Consideration Of Proposed Addition To "Intent To Withdraw" Definition: The Review Committee on Dental Assisting Education presented a new business item related to modification of the "Intent to Withdraw" definition for programs with a number of non-compliance issues. It was proposed by the Review Committee that language be added to the "Intent to Withdraw"

status definition to disallow programs from enrolling students while holding this status. The Dental Assisting Review Committee proposed a final sentence be added to the “Intent to Withdraw” definition, which would state: “The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.”

The Commission discussed that each Review Committee would have the ability to recommend the non-enrollment requirement for programs recommended to be placed on “intent to withdraw.” Of concern to the Commission was the criteria that would be used to make this determination and recommendation. Examples for use of this policy included programs with non-compliance related to student and patient safety issues, non-compliance with OSHA regulations deficient, curriculum in key subject areas, and insufficient numbers or qualifications of faculty, for example. It was noted the seriousness of the deficiency would dictate the Commission’s action to direct non-enrollment. There were also concerns about the impact of mandated non-enrollment on the financial viability of a program as well as the mechanics for enforcement of the proposed policy. Although it was noted that there would be flexibility in implementation of this policy, several Commissioners identified the need for consistent criteria to ensure equitable enforcement. Since the proposed policy has ramifications across every discipline, it was believed that the policy should be reviewed by Documentation and Policy Committee and all Review Committees should have input.

Commission action: The Commission directs that the issue of imposed non-enrollment when a program is placed on “intent to withdraw” be forwarded to the Standing Committee on Documentation and Policy Review for consideration, with a report to the Commission at the Summer 2013 meeting.

Consideration of Proposed Changes to Dental Assistant Consultant Criteria: The Review Committee on Dental Assisting Education presented a new business item related to the Dental Assistant Consultant Criteria. It was believed the modifications to the criteria would ensure appropriate program reviews by knowledgeable, qualified consultants. Additions are underlined, deletions are in strikethrough.

The following are criteria for selection of dental assisting consultants/site visitors:

- Certification by the Dental Assisting National Board as a dental assistant;
- Full-time or part-time appointment with an accredited dental assisting program;
- Equivalent of three (3) years full-time dental assisting ~~education~~ teaching experience;
- Baccalaureate or higher degree ~~previous service as a Commission-appointed consultant/site visitor;~~ and
- Demonstrated knowledge of accreditation
- ~~Completion of course work~~ Current background in educational methodology.

Commission action: The Commission directs revision to the Dental Assistant Consultant Criteria as noted above, with immediate implementation.

Report of the Review Committee on Dental Hygiene Education: Committee chair: Ms. Kathi Shepherd. Committee members: Dr. Lynn Austin, Dr. Carolyn Breen, Ms. Barbara Dixon, Dr.

Susan Duley, Dr. Ellen Grimes, Ms. Karen Haldemann, Dr. James Jones, Dr. Melanie Peterson, Mr. Alan Rogalski, Dr. Perry Tuneberg. Commission Staff: Dr. Sherin Tooks, director, Ms. Patrice Renfrow, manager, Ms. Alyson Ackerman, coordinator. Guests: Ms. Cathy Elliott and Ms. Pamela Steinbach, American Dental Hygienists' Association, and Ms. Tami Grzesikowski, senior director, Allied Dental Education, American Dental Education Association attended the policy portion of the meeting. The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on January 8-9, 2013 at the ADA Headquarters Building.

Consideration of Policy and Guidelines for Approved Enrollment in Dental Hygiene Education Programs: The Review Committee on Dental Hygiene Education presented a new business item related to establishing a policy on enrollment in dental hygiene education programs. The Committee acknowledged increasing numbers of unreported enrollment increases and changes in enrollment patterns in existing dental hygiene programs making it difficult to monitor program compliance with the Accreditation Standards. The DH RC determined that based on available resources, individual, approved baseline enrollment numbers would 1) better assist programs in their planning processes and resource allocations, 2) facilitate a higher level of program compliance with reporting enrollment increases and changes in enrollment patterns, 3) facilitate improved Commission purview over the quality of educational programs, and 4) maximize protection of students and the public.

Commission action: The Commission approves the development of a policy on approved enrollment, and guidelines for requesting enrollment increases in dental hygiene education programs. The Commission directs the circulation of the draft enrollment policy and guidelines (Appendices 13 and 14) among the dental hygiene education community for comment and appropriate revision at the Dental Hygiene Review Committee's Summer 2013 meeting, with a report to the Commission at that time.

Consideration of Accreditation for Master's Degree Level Dental Hygiene Programs: The Review Committee on Dental Hygiene Education presented a new business item related to the feasibility of accrediting dental hygiene master's level degree programs to raise the standard of education for dental hygiene. It was noted there are currently 16 dental hygiene programs that award master's degrees in dental hygiene, and four (4) programs that award master's degrees in related health professions. The Review Committee identified common areas of focus such as research and education for these types of programs. The Review committee recognized that the American Dental Education Association (ADEA) and American Dental Hygiene Association (ADHA) have developed educational competencies for master's level programs. The Committee believed the Commission should direct CODA staff to solicit and compile information from these organizations for consideration at the July 2013 meeting of the Review Committee. In particular, the Review Committee is interested in curriculum data, enrollment rates, graduation rates and employment information. The collected information could provide guidance in determining the feasibility for accrediting master's degree programs and for identifying commonalities across existing programs for future standards development.

Commission action: The Commission directs Commission staff to solicit information relative to dental hygiene master's degree programs from the dental hygiene education

communities of interest for consideration of developing accreditation standards for master's degree dental hygiene programs. The Dental Hygiene Review Committee is directed to review the information during the Summer 2013 meeting, with a report to the Commission at that time.

Report of the Review Committee on Dental Public Health Education: Committee chair: Dr. Ana Karina Mascarenhas. Committee members: Dr. David Cappelli, Dr. Raymond Kuthy, Dr. James Leonard, and Dr. Lauren Patton. Guests: Dr. Evelyn Lucas-Perry, director, Public Policy Research, American Dental Education Association. Staff members: Dr. Sherin Took, director, CODA and Ms. Cathy Baumann, manager, Advanced Specialty Education, CODA. The meeting of the Review Committee on Dental Public Health Education was held at the ADA Headquarters Building on Friday, January 11, 2013.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health: The Dental Public Health Review Committee considered all of the comments received related to the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health, which had been circulated to the communities of interest during the prior year. The Committee reviewed comments from the American Dental Association's Council on Dental Education and Licensure (CDEL), suggesting the elimination of the nondiscrimination language in the Preface. The CDEL believed the profession has a long-standing commitment to the concept and practice of nondiscrimination and the common good and questioned the necessity for the Preface statement. The Review Committee disagreed with the suggestion from CDEL, noting that it is important to reiterate the expectation of non-discrimination in the Preface of the Standards. Additionally, based on feedback received, the Review Committee modified Standard 4-8 with the addition of "scholarly experience" and a supporting intent statement, and Standard 6-3 similarly, with the addition that research should demonstrate dental public health principles and a supporting intent. The modifications were made based on a discussion that scientific-based research methodology is sometimes difficult to complete within one year programs. The Committee believed that the modifications were minor; therefore, a recirculation of the document was not necessary. The Committee recommended adoption of the proposed standards revisions with an implementation date of January 1, 2014.

Commission action: The Commission adopts the proposed Accreditation Standards for Advanced Specialty Education Programs in Dental Public Health (Appendix 15) with an implementation date of January 1, 2014.

Report of the Review Committee on Endodontics Education: Committee chair: Dr. William Schindler. Committee members: Drs. Jane Casada, John Hatton, M. Lamar Hicks, and John Ludington, and Ms. Diane Neefe. Guest: Ms. Beverly Albert, assistant executive director, Education, American Association of Endodontists (AAE). Staff: Ms. Jennifer E. Snow, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA); and Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA. The meeting of the Review Committee on Endodontics Education was held at the ADA Headquarters Building on January 7, 2013.

Consideration of Revised Accreditation Standards for Advanced Specialty Education Programs in Endodontics: The Endodontics Review Committee considered all of the comments received related to the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Endodontics, which had been circulated to the communities of interest during the prior year. The Committee noted that in 2011, the American Dental Association's Council on Dental Education and Licensure (CDEL) requested that a standard related to sedation training be added to the Endodontics Standards. At that time, the Review Committee believed adding a standard was not warranted. It was noted that CDEL submitted a second more recent comment requesting that an intent statement referencing the ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students be added to Endodontics Standard 4. Following discussion, the Review Committee concluded that as sedation training is elective for Endodontics programs, the inclusion of a "must" statement or intent statement on sedation training in Standard 4 is not warranted. Additionally, contrary to CDEL's suggestion, the Committee believed the language regarding nondiscrimination in the Preface should be retained but wanted CODA legal counsel's review of the language regarding its appropriateness in the Standards. The Committee recommended that legal counsel review the proposed language regarding nondiscrimination and that the proposed revised Standards be implemented on January 1, 2014.

Commission action: The Commission adopts the proposed Accreditation Standards for Advanced Specialty Education Programs in Endodontics (Appendix 16) with an implementation date of January 1, 2014, with the qualification that the proposed language on nondiscrimination be reviewed by CODA legal counsel.

