

MINUTES

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

August 9, 2012

Call To Order: The Chair, Dr. Steven Tonelli, called a regular meeting of the Commission on Dental Accreditation to order at 10:30 A.M. on Thursday, August 9, 2012, in the 22nd Floor Board room of the ADA Headquarters Building, Chicago, in closed session for the purpose of reviewing educational programs.

Roll Call: Dr. Byron Benson, Dr. Michael Biermann, Dr. Richard Buchanan, 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. Henry Greenwell, Dr. Kent Knoernschild, Dr. Judith Messura, Dr. Brad Neville, Dr. Robert Ray, Dr. Yilda Rivera-Nazario, Dr. Charlotte Royeen, Dr. Steven Schonfeld, Ms. Kathi Shepherd, Dr. James Sherrard, Dr. Paul Sims, Dr. Steven Tonelli, Dr. Perry Tuneberg, Dr. Christopher Wenckus, Dr. B. Alex White, and Dr. John Williams.

Ms. Kristy Burr, Mr. Joseph Eliason, and Dr. Stan Hardesty were unable to attend.

In addition to the staff of the Commission, Dr. Maxine Feinberg, ADA Trustee Liaison, attended.

Guests: Representatives of the Commission on Dental Accreditation of Canada (CDAC), Ms. Susan Matheson and Dr. Claude LaMarche. Commissioners in training: Dr. Milton Glicksman, Dr. Richard Kahn, Dr. Denise Kassebaum, Dr. Ana Karina Mascarenhas, Dr. William Schindler, and Dr. Karen West

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

Reminder of Professional Conduct: Ms. Cathryn Albrecht, ADA staff attorney, reviewed the ADA Prohibition Against Harassment Policy.

Consideration of Consultant Appointments: Consultants are appointed annually for one-year terms but for no more than six 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 Postdoctoral General Dentistry and the Oral and Maxillofacial Surgery Review Committees for a 1 year appointment and reappointment as consultants for 2012-2013.

Commission Action: The Commission approved all consultant appointments for 2012-2013 (Appendix 1).

Consideration of Matters Relating to Accreditation Status: The Chair read statements reminding the Commission of the confidentiality of its materials and deliberations related to the accreditation of programs, as well as conflict of interest policies related to the determination of accreditation status of programs. The Commission reviewed site visit evaluations, progress 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 February 2011 meeting. Accreditation actions are summarized in the “Report on the Accreditation Statuses of Educational Programs” (Appendix 2).

Special Appearance: Representatives of an education program in post-doctoral general dentistry appeared before the Commission with information related to international training sites. The Commission noted that policies and procedures for international accreditation have only been established for predoctoral dental education programs.

Commission action: The Commission directs the Documentation and Policy Review Committee to study the feasibility of approval of international, post-doctoral training sites affiliated with CODA-accredited post-doctoral dental education programs.

Adjournment: The Commission adjourned the closed session at 2:30 P.M.

MINUTES

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

August 10, 2012

Call To Order: The Chair, Dr. Steve Tonelli, called a regular meeting of the Commission on Dental Accreditation to order at 8:30 A.M. on Friday, August 10, 2012, in the 22nd Floor Board room of the ADA Headquarters Building, Chicago, in open session.

Roll Call