Report of the Review Committee on Oral and Maxillofacial Pathology Education:

Committee Chair: Dr. Brad Neville. **Committee Members:** Dr. Alfredo Aguirre, Ms. Kristi Burr, Dr. Frank Kratochvil and Dr. Leslie Roeder. **Guests:** Dr. Paul Freedman, president, American Academy of Oral and Maxillofacial Pathology (AAOMP) and Ms. Janet Svazas, executive director, AAOMP. **Staff Members:** Dr. Sherin Tooks, director, CODA and Ms. Cathy Baumann, manager, Advanced Specialty Education, CODA. The meeting of the Review Committee on Oral and Maxillofacial Pathology Education was held via telephone conference call on Thursday, January 10, 2013.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology: The Oral and Maxillofacial Pathology Review Committee considered all of the comments received related to the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology, which had been circulated to the communities of interest during the prior year. The Committee also reviewed the comments received from the American Dental Association's Council on Dental Education and Licensure (CDEL), noting that the language in the Preface should be retained. The Committee noted no additional comments were made relative to the proposed revised Accreditation Standards. Therefore, the Committee recommended adoption of the revised standards with an implementation date of January 1, 2014.

Commission action: The Commission adopts the proposed Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology (Appendix 17) with an implementation date of January 1, 2014.

Report of the Review Committee on Oral and Maxillofacial Surgery Education: Committee chair: Dr. Eric Carlson. Committee members: Drs. Jeffery Bennett and Mary Ellen Cuccaro, Mr. Robert Giasolli (*in absentia*), and Drs. Alan Herford and Paul S. Tiwana. Guests: Drs. Miro A. Pavelka, William Nelson, Brett Ferguson, Eric Geist, Arthur C. Jee, Ms. Randi V. Andresen, and Ms. Mary E. Allaire-Schnitzer, American Association of Oral and Maxillofacial Surgeons (AAOMS); and Dr. Wayne Atebara, Ms. Cheryl Mounts, and Ms. Erin Elizabeth Killeen; American Board of Oral and Maxillofacial Surgery (ABOMS). Staff: Ms. Jennifer E. Snow, manager, Advanced Specialty Education; Dr. Catherine Horan, manager, Predoctoral Dental Education; and Dr. Sherin Tooks, Director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education was held at the ADA Headquarters Building on January 7, 2013.

Consideration of Standardized Nomenclature for Fellowship Programs in OMS: The Review Committee on Oral and Maxillofacial Surgery Education considered a proposal to standardize nomenclature for OMS fellowship programs. It was noted that 10 fellowships are currently accredited by the Commission; six (6) in oncologic surgery, two (2) in craniofacial surgery, and two (2) in cosmetic surgery. Programs have different focus, in particular in the oncological surgery area. Based on discussion, the Committee concluded that while standardized nomenclature could have benefits, it would not want to force a designation that is inappropriate for a program. In addition, the Review Committee noted that multiple standards on multiple platforms could become unwieldy. Further, the Committee noted that microvascular standards do not currently exist in the Oral and Maxillofacial Surgery Fellowship Standards; in light of what is currently taught in some accredited fellowships, a new section or set of standards could be developed. Accordingly, the Committee recommended that this issue be forwarded to the American Association of Oral and Maxillofacial Surgeons (AAOMS) for their review.

Commission action: The Commission directs that standardized nomenclature not be applied to oral and maxillofacial surgery fellowships at this time and that this issue be forwarded to the American Association of Oral and Maxillofacial Surgery.

Consideration of Revised Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery: The Review Committee on Oral and Maxillofacial Surgery Education considered proposed revised Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery.

Following lengthy discussion related to duty hours, the Committee concluded while there is an existing Commission policy regarding resident duty hour restrictions, the inclusion of language in the Standards may benefit oral and maxillofacial surgery education programs; however, further study and review is in order.

In response to comments from the American Association of Oral and Maxillofacial Surgeons (AAOMS) regarding Standard 1, hospitals that sponsor advanced specialty education programs

must be accredited by an accreditation organization recognized by the Centers of Medicaid and Medicare Services (CMS). The Committee noted that the current language is boilerplate, vetted through the Commission, and should be retained as currently noted in the Standards.

The Committee supported the proposed definition of “month” as a period of no less than four weeks, as well as the simplification of defining “Board Certified” to “as defined by the American Board of Oral and Maxillofacial Surgery.” Upon review of proposed revision to Standard 2-1.3, the RC supported additions related to documentation of annual teaching staff evaluations by residents.

The Review Committee recommended the proposed revision to Standard 4-3, with modification as follows: When assigned to a required rotation on another service (general surgery, medicine, anesthesiology, and two months of additional off-service elective), the oral and maxillofacial surgery resident must devote full time to the service and participate fully in all the teaching activities of the service, including regular call responsibilities. Beyond the required 13 month rotations, residents may take call on the oral and maxillofacial surgery service when on additional rotations (oral pathology, etc.).

Members of the Review Committee discussed proposed revisions to Standard 4-8, particularly the proposed removal of the annual 3,000 oral and maxillofacial surgery outpatient visit requirement. The Committee concluded that it did not have sufficient rationale to remove this requirement at this time.

The Committee also concluded that the proposed revision to Standard 4-9, which clarifies that outpatient surgery experience must ensure training to competence in general anesthesia/deep sedation, is appropriate. It also approved the deletion of the statement “the clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of general anesthesia.”

Commission action: The Commission directs that the revised Oral and Maxillofacial Surgery Standards 2-1.3, 4-3 and 4-9 and proposed definitions of “month” and “Board Certified” (Appendix 18) be circulated to the communities of interest for review and comment, with Open Hearings to be conducted at the annual meetings of the American Dental Education Association (ADEA), AAOMS, and the American Dental Association (ADA) with comments reviewed at the Commission’s Winter 2014 meetings.

Report of the Review Committee on Orthodontics and Dentofacial Orthopedics: Committee chair: Dr. Thomas Cangialosi. Committee members: Drs. Eladio DeLeon, H. Garland Hershey, James Kiser, Leslie Will, and Ms. Bonnie Konowitch. Guest: Ms. Anita B. Craig; American Association of Orthodontists (AAO). Staff: Ms. Jennifer E. Snow, manager, Advanced Specialty Education and Dr. Catherine Horan, manager, Predoctoral Dental Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education was held at the ADA Headquarters Building on January 11, 2013.

Consideration of Revised Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics: The Orthodontics and Dentofacial Orthopedics Review Committee considered all of the comments received related to the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics that were circulated to the communities of interest during the prior year. In response to comments from the American Association of Orthodontists regarding the Policy on Program Changes, the Review Committee concluded that reporting changes in program director is critical and this line should be retained; however, the Committee agreed with the removal of lines 127 to 130 in the Policy on Program Changes. It was noted that the Policy on Program Change was also reviewed under matters affecting more than one committee. The Committee also noted that comments from the American Dental Association's Council on Dental Education and Licensure related to Standard 5 or the specialty standards were addressed in matters related to more than one committee. The Review Committee recommended adoption of the proposed revised standards with an implementation date of January 1, 2014.

Commission action: The Commission adopts the proposed Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics (Appendix 19) with an implementation date of January 1, 2014.

Report of the Review Committee on Periodontics Education: Committee chair: Dr. Henry Greenwell. Committee members: Drs. David Kerns, Michael Mills, David Paquette, and Diane Talentowski (via telephone conference call). There was no Public Member appointed to this Committee at the time of this meeting. Guests: Mr. John J. Forbes and Ms. Cheryl Parker; American Academy of Periodontology (AAP) and Dr. Kent Palcanis; American Board of Periodontology (ABP) (via telephone conference call). Staff: Ms. Jennifer E. Snow, manager, Advanced Specialty Education; Dr. Catherine Horan, manager, Predoctoral Dental Education; and Dr. Sherin Tooks, Director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Periodontics Education was held at the ADA Headquarters Building on January 10, 2013.

Consideration of Revised Accreditation Standards for Advanced Specialty Education Programs in Periodontics: The Review Committee on Periodontics Education considered the proposed revised Accreditation Standards for Advanced Specialty Education Programs in Periodontics, which were circulated to the communities of interest over the last year. The Committee also considered correspondence received from the Academy of General Dentistry (AGD) Dental Practice Council, American College of Prosthodontists (ACP), American Dental Association Council on Dental Education and Licensure (CDEL), American Society of Dentist Anesthesiologists (ASDA), and members of the American Board of Periodontology (ABP).

In response to the comment from the ACP, the Review Committee believed that it has already narrowed down clinical training to the level of competency to provisionalization alone. The Committee viewed provisionalization as temporary and reversible, and done for the convenience of the patient. The Review Committee also believed that provisionalization is equivalent to temporization or interim restoration. Further, the Review Committee believed that the proposed intent statement for Standard 4-10.2 "To provide clinical training that incorporates a collaborative team approach to dental implant therapy, enhances soft tissue esthetics and

facilitates immediate or early loading protocols. This treatment should be provided in consultation with the individuals who will assume responsibility for completion of the restorative therapy” is in accordance with the ACP’s noted support for the opportunity for periodontics students/residents to have clinical experience with provisionalization at a collaborative level.

Following discussion, the Review Committee disagreed with the CDEL’s suggestion to eliminate the language related to nondiscrimination from the Preface. The Committee also noted the need to correct the numbering for Standard 4-10.1 and 4-10.2 and remove a superfluous footnote from page 28 of the proposed revision document. The Committee believed the modifications were minor and did not require recirculation to the communities of interest. Following modification of the document, the Review Committee recommended that the proposed Accreditation Standards for Advanced Specialty Education Programs in Periodontics be adopted with implementation on January 1, 2014.

At the Commission meeting, the Commissioners discussed sedation training for periodontics students/residents with regard to advanced airway management related to moderate and deep sedation. It was noted that each program would be required to comply with the American Dental Association Anesthesia Guidelines for sedation. It was suggested that hospital rotations could provide an educationally sound method of training to allow students/residents to gain this experience in a non-urgent setting.

The Commission also discussed the inclusion of provisionalization in the Periodontics Accreditation Standards, including two differing views on this topic. One view was that comprehensive patient care is a role for general dentists and prosthodontists, noting that the current proposed standards do not recognize that role in meeting the needs of the patient and that the periodontics graduate could not achieve competence in this area within a three-year program. The alternate view was that general dentist is trained to competence to perform provisionalization procedures; that a periodontist has advanced training in occlusion, soft tissue, and wound healing; and that periodontists work cooperatively with the general dentists. The Commission also discussed that competency at the predoctoral level, periodontics level, and prosthodontics level is different. The term competency must be used in the appropriate context, though the same standard of care is expected for all dental procedures.

Commission action: The Commission adopts the proposed Accreditation Standards for Advanced Specialty Education Programs in Periodontics (Appendix 20) with an implementation date of January 1, 2014.

Miscellaneous Affairs- Consideration of Matters Relating to More than One Review Committee

Reminder of Review Committee and Commission Meeting Dates: The Commission reviewed the meeting dates of the 2013 and 2014 meetings. One Commissioner noted that the sixth largest dental meeting in the country meets in January/February and suggested that the Commission consider adjusting its meeting dates to accommodate this in the future.

Commission action: The Commission directs that the future Commission meeting dates be reviewed by Commission staff with regard to other regional dental meetings.

Consideration of Resolutions Adopted by the ADA House of Delegates Related to the Commission on Dental Accreditation and Dental Education: The Commission reviewed the American Dental Association's (ADA) House of Delegates resolutions related to education and the Commission. Most resolutions were related to the Council on Dental Education and Licensure (CDEL). Of interest was resolution #16H-2012, in which dental anesthesiology was not approved as a specialty by the House of Delegates, even though CDEL recommended that this discipline be recognized as a specialty. It was noted that the Dental Public Health Review Committee made a comment on resolution #17H-2012 related to the change of language for specialty recognition. The Dental Public Health Review Committee noted a diverse group of members on the Review Committee, which has provided diverse contribution to the group's discussion. Resolution #161H-2012 called for the ADA Board of Trustees and CDEL to be more proactive in seeking public members for nomination to the Commission. Resolution #164H-2012 was directly related to the Commission in that the ADA encouraged the Commission to examine accreditation criteria for faculty supervision and site coordinators of postdoctoral dentistry programs that are in locations remote from the sponsoring institution and to report back to the House in 2013. Resolution #164H-2012 is addressed under the report of the Standing Committee on Documentation and Policy Review.

Commission action: This report was informational in nature and no action was taken.

The following reports were individually considered by the CODA Review Committees. The Standing Committee on Documentation and Policy Review considered the recommendations of the Review Committees, with recommendations noted elsewhere in this report.

- *Proposed Revision to Standard 5, Eligibility and Selection of the Common Standards for the Dental Specialty Education Programs*
- *Consideration of a Common Accreditation Standard for Faculty Training in Educational Methodology*
- *Consideration of Revisions to the Policy on Accreditation of Off-Campus Sites*
- *Consideration of Guidelines for Reporting Off-Campus Sites*
- *Consideration of Qualifications and Duties of Off-Campus Site Coordinators*
- *Consideration of Revisions to the Policy on Program Changes*

Commission action: The Commission actions related to the above reports are noted below under the Report of the Standing Committee on Documentation and Policy Review.

Miscellaneous Affairs- Matters for the Commission as a Whole

Report of the Standing Committee on Quality Assurance and Strategic Planning: The Standing Committee on Quality Assurance and Strategic Planning (QASP) met via conference call on January 25, 2013. The following members were present: Dr. Michael Biermann, chair; Dr. Thomas Cangialosi; Ms. Elizabeth Curran; Dr. Milton Glicksman; Dr. Brad Neville; and Dr.

James Sherrard; and Dr. Judith Messura, Commission vice-chair, *ex officio*. Dr. John Williams and Dr. Kent Knoernschild, Commission chair, *ex officio*, were unable to attend.

Consideration of an additional Commissioner for DH and one for DA: On May 25, 2012, the Commission received correspondence from the American Dental Hygienists' Association (ADHA) requesting an additional dental hygiene Commissioner to the Board of Commissioners. At its Summer 2012 meeting, the Commission referred the request to the its Standing Committee on Quality Assurance and Strategic Planning for evaluation, in accordance with the Committee's charge to monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues. The Commission further directed that the Committee also consider additional allied dental representation of dental assisting on the Commission. The Commission directed that results of this consideration be available at the February 2013 Commission Meeting.

At its January 25, 2013 meeting, the Standing Committee on Quality Assurance and Strategic Planning reviewed the ADHA request and the subsequent action by the Commission from Summer 2012. The Standing Committee discussed that changes or revisions and amendments to membership on the Board of Commissioners would incur changes to the Commission's *Rules*, which would mean approval by the American Dental Association's (ADA) House of Delegates by a two-thirds majority vote, either through or in cooperation with the ADA's Council on Dental Education and Licensure. There would also be some financial implications.

The Standing Committee discussed at length the possibility of ADEA, which represents dental education and allied dental education, broadening its representation of four (4) Commissioners currently representing the dental profession, to have one of these 4 Commissioners represent the allied dental education profession. The Committee noted that, if ADEA were to request a modification of their representation, there would also need to be changes to the Commission's *Rules*.

The Committee further noted that the Commission had recently approved two (2) additional content experts for the DH RC: one (1) a dental hygienist educator and the other a dental hygiene practitioner. This was done to address workload issues, as the review committees are the groups affected directly by workload and serve in an advisory capacity to the Board of Commissioners. The additions bring the DH RC membership to 11.

The Committee believed that this situation is comparable to the postdoctoral general dentistry education review committee where there is almost three hundred (297) programs versus the 335 CODA-accredited dental hygiene or 281 CODA-accredited dental assisting programs. There is one Commissioner for postdoctoral general dentistry, with 13 review committee members. The Commission does not base the composition of membership on the Commission by the number of accredited programs.

The Standing Committee also noted that the dental hygiene and dental assisting Commissioners have the same opportunity to provide input to the Commission as any other member of the Commission. There have been no instances of discrimination in the accreditation process of the

dental hygiene and dental assisting programs. The Committee therefore concluded that the allied dental disciplines were well represented on the Commission.

During the Commission meeting, a Commissioner asked what decision-making process was used to determine which Standing Committee would review this issue. In response, it was noted that the Commission directed this issue to the Quality Assurance and Strategic Planning (QASP) as the appropriate Standing Committee to review this issue and that allied representation was present on the QASP. An additional question was posed related to the ADEA membership eligibility and whether an individual with allied experience who was a dentist could be appointed through this position. One Commissioner suggested that ADEA could be encouraged by the Commission to nominate individuals who have allied experience. Another Commissioner indicated that the QASP tried to examine other methods by which allied representation on the Commission could occur, and this effort by the QASP resulted in the discussion about the American Dental Education Association (ADEA), though it was identified that the CODA could not ask ADEA to change its rules. It was noted that the current ADEA members on the Commission believed they represented all of dental education, including allied dental education.

Commission action: The Commission directs that no additional allied education Commissioners be added to the 30-member structure of the Commission on Dental Accreditation. The Commission further directs that the American Dental Hygienists' Association be notified of this action.

Review of the CODA Strategic Plan: At its Summer 2012 meeting, the Commission approved a draft strategic plan, to be completed by 2016.

The Committee reviewed Goal 1, Objective 1, regarding a draft Memorandum of Understanding (MOU) between the Commission and the ADA, outlining agreed upon duties and expectations of each party. The Standing Committee on Quality Assurance and Strategic Planning (QASP) reviewed and discussed what constitutes a MOU, including topics to be considered.

The Committee believed that in order to have the information to guide them in the development of the MOU, additional information must be gathered at this time. This information should include a white paper, describing the rationale for transitioning to an operational structure where there will be an independent authority to meet the Commission's mission (Goal #1); the results of a comparative analysis, to benchmark resources to meet its mission, financial, operating ratios, etc. (Goal #2); and the results of a technology needs assessment (Goal #2).

Additionally, the Committee asked the CODA staff to gather information on MOUs used by other accrediting organizations with a similar relationship to their primary sponsoring organization. The QASP will review all this information and begin to work on the white paper, comparative analysis and technology needs assessment, with a report to CODA in Summer 2013.

Commission action: This report is informational in nature and no action was taken.

Report of the Standing Committee on Finance: The members the Finance Committee, Dr. Kent Knoernschild (chair), Ms. Kristi Burr, Dr. Thomas Cangialosi, Dr. Karen West, and Dr.

Perry Tuneberg met via teleconference on January 23, 2013 to discuss the Commission's current and future budgets. Dr. Lori Gagliardi was unable to attend. Dr. Judith Messura, (vice-chair, CODA) attended as an *ex-officio* member. The Committee reviewed the materials developed by staff on the Commission's 2014 Proposed Operating Budget. The Committee noted that in regard to expenses:

- There is a slight increase in the number of programs from 2011 to 2012, resulting in slightly higher revenue in accreditation fees.
- The number of site visits to be conducted in 2014 is expected to be less than 2013. There is one less comprehensive dental school site-visits in 2014 as compared to 2013. There are a comparable number of site visits in 2014 to 2013 for advanced education programs, but approximately 25 fewer allied education program site visits in 2014 compared to 2013. The Committee noted that site visit schedules are fluid with regard to new programs and changes in accreditation. The site visit schedule may be modified in the coming year.
- It is anticipated that direct and indirect expenses will be slightly higher in 2014 compared to 2013, with increases due to inflation. There will be a slight increase in 2014 meeting expenses, including Review Committee meetings; Standing Committee meetings; and staff attendance at the ADEA Annual Session.

Program Documentation Review Fee: The Committee discussed the amount of time and effort that CODA staff expends in review of program documentation as a result of the federal regulations on Patient Protected Health Information ("PHI") and state regulations on Personally Identifiable Information ("PII"). CODA staff informed the Committee that this topic was a policy report for the upcoming CODA meeting in Winter 2013. The Finance Committee believed that in accord with any future directive of the Commission, CODA should review this topic with the expectation that a fee be established based on staff time spent on review of program documentation and follow-up when corrective action is needed. The Finance Committee believed that a flat rate fee should be added to all programs' annual fees for CODA review of documentation as a business practice. Additionally, the Committee believed a supplemental penalty fee should be established when CODA staff must follow up with programs that do not adhere to CODA policy on submission of information. This fee could be established as a half-day processing fee with a specific monetary value to be determined at a later time. If directed by CODA, the Finance Committee will review this matter at a later date.

Commission action: The Commission's action related to this topic is noted elsewhere in the Minutes.

Annual Fees and Application Fees: The Finance Committee reviewed the actual budget amounts for 2012 through 2013, as well as the proposed budget for 2014, noting increases in costs. The Committee reviewed the annual fees, which increased by 8% from 2012 to 2013. The Committee also noted that in 2010, the American Dental Association House of Delegates endorsed a 50-50% split with the Commission expenses, achieved through a 7.2% increase in annual fees per year for six years.

The Finance Committee reviewed the history of the annual fee structure, noting that the intent of the annual fee was to cover site visit expenses every seven years (every five years for oral and maxillofacial surgery). The yearly increase in annual fees by 4% has not supported the increased cost of accreditation site visits and ongoing staffing needs to support the day-to-day accreditation program as it was previously intended. Therefore, the Finance Committee believed that the 2014 Annual Fees should be increased to \$6000 (16% increase) for predoctoral programs, \$1500 (50% increase) for allied programs and oral and maxillofacial surgery programs, and \$1000 (75% increase) for all other advanced education programs. Additionally, the Finance Committee believed that in the year a program is due for a regular accreditation site visit, the annual fee should be doubled. The Committee noted that these fees are well below those of most accrediting agencies. In further review of fees, the Finance Committee believed that the application fee does not adequately account for the amount of time and effort required to review an application and conduct a site visit to a program. Therefore, the Finance Committee proposed an increase in the application fee from \$10,000 in 2013 to \$30,000 for predoctoral programs and \$15,000 for all other dental programs in 2014. The Finance Committee believed that these fees are similar to those required of other accrediting agencies.

At the Commission meeting, the Commissioners discussed the proposed increase in the annual fee and the establishment of the new fee in the year during which a site visit will occur. It was identified that the increase in fees may cause some allied dental education programs to discontinue accreditation with the Commission; however, most Commissioners believed the fee increase was warranted. It was suggested that the dental laboratory technology annual fee increase could cause great stress on the remaining programs currently accredited in this discipline. With regard to doubling the annual fee in the year of a site visit, the Commission discussed the impact on programs, noting that in one seven year period the annual fee would be doubled only once.

The Commission also discussed the increase in the application fee, noting that the increase in application fees was in line with the fees of other accrediting agencies. It was also noted that the application process requires a considerable amount of staff and volunteer time and resources, with multiple site visits occurring during the process. Following discussion, it was believed that the increase in application fees for predoctoral programs is a very small portion of the total cost to initiate a program and reflects a reasonable increase.

The Commission identified the need for a strategic approach to the budget process for the future development of the Commission and to ensure fiscal responsibility. Several Commissioners believed that either fees must be increased or spending must be reduced. It was identified that a broader conversation about where the Commission is heading is necessary.

Commission action: The Commission directs that the 2014 Annual Fees be increased to \$6,000 for predoctoral programs; \$1,500 for dental assisting, dental hygiene and oral and maxillofacial surgery programs; \$1,050 for dental laboratory technology programs; and \$1,000 for all advanced education programs except oral and maxillofacial surgery. The Commission directs a policy be implemented in 2014 to double annual fees in the year in which a program's regular accreditation site visit is scheduled. The Commission directs

an increase in application fees for 2014 to \$50,000 for predoctoral programs and \$15,000 for all other programs.

Special Focused Site Visit Administrative Fee: The Finance Committee discussed the Winter 2012 CODA action that initiated an administrative fee of \$1,250 to be charged to programs that undergo a special-focused site visit. Several Finance Committee members noted special focused site visits occur as a result of CODA directive for a special review of a program off-cycle and could occur as a result of a program change, complaint, establishment of off-campus site, or non-compliance with the standards, for example. The Finance Committee believed that CODA staff spend a significant amount of time coordinating focused site visits, and that volunteers and Commissioners spend substantial amounts of time reviewing the materials for these visits. For these reasons, the Commission believed that an increase in the administrative fee from \$1,250 to \$2,100, with immediate implementation is warranted.

The Commission discussed a proposed increase in the administrative fee for focused site visits, beyond what was proposed by the Standing Committee on Finance, based on the substantial resources needed to conduct such visits. The Commission's discussion of the administrative fee related to the impact that focused site visits have on staff and volunteer resources and time. It was believed the increased administrative fee should be imposed immediately.

Commission action: The Commission directs an increase in the administrative fee for special focused site visits to \$4000, effective immediately.

Commissioner Seat Fee: The Finance Committee discussed the history of CODA funding, noting that the American Dental Association has provided continuous financial support of CODA activities with 65% financial support in 1995 less than 50% financial support in 2011. Although the ADA provides financial support to CODA, it was noted that the Commission has a robust conflict of interest policy that prevents the ADA from undue influence on accreditation decisions and accreditation policies.

The members of the Finance Committee believed the Commission should consider implementing a "Seat Fee" for each Commission seat on the 30-member Commission. Each seat, with the exception of the four CODA public members, could be assessed a fee payable by the sponsoring organization from which the Commissioner is appointed. For example, the Prosthodontic Commissioner's seat fee would be paid by the American College of Prosthodontists. The Committee believed that further study of a seat fee is warranted, with information obtained from other accrediting agencies related to policies and procedures. The Committee will review this concept at its next meeting.

Commission action: The Commission directs CODA staff to gather information from other accrediting agencies related to establishment of a "Seat Fee" for future consideration by the Commission.

Philanthropic Initiatives: It was noted by one Finance Committee member that other funding and revenue opportunities could be enhanced through the hiring of a staff devoted to

philanthropic initiatives, including the use of endowments and grants to support the accreditation process. The Commission took no action on this topic.

Report of the Standing Committee on Documentation and Policy Review: The Standing Committee on Documentation and Policy Review met via conference call on January 15 and 22 and in person on January 30, 2013. Committee members were: Dr. Kevin Donly, chair; Dr. William Dodge, Dr. Henry Greenwell, Dr. William Leffler, Ms. Kathi Shepherd, Dr. James Sherrard, and Dr. Perry Tuneberg. **Commissioners:** Dr. Kent Knoernschild, chair, Commission on Dental Accreditation, *ex-officio*; Dr. Judith Messura, vice-chair, *ex-officio*. **Trustee Liaison:** Dr. Dennis Engel, 9th District, ADA Trustee, *ex-officio*.

Request to Consider Policy Changes on Program Sponsorship: At its Summer 2012 meeting, the Commission considered a request for clarification and possible revision of the Commission's policy on institutional sponsorship from a director of an advanced education in general dentistry program. The Commission noted that the request appears to be made in light of changes in policy and procedure for federal funding available to graduate dental education programs. Government funding has become available through the Health Resources and Services Administration (HRSA) and the Affordable Care Act in support of pediatric dentistry and postdoctoral general dentistry residency programs. In this particular request, the existing postdoctoral general dentistry program is asking whether a second year of residency could be sponsored by a different entity so that both entities could maintain federal funding eligibility. There currently is no policy, nor accreditation standards, that address this particular issue.

Following discussion in Summer 2012, the Commission referred the request to the Standing Committee on Documentation and Policy Review and directed a follow up report from the Committee for consideration at the Commission's Winter 2013 meeting.

During the January 15, 2013 conference call, the Standing Committee on Documentation discussed the request related to program sponsorship. The Committee noted that this appeared to be an issue with program funding sources, and not an accreditation issue. Therefore, the Standing Committee believed that the definition of program sponsorship should not be expanded to facilitate this specific situation. In addition, the Committee noted that in this specific instance involving a postdoctoral general dentistry program which allows for an optional 2nd year of training, the question was specifically about whether each year of the program could be sponsored by a different institution. As a result of this discussion, the Committee reaffirmed that the entire program must be sponsored by the same institution.

Commission action: The Commission directs that the definition of program sponsorship not be expanded at this time.

Feasibility of Approving International Training Sites Affiliated with Commission-Accredited Postdoctoral Dental Education Programs: At its Winter 2012 meeting, the Commission considered a report of major change from a postdoctoral general dentistry program that included the addition of off-campus training sites in international locations. Following considerable discussion, the Commission denied the approval of the international training sites, due, in large part, to the fact that the Commission has no policies or procedures for accrediting international

training sites at the postdoctoral level, only for predoctoral dental education programs. At its Summer 2012 meeting, representatives of the same postdoctoral general dentistry education program appeared before the Commission with information related to international training sites.

Following considerable discussion in Summer 2012, the Commission directed the Documentation and Policy Review Committee to study the feasibility of approval of international training sites affiliated with CODA-accredited postdoctoral dental education programs.

The Standing Committee met via conference call on January 15, 2013 to discuss the feasibility of approving international training sites affiliated with CODA-accredited postdoctoral dental education programs. The Committee noted that the Commission currently has a process in place for accrediting international predoctoral dental education programs and that, to date, none have completed this process.

Following a lengthy discussion, the Standing Committee noted there are many things to consider before moving forward with approving international training sites affiliated with Commission-accredited postdoctoral training programs, including CODA responsibilities/liabilities for training programs located in foreign countries, cultural and language differences, logistics due to time differences, qualifications of faculty and on-site clinical coordinators, as well as how the predoctoral international accreditation process could be affected.

The Standing Committee also noted that since there are no international predoctoral dental education programs accredited by CODA yet, there is no information or data regarding the success of this process. Additionally, the Standing Committee noted that the Commission's Strategic Plan Goal #3 is "CODA is the globally recognized leader for accrediting dental and dental related educational programs." However, to date, the plans to implement this goal have not been determined.

As a result of the discussion, the Standing Committee determined that, in the absence of information or data on the success of the predoctoral dental education program, it is premature to move forward with developing policies and procedures for approving international training sites affiliated with Commission-accredited postdoctoral programs at this time, but that this could be studied at a later time.

Commission action: The Commission directs that approval of international training sites affiliated with Commission-accredited postdoctoral programs not be pursued at this time.

Consideration of Proposed Revisions to the Commission's Evaluation and Operational Policies and Procedures Manual (EOPP): During the January 15, 2013 conference call, the Standing Committee discussed proposed revisions to the following policies submitted by CODA staff:

- Policy on Visiting Committee Members; removing the word "possible" in the introduction of the list of conflicts of interest for visiting committee members.
- Policy on Simultaneous Service; including standing and review committee members in the simultaneous service policy

- Policy on Silent Observers on Site Visits; clarification of the “silent” role of observers who are from another dental education program on site visits
- Policy on Review Committee Structure; clarification that at least two nominees must be submitted for consideration and clarification that the member may serve multiple terms on the same or different committee with one year waiting period between terms for a maximum of two terms total served.
- Policy on Required Record of Complaints; revision based on U.S. Department of Education requirement that the program maintain a record of all student complaints and that the record of complaints be reviewed during a site visit
- Policy on Selection Criteria for Appeal Board Members; clarification that discipline-specific appeal board members may be program directors, faculty, or practitioners
- Policy on Off-Campus Sites, with development of a supplemental Guideline document, providing further clarification on categories of off-campus sites and how sites must be reported to the Commission

The Standing Committee determined that the suggested revisions are appropriate, and recommended adoption of the revised policies.

Commission action: The Commission directs the adoption of the proposed revisions to the Commission policies as outlined in Appendix 21.

Proposed Revision to Standard 5, Eligibility and Selection of the Common Standards for the Dental Specialty Education Programs: The Standing Committee on Documentation and Policy Review considered comments received by the Advanced Specialty Education Review Committees related to proposed revisions to Standard 5, Eligibility and Selection, of the Advanced Specialty Education Disciplines. The Standing Committee noted that each review committee considered comments from the Council on Dental Education and Licensure related to common specialty Standard 5, Eligibility and Selection. In addition, the review committees considered the current language of the standard and provided comment to the Standing Committee.

The Committee noted that, with the exception of the OMS RC, the review committees believed that the names of the Commission on Dental Accreditation and the Commission on Dental Education of Canada should be retained in the standard. In addition, the Committee noted there were differing views among the review committees as to whether the program or the institution should have the authority to determine the educational preparedness of international graduates.

Accordingly, the Committee concluded that the Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada should be retained in the standard. In addition, the Committee believed that the program is in the best position to assess the previous training of international applicants and believed the program should retain authority to determine the educational preparedness of international graduates.

At the Commission meeting, one comment was made regarding item “c,” and it was clarified that the programs under “c” are not CODA-accredited programs; rather, they are international

programs for which an advanced specialty education program would have to determine equivalence in the educational preparedness of the applicant.

Commission action: The Commission adopts revised Advanced Specialty common Standard 5, Eligibility and Selection, as noted below:

Standard 5: Eligible applicants to advanced specialty education programs accredited by the Commission on Dental Accreditation **must** be graduates from:

- a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
- b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
- c. International dental schools that provide equivalent educational background and standing as determined by the program.

Consideration of a Common Accreditation Standard for Faculty Training in Educational Methodology: The Standing Committee on Documentation and Policy Review considered comments by all review committees related to a common accreditation standard for faculty training in educational methodology. The Committee noted that review committees were asked to review the proposed, modified Predoctoral Standard 3-2 as a possible standard.

The Standing Committee noted that six (6) of the review committees recommended that the proposed Predoc Standard 3-2 be adopted as noted in White Page 1504, Appendix 1. In addition, it was noted that six (6) of the review committees recommended that the proposed standard, with revisions be approved.

Two review committees, the Endodontics (ENDO) and Periodontics (PERIO) review committees discussed at length the potential impact of the implementation of this proposed standard and concluded that each discipline currently has a standard that adequately addresses faculty training in educational methodology, Standard 2 of the Endodontics standards and Standard 2-8 and 2-9 of the Periodontics Standards. Accordingly, the ENDO RC recommended that Standard 2 of the Endodontics Standards be retained to address the issue of faculty training in educational methodology in lieu of the proposed new standard. Likewise, the PERIO RC recommended that Periodontics Standards 2-8 and 2-9 be retained in lieu of the proposed new standard.

Following the review of the recommendations of all of the review committees, the Standing Committee concluded that it would be difficult to impose a common standard on all review committees because of the differing amount of institutional support programs in each discipline receive related to faculty training in educational methodology, as well as the difficulty that some programs, in particular hospital-based programs, might have in implementing the proposed standard as written. In conclusion, the Standing Committee believed that each discipline should have a standard relative to faculty training in educational methodology, but that it does not have to be common across all disciplines.

At the Commission meeting, an amendment was made to the Standing Committee's recommendation requesting that Dental Assisting, Dental Hygiene, and Dental Laboratory

Technology be exempt from the new requirement since their accreditation standards already address the issue of faculty training in educational methodology.

Commission action: The Commission directs that the accreditation standard for faculty training in educational methodology, as recommended by each review committee and found in Appendix 22 be approved. The Commission further directs that Standard 2 in the Accreditation Standards for Advanced Specialty Education Programs in Endodontics and Standard 2-8 and 2-9, in the Accreditation Standards for Advanced Specialty Education Programs in Periodontics be retained, in lieu of the proposed new standard. The Commission directs that in lieu of the proposed new standard, the Dental Assisting, Dental Hygiene, and Dental Laboratory Technology standards on faculty training in educational methodology be retained as currently written.

Consideration of Revisions to the Policy on Accreditation of Off-Campus Sites: The Standing Committee on Documentation and Policy Review considered the review committee recommendations related to the proposed revisions to the Policy on Accreditation of Off-Campus Sites. Specifically, the review committees were asked to focus on three areas: 1) the proposed definition of enrichment sites for consideration as a third type of off-campus site and to clarify the level of reporting of this type of site; 2) the exclusionary language regarding the developing dental hygiene or assisting programs from expanding to off-campus sites not included in their applications, to determine whether its discipline would benefit from the use of this language; and 3) proposed revisions by the Task Force on Off-Campus Sites.

Following review of the review committee recommendations relative to the definition of enrichment sites for consideration as a third type of off-campus site, the Standing Committee noted that many of the review committees believed that the definition is appropriate. However, not all agreed with the reporting requirement, with the rationale that this reporting requirement could negatively affect a program's ability to locate and implement optional/enrichment training sites in a timely manner.

Following discussion, the Committee agreed with those review committees that believed this reporting requirement could negatively affect a program's ability to utilize sites where optional or enrichment learning activities would be provided. Therefore, the Standing Committee recommended deletion of the words "prior to initiation of student activities, but must be reported in writing at least 30 days prior to anticipated implementation" and recommended revision to the definition.

The Standing Committee also considered the review committee recommendations related to the exclusionary language regarding expansion of dental hygiene or assisting programs. Following review of the comments, the Standing Committee noted that some review committees believed their specific discipline could benefit from being included in the dental hygiene or assisting exclusionary language and some believed their specific discipline should not be included in the exclusionary language. The Standing Committee believed that this continues to be a discipline-specific issue and should remain as such. Therefore, the Standing Committee recommended that all disciplines should not be required to be included in the exclusionary language.

Finally, the Standing Committee considered the review committee recommendations related to the revisions to the policy suggested by the Task Force on Off-Campus Sites. Following review of all review committee recommendations, the Standing Committee recommended that the proposed revisions be approved.

The Commission discussed the importance of programs notifying the Commission of off-campus sites. There was a discussion of removing the 30 days prior notification related to enrichment/observational sites and extensive discussion regarding this area of the policy. The Commission discussed the expectation of reporting grant submissions to the Commission based on the proposed enrichment/observational wording of the policy.

Commission action: The Commission adopts revisions to the Policy on Off-Campus Sites to include:

1. Removing the words “prior to initiation of student activities, but must be reported in writing at least 30 days prior to anticipated implementation” from the definition and approving the revision to the definition;
2. Affirming that all disciplines are not required to be included in the exclusionary language regarding developing dental hygiene and/or assisting programs from expanding to off-campus sites not included in their applications; and
3. Adopting the proposed revisions to the Policy on Accreditation of Off-Campus Sites as noted in Appendix 23.

Consideration of Guidelines for Reporting Off-Campus Sites: The Standing Committee on Documentation and Policy Review considered comments by all review committees related to proposed guidelines for reporting off-campus sites in response to a Commission directive recommended by the Task Force on Off-Campus Sites.

The Standing Committee noted that, with the exception of proposed revisions to the items under the “FORMAT” section of the Guidelines, many of the recommended revisions to the Guidelines for Reporting Off-Campus Sites were also recommended in the previous policy, Consideration of Revisions to the Policy on Accreditation of Off-Campus Sites.

Following review of the comments related to the “FORMAT” section of the proposed Guidelines, the Standing Committee believed the proposed revisions to this section were appropriate and recommended the “FORMAT” section of the Guidelines for Reporting Off-Campus Sites be approved.

Because the remaining recommended revisions are dependent on the approval of the proposed revisions to the previous policy, Consideration of Revisions to the Policy on Accreditation of Off-Campus Sites, the Standing Committee recommended postponing action on these proposed revisions until after the revisions of the Policy on Accreditation of Off-Campus Sites are acted upon.

Commission action: The Commission adopts the Guidelines for Reporting Off-Campus Sites (Appendix 24). The Commission also adopts the revisions to the Guidelines based

upon actions taken to modify the Policy on Off-Campus Sites at this Commission meeting:

Consideration of Qualifications and Duties of Off-Campus Site Coordinators: The Standing Committee on Documentation and Policy Review considered comments by all review committees related to whether off-site coordinators should possess the same qualifications as the program director in response to a Commission directive recommended by the Task Force on Off-Campus Sites.

The Standing Committee noted that none of the review committees believed that off-site coordinators should possess the same qualifications as the program director. In addition, the Standing Committee believed that any requirements of off-campus site coordinators should be discipline-specific.

Commission action: The Commission directs that no change be made to the Standards. Off-site coordinators are not required to possess the same qualifications as the program director.

Consideration of Revisions to the Policy on Program Changes: Due to the considerable differing recommendations to the Policy on Program Changes made by the review committees, the Standing Committee on Documentation and Policy Review believed more time was needed to carefully review and consider the proposed revision. Therefore, the Standing Committee recommended further review of this policy be conducted with a recommendation to the Commission at its Summer 2013 meeting.

Commission action: The Commission directs that the Standing Committee on Policy and Documentation Review continue to consider the review committee recommendations to the Policy on Program Changes with a report and recommendations to the Commission at its Summer 2013 meeting.

Report of the Task Force on Development of Accreditation Standards for Dental Therapy Education Programs:

The Task Force on Development of Accreditation Standards for Dental Therapy was appointed following the February 2012 Commission meeting and includes the following members: Dr. Michael Biermann, chair (CODA Commissioner); Dr. Cecile Feldman, Dean, UMDNJ School of Dentistry (predoctoral educator member, Predoc RC); Dr. Gerald Ferretti, Director of Pediatric Dentistry, CWRU School of Dentistry (predoctoral educator member, Predoc RC); Dr. George Kinney, private practice (immediate past chair, CDEL); Dr. James Koelbl, Dean, UNE School of Dentistry (former Commission chair); Dr. Charlotte Royeen (CODA Commissioner); Dr. Steven Schonfeld (CODA Commissioner); Dr. Kathi Shepard (CODA Commissioner); Dr. Steve Stefanac, Dean for Clinical Affairs, University of Michigan School of Dentistry (predoctoral site visitor).

The Task Force met via telephone conference call on November 19, 2012 and conducted a second meeting on January 18, 2013 at the ADA Headquarters Building in Chicago, Illinois. At its first meeting, the Task Force discussed the criteria and benchmarks for developing accreditation standards, noting that to the extent to which a dental therapist would perform dental

procedures, this individual should be held to the same standards as a dental student. The Task Force also discussed the variance in dental therapy programs currently being proposed and developed, noting that Accreditation Standards may require some level of variety to allow for different scope of practice in various states. The Task Force believed it would be important to identify the commonalities and differences among states and also review the CODA Accreditation Standards for predoctoral dental education and the allied dental education areas. The Task Force determined its next meeting would focus on identifying the competency standards for the dental therapist.

At its second meeting, the Task Force conducted a detailed review of the dental therapy programs currently in operation or under development. The Task Force noted that in addition to Minnesota, several other states had developed programs and were reviewing legislation on dental therapy scope of practice, including Vermont, Kansas, New Mexico, Connecticut, Ohio, New Hampshire, Maine, and Washington. The Task Force focused its discussion and review on the models developed and used in Minnesota, Washington, Kansas, and Vermont, including legislative bills on scope of practice. As a framework for development of standards, the Task Force believed that the dental therapy education program should consist of at least three academic years of full-time instruction resulting in a baccalaureate degree. An additional framework used in the development process was the assumption that dental therapists would work under the supervision of a licensed dentist who will be responsible for assessment of the implications of the patient's medical condition, diagnosis, risk assessment, prognosis and treatment planning. The Task Force began its work with a combined document that included standards for predoctoral dental education and dental hygiene education. Approaching each standard independently, the Task Force reviewed the language, discussed the intent, and determined if the standard should be retained, modified, or removed. The Task Force then reviewed the information currently available related to the four states reviewed to determine the scope of didactic and clinical instruction that should be provided. The proposed Accreditation Standards for Dental Therapy Education Programs are attached as Appendix 25.

Finally, the Task Force discussed alternate pathways of education, beyond the three-year post-secondary track in the proposed accreditation standards. It was noted by the Task Force that states could structure dental therapy programs with either a non-dental hygiene education track and a dental hygiene education track, or both tracks, as is currently the situation in the state of Minnesota. Even though the proposed dental therapy standards are based on a non-dental hygiene track, the Task Force believed that the Commission's communities of interest should be requested to comment on the appropriateness of the proposed track and whether the Commission should develop dental therapy standards for individuals who enter with a dental hygiene degree.

At the Commission meeting, there was a discussion regarding the educational track presented in the proposed standards as a three year baccalaureate, non-dental hygiene track. It was identified that beyond the advanced standing opportunity noted in the proposed standards, the Task Force was seeking feedback on the appropriateness of a dental hygiene track for dental therapy education. It was noted that a cover letter would accompany the proposed document to explain the Commission's process and expectation with regard to Criteria #2 and #5 of the Principles and Criteria Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation. A request was made to post the documents for comment by the American Dental

Assistants Association (ADAA) and American Dental Hygienists' Association (ADHA), since this is a proposed mid-level provider position. Specifically, open hearings were requested at the ADAA and ADHA meetings.

Commission action: The Commission directs circulation of the proposed Accreditation Standards for Dental Therapy Education Programs (Appendix 25) for a period of public comment through 2013, including open hearings at the Annual Sessions of the American Dental Education Association, the American Dental Hygienists' Association, the American Dental Assistants Association, and the American Dental Association. The Commission further directs that during the period of public comment, the Commission seek input from its communities of interest related to the program track for dental therapy, noting that the proposed standards are presented as a non-dental hygiene track but could be modified to support a dental hygiene program track.

Adjourn: The Commission adjourned the open session meeting held on January 31, 2013 at 7:10 P.M.

MINUTES

COMMISSION ON DENTAL ACCREDITATION AMERICAN DENTAL ASSOCIATION ADA HEADQUARTERS BUILDING, CHICAGO

FEBRUARY 1, 2013 (OPEN SESSION)

Call to Order: The Chair, Dr. Kent Knoernschild, called a continuation of the regular meeting of the Commission on Dental Accreditation to order at 8:00 A.M. on Friday, February 1, 2013, in the Hillenbrand Auditorium of the ADA Headquarters Building, Chicago, in open session.

Roll Call: Dr. Byron “Pete” Benson, Dr. Michael Biermann, Ms. Kristi Schmitt Burr, Dr. Thomas Cangialosi, Dr. Eric Carlson, Ms. Elizabeth Curran, Dr. Geri Ann DiFranco, Dr. William Dodge, Dr. Kevin Donly, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Milton Glicksman, Dr. Henry Greenwell, Dr. Richard Kahn, Dr. Kent Knoernschild (chair), Dr. William Leffler, Dr. Ana Karina Mascarenhas, Dr. Judith Messura (vice-chair), Dr. Brad Neville, Dr. Yilda Rivera-Nazario, Dr. Charlotte Royeen, Dr. William Schindler, Ms. Kathi Shepherd, Dr. Perry Tuneberg, Dr. Karen West, and Dr. John Williams.

Mr. Joseph Eliason, Dr. Stan Hardesty, Dr. Steven Schonfeld, and Mr. James Sherrard were unable to attend.

In addition to the staff of the Commission, Dr. Dennis Engel, ADA Trustee Liaison, attended.

Miscellaneous Affairs- Matters for the Commission as a Whole (Cont.)

Report of Commission Subcommittee on ADA Report and Recommendations: The CODA Subcommittee on ADA Report and Recommendations met on January 14, 2013 via telephone conference call. Members of the subcommittee included: Dr. Kent Knoernschild (chair), Dr. Michael Biermann, Dr. Eric Carlson, Mr. Gary Gann, MR. Robert Giasoli, Dr. Henry Greenwell, Dr. Judith Messura, Dr. Larry Nissen, and Dr. Yilda Rivera. Guests included Dr. Ronald Venezia, chair, CDEL and ADA-CODA Monitor and Ms. Karen Hart, director, CDEL. Staff included Dr. Anthony Ziebert, senior vice-president, Education and Professional Affairs and CODA Managers.

The Subcommittee noted that since January 2009, the Commission, through the subcommittee and its standing and *ad hoc* committees, has made considerable efforts to address the thirty-four (34) recommendations. In fact, all recommendations had been or were currently being addressed; 29 recommendations were completed, four (4) recommendations required ongoing work related to CODA’s strategic plan and one (1) required funding related to hiring a dedicated communications staff person. The Subcommittee’s discussion of specific recommendations is noted below.

ADA Recommendations #3 & 4: The Subcommittee discussed the 2013 CODA budget with regard to annual increases in fees. It was noted that initially CODA recommended a

4% increase in annual fees and subsequently increased fees by an additional 4% to address a request from the ADA Board of Trustees. The Subcommittee noted the proposed increase in annual fees at a rate of approximately 7.2% for six years to achieve the funding model with CODA assuming responsibility for 50% of its direct and indirect expenses. The Subcommittee was concerned that an 8% increase over six years could be burdensome to programs and may create such a hardship that some programs may no longer be able to maintain accreditation fee requirements. As such, the Subcommittee recommended that CODA continue to monitor the impact of annual fee assessments on programs.

ADA Recommendation #5: The Subcommittee noted that CODA's Standing Committee on Quality Assurance and Strategic Planning (QASP) continues to review the Commission's strategic plan and goals. Further, it was noted that a Memorandum of Understanding between the ADA and CODA may be drafted by QASP for CODA review at the Summer 2013 meeting.

ADA Recommendation #8: The Subcommittee noted that survey data suggests CODA review committee members remain generally satisfied with the revised committee structure implemented in 2007. There was discussion by one Subcommittee member that when a peer member on a committee must recuse themselves due to a conflict of interest, or because he or she served as a site visitor to a program, it becomes difficult to maintain a core of peers for accreditation review. The Subcommittee felt that during instances when recusals diminished the quorum number of peers on a review committee for a specific program review, it would be helpful for review committees to have the ability to replace a recused individual with a content expert who previously served on the committee. The Subcommittee noted that the Commission's Standing Committee on Documentation and Policy Review is the appropriate committee to review this topic.

ADA Recommendation #12: The Subcommittee noted that CODA's QASP has yet to review the variable site visit interval (sliding scale) process as it relates to CODA's mission and vision. The Subcommittee encourages QASP to continue to review this option moving forward.

The Subcommittee concluded its meeting with a discussion on the future of the Subcommittee. While the Subcommittee believed all recommendations had been addressed, it noted that some actions were still in progress. Further, the Subcommittee believed its role was to foster an ongoing, long term dialogue between the ADA and CODA. As such, the Subcommittee believed that rather than sunset the committee, it should be maintained.

At the Commission meeting, the Commission discussed the report of the Subcommittee, including the topic of replacing review committee members when recusal of an individual with content expertise diminishes the quorum of content experts on the committee. Questions were focused on the management and logistics of obtaining advanced notice of conflict of interest from review committee members as well as the frequency in which this situation could occur. Additionally, the financial implications for replacing review committee members for an isolated review was discussed.

When reviewing recommendation to retain the subcommittee, a comment was made that a timeline should be imposed to revisit the need for the subcommittee. It was suggested that the subcommittee be reassessed in three, in 2016.

Commission action: The Commission directs:

1. Continued monitoring of the impact of the annual fee assessments on programs, particularly related to the potential negative impact with substantial increases in fees.
2. Consideration of a policy to allow review committees to assign a former peer committee member when recusal of an individual with content expertise diminishes the quorum of content experts on the committee and refer this matter to the Standing Committee on Documentation and Policy Review.
3. Retaining the subcommittee for three years (until 2016) to serve as a mechanism by which dialogue can be maintained with the ADA and assess the need for continuing the subcommittee at that time.

Report on Commission Document Management Procedures Related to Regulations on Protected Health Information and Personally Identifiable Information: Under the Health Insurance Portability and Accountability Act (“HIPAA”), Covered Entities and their Business Associates are required to safeguard Protected Health Information (“PHI”) and must enter into Business Associate Agreements. CODA is a Business Associate of certain institutions/programs. Similarly, most states have enacted laws to protect sensitive personally identifiable information (“PII”) such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.

In an effort to mitigate the Commission’s liability related to PHI and PII, the Commission has developed strict policies and procedures regarding access to PHI and PII by Commission volunteers. Specifically, programs are directed to not include this information in any communication with the Commission or its volunteers. Additionally, Commission staff and CODA volunteers receive ongoing training related to the CODA policies on PHI and PII. Commission policy states CODA will only review PHI during the on-site accreditation review.

Since implementation of the policies and procedures on PHI and PII, CODA has continued to receive accreditation materials, such as self-study documents and reports from accredited programs that contain PHI and PII. Receipt of information containing PHI or PII necessitates swift action on the part of CODA staff to appropriately redact and secure the information and to notify the institution/program and CODA volunteers of the required corrective action. As such, CODA staff must review all program documentation submitted to CODA and its volunteers to ensure that all materials received are compliant. CODA staff reviews thousands of pages of material on an ongoing basis. Although CODA policy is clear that programs must not submit PHI and PII, CODA staff continues to find this information in submitted material. The time required to address this issue has become a burdensome activity on the staff, with little incentive for the programs to comply with CODA policies and procedures.

The Commission was requested to consider current policies and procedures related to program submission of documentation containing PHI and PII and to discuss additional courses of action to minimize submission of inadequately redacted information. In review of this issue, CODA may wish to refer this topic to its Standing Committee on Documentation and Policy Review and consult legal counsel.

At the Commission meeting, the Commissioners asked staff for a more detailed explanation surrounding the issue of staff management of documents related to the HIPAA regulations. Based on the discussion, it was believed that more detailed information was needed to provide the Commission data on the depth of this issue. It was suggested that staff provide information on the amount of time required to manage this issue and the resources expended by the Commission, and provide information to the Documentation and Policy Committee. A comment was made that rather than a punitive fee for non-compliance; it may be valuable to add a surcharge to programs for staff time to review documentation.

Commission action: The Commission directs staff to gather information on the amount of time and resources required to manage the Commission's policies and procedures regarding access to PHI and PII and to provide this information to the Standing Committee on Documentation and Policy Review for review and possible development of a policy with a report back to the Commission.

Report on Joint Advisory Committee on International Accreditation: The Joint Advisory Committee on International Accreditation (JACIA) met via conference call on December 10, 2012 and January 22, 2013. The following members were present at both meetings: Dr. Roger Kiesling, chair; Dr. Steven Bruce; Dr. Gary Herman, Dr. Yilda Rivera and Dr. Karen West. Dr. Kent Knoernschild, chair, Commission on Dental Accreditation, *ex officio* also participated. Dr. Michael Reed, consultant to the JACIA, *ex-officio* participated in the second meeting. Dr. Robert Faiella was not present.

At its December 10, 2012 meeting, the JACIA considered a request for a second extension, from January 1, 2013 (granted May 13, 2011) to June 1, 2013, to submit the self-study for a Preliminary Accreditation Consultation Visit (PACV), from Jeong Taeg Seo, DDS, PhD, vice-dean for academic affairs, Yonsei University College of Dentistry, Seoul, Korea. The Committee noted that the reason for the request was to afford additional time for the task of English translation of mainly supporting documents.

The program has completed the PACV survey and the observatory step of the consultation component in September 2010. *Guidelines for International Consultation* indicate that, following the observation and individual consultation, the international program may elect to complete the PACV self-study and submit the PACV consultation fees within six (6) months to three (3) years.

After careful review of the request for a second extension to submit the self-study, the JACIA approved the request. Following this action, the international program was informed, on December 10, 2012, that the institution/program had been granted the extension, to June 1, 2013.

New Business: In reviewing the request, the JACIA noted that *Guidelines* lacked specificity as to extension(s) of the steps in the consultative component, and requested that the *Guidelines* document be carefully reviewed and proposals for additional guidance for the process be provided back to the JACIA.

Update on Recent Interest in International Accreditation Program: The JACIA was briefed on recent interest in the Commission's international accreditation program. Information packets for international accreditation recently were sent upon request to representatives from international programs in Chile (the *Finis Terrae* University School of Dentistry, Santiago, Chile), Egypt (Cairo University), Japan (Tokyo Medical and Dental University), the Netherlands (ACTA), Kuwait and the United Arab Emirates. Meetings between CODA staff and some of these representatives (from the Netherlands, Japan and Chile) have been scheduled.

At its January 22, 2013 meeting, the JACIA reviewed the Consultation Site Visit Report for King Abdulaziz University, Jeddah, Saudi Arabia. In doing so, the Committee reviewed two (2) responses from the institution/program. As a result of this review, the JACIA determined that the school has the potential to pursue accreditation and can submit a self-study to the Commission. It was understood that the self-study will be based upon new accreditation standards, to be implemented July 1, 2013.

Commission Action: The Commission directs that the predoctoral dental education program, offered at the King Abdulaziz University, Jeddah, Saudi Arabia, be allowed to pursue accreditation by the Commission on Dental Accreditation and thereby be allowed to submit a self-study, to be based upon new accreditation standards (implementation July 1, 2013).

In conjunction with its recommendation above, the JACIA further recommended to the Commission, through the Predoctoral Education Review Committee and the Standing Committee on Documentation and Policy Review, that the number of site visits be determined for international programs in their initial application process. Current Commission policy for initial applications for accreditation distinguishes those programs without enrollment from those with enrollment. The number of site visits in the initial application process is determined accordingly. The international programs that have so far visited for preliminary accreditation consultation are fully-enrolled programs, which if current policy is followed, would mean less site visit requisites.

The Commission discussed the issue of the number of site visits expected for international programs as they apply for accreditation with the Commission. It was noted that there is confusion among the international programs, whether there is phased implementation or not. It was believed that this issue should be clarified and could have financial implications for the Commission.

Commission Action: The Commission directs, through the Predoctoral Education Review Committee and the Standing Committee on Documentation and Policy Review, make recommendations to the Commission on the number of site visits for international programs in their initial application process.

Universidad Autonoma de Nuevo Faculty of Odontology, Leon, Monterrey, Mexico: Letter of Intent. At its January 22, 2013 meeting, the JACIA considered a Letter of Intent that was not received within thirty (30) days of the conclusion of the observation and individual consultation, for the *Universidad Autonoma de Nuevo Faculty of Odontology, Leon, Monterrey, Mexico*. The Committee discussed whether a recently sent email could be accepted at this time as the Letter of Intent. There are several Letters of Impact preceding JACIA's most recent letter. It was clear from the request that the program intends to send a completed self-study for a Preliminary Accreditation Consultation Visit (PACV) in approximately one year. The program representatives observed a U.S. dental school site visit with the time-frame allowed by the *Guidelines* (six (6) months to three (3) years following the site visit observation). The JACIA noted that this would appear to be consistent with the program's expectation. Accordingly, a deadline of August 1, 2014 was approved by the Committee.

New Business: The JACIA noted that *Guidelines* lack specificity regarding the consultation report, including but not limited to, ensuring comment upon each accreditation standard and the usage of the terms "recommendation" and "suggestion" to follow CODA terminology. It was noted that these details will be part of the effort, noted at the December 2012 meeting, to revise the *Guidelines* to clarify policy, procedures and timelines for the Commission's international accreditation program.

The Commission discussed the confusion that occurred based on the language in the consultation site visit report versus the language used by the Commission in its regular site visit reports. It was identified that the language in the consultation report carries a different weight than the Commission's language in its site visit reports. The Commission believed that clarity could be provided through review of the *Guidelines for International Accreditation*.

Commission Action: The Commission directs through the Joint Advisory Committee on International Accreditation, that the *Guidelines for International Accreditation* be clarified to ensure specificity for future use with regard to the timeline and language used in consultation reports.

Update on Current Status of International Programs: The JACIA was briefed on the current status of international programs, and noted that the self-study for a PACV was sent January 22, 2013, from Yeditepe University, Faculty of Dentistry, Istanbul, Turkey. The agenda for the next meeting of the JACIA will include an initial review of the PACV self-study in anticipation of a PACV in Fall 2013. A review of the Consultation Site Visit report and response(s) from the *Universidad de la Salle, Leon, Mexico*, will be scheduled for review by the JACIA in 2013. Representatives from King Khalid University, Riyadh, Saudi Arabia, are registered to attend a site visit in Spring 2013 and are expected to submit a PACV self-study no less than six (6) months thereafter.

Finally, it was noted that the JACIA expected submission of a completed PACV self-study from the international predoctoral dental education program offered at the Saraswati Medical and Dental College, Lucknow, India. In order to ensure currency of the status of international programs that have started the consultation process, the JACIA believes that it would be appropriate for CODA staff to contact schools who did not meet submission deadlines to help the

JACIA better understand the reason(s) for not submitting and to provide further guidance for those who do wish to continue.

Update on USDE Re-Recognition: The Director of the Commission reported that the progress report on the three remaining unmet USDE criteria was submitted on January 3, 2013. The Commission was subsequently informed that it would be considered for early review in June 2013. Further information will be provided to the Commission as it becomes available.

Commission action: This report is informational in nature and no action was taken.

CODA Operating Plan Update 2013: The Director noted that Commission goals were under developed and would be based on goals for the Department of Education of the American Dental Association.

Commission action: This report is informational in nature and no action was taken.

Survey of Meeting and Update on Commission Staffing: The Director informed the Commissioners that following the meeting they would receive a short survey on the logistics of the meeting. Additionally, the Commission was notified of the two new Commission staff, Ms. Jennifer Snow, manager, Advanced Specialty Education and Ms. Cathy Baumann, manager, Advanced Specialty Education. The Commission was also informed of the recent staff restructuring of the allied dental education area.

Commission action: This report is informational in nature and no action was taken.

New Business

Policy on Enrollment for Programs with Intent to Withdraw: A new business item was presented to re-consider a policy on enrollment for programs that have been issued the intent to withdraw warning. It was noted that the Policy on Enrollment for Advanced Specialty Education Programs included language to allow a period of non-enrollment, for enrollment increases, if the program is placed on “intent to withdraw.” The Commissioner for Dental Assisting suggested that the intent of the Dental Assisting Review Committee was to have similar language for all education programs placed on “intent to withdraw” and earlier in the meeting a generic statement was proposed for review by the Commission. After discussion, the Commission subsequently sent this proposal to the Standing Committee on Documentation and Policy Review for further study. However, the Commissioner felt that this issue was of utmost importance to the Dental Assisting Review Committee, and a new policy was proposed which would be specific to dental assisting.

Proposed *Policy on Enrollment for Programs that Have Been Issued the Intent to Withdraw Warning:*

When the Commission places a dental assisting program on “approval with reporting requirements, with intent to withdraw” the program will not be allowed to enroll students until the program can demonstrate compliance with deficient standards. Students already enrolled in the program will be permitted to continue. For example, the dental

assisting program may be placed on “intent to withdraw” as a result of non-compliance with the Standards or Commission policy, which could impact resources to support the program’s stated goals and objectives, continued enrollment, and are deficiencies in areas that could jeopardize public or student safety.

The Commission discussed the proposed policy and noted that the proposed language should be further reviewed to ensure that programs were treated consistently and not unfairly singled out, and that due process was afforded. The questions are whether due process will be served and whether the stopping of enrollment is appropriate. Additional questions related to the criteria that would be used to make the assessment of which programs are disallowed to enroll. The Commission identified that the “intent to withdraw” status could be used as a criteria but programs could ask for an appeal of this status. The Commission also discussed the Advanced Specialty Authorized Enrollment Policy, specifically related to the clause disallowing enrollment beyond those students already enrolled if a program does not have the resources to support the requested increase in enrollment. There was further discussion as to whether the policy should only be used for programs placed on immediate “intent to withdraw” at its first review by the Commission.

Commission Action: The Commission directs that the Dental Assisting Review Committee consider the proposed *Policy on Enrollment for Programs that Have Been Issued the Intent to Withdraw Warning* with comment forwarded to the Standing Committee on Documentation and Policy Review for a final report to the Commission at its Summer 2013 meeting.

Development of Prospective Operational Budget Plan: A new business item was brought forward related to the finances of the Commission. It was believed that the Commission should have sufficient resources to address the adequacy of staffing, professional development opportunities for staff, the adequacy of technology, and other best practices in accreditation. In particular, concern was expressed that the current number of staff may not be sufficient to manage the accreditation program. It was identified that the Quality Assurance and Strategic Planning Committee should review these items first, with direction to the Finance Committee at a later date in regards to financial implications.

Commission Action: The Commission directs the Director to work with the Finance Committee and Quality Assurance and Strategic Planning Committee to develop a prospective operational budget plan related to:

- a. Workforce analysis and recommendations on staffing;
- b. Professional development plans;
- c. Adequate technology available to support CODA;
- d. Adoption of best practices to support CODA business; and
- e. Add information to the Memorandum of Understanding

Adjourn: The Commission adjourned the open session at 11:20 A.M.

MINUTES

COMMISSION ON DENTAL ACCREDITATION AMERICAN DENTAL ASSOCIATION ADA HEADQUARTERS BUILDING, CHICAGO

FEBRUARY 1, 2013 (CLOSED SESSION)

Call to Order: The Chair, Dr. Kent Knoernschild, called a regular meeting of the Commission on Dental Accreditation to order at 11:30 A.M. on Friday, February 1, 2013, in the Hillenbrand Auditorium of the ADA Headquarters Building, Chicago, in closed session for the purpose of reviewing educational programs.

Roll Call: Dr. Byron “Pete” Benson, Dr. Michael Biermann, Ms. Kristi Schmitt Burr, Dr. Thomas Cangialosi, Dr. Eric Carlson, Ms. Elizabeth Curran, Dr. Geri Ann DiFranco, Dr. William Dodge, Dr. Kevin Donly, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Milton Glicksman, Dr. Henry Greenwell, Dr. Richard Kahn, Dr. Kent Knoernschild (chair), Dr. William Leffler, Dr. Ana Karina Mascarenhas, Dr. Judith Messura (vice-chair), Dr. Brad Neville, Dr. Yilda Rivera-Nazario, Dr. Charlotte Royeen, Dr. William Schindler, Ms. Kathi Shepherd, Dr. Perry Tuneberg, Dr. Karen West, and Dr. John Williams.

Mr. Joseph Eliason, Dr. Stan Hardesty, Dr. Steven Schonfeld, and Mr. James Sherrard were unable to attend.

In addition to the staff of the Commission, Dr. Dennis Engel, ADA Trustee Liaison, attended.

Adoption of the Agenda: The agenda of the meeting was adopted.

Professional Conduct Policy: Ms. Cathryn Albrecht, ADA/CODA Senior Associate General Counsel, reminded the Commission of the ADA Policy on Professional Conduct and Prohibition Against Harassment.

Policy on Confidentiality: Dr. Kent Knoernschild, CODA Chair, read the Commission’s Reminder of Confidentiality, noting the confidential nature of the Commission’s materials and deliberations related to the accreditation of programs.

Policy on Conflict of Interest: Ms. Cathryn Albrecht, ADA/CODA Senior Associate General Counsel, reviewed the policy on conflict of interest as it was discussed the previous day, noting the conflict of interest policies related to the determination of accreditation status of programs.

Approval of Accreditation Mail Ballots Since Last Commission Meeting: The Commission approved six (6) mail ballots related to program accreditation actions, which had been considered since the August 2012 Commission meeting.

Consideration of Consultant Nominations: Consultants are appointed annually for one-year terms but for no more than six (6) consecutive years. Members of the Commission’s Review

Committees are also considered consultants; they serve one four-year term. The Commission considered the names of individuals recommended by the Review Committees for a one-year appointment and reappointment as consultants for 2013-2014.

Commission Action: The Commission approved all consultant appointments for 2013-2014 (Appendix 26).

Consideration of Matters Relating to Accreditation Actions: The Commission reviewed site visit evaluations, progress reports, and other requested reports on predoctoral dental education programs, advanced general dental education programs, advanced specialty education programs, and allied dental education programs.

Commission Action: Accreditation status was granted to programs evaluated since the August 2012 meeting. Accreditation actions are summarized in the “Report on the Accreditation Statuses of Educational Programs” (Appendix 27).

Adjournment: The Commission adjourned the closed session at 1:00 P.M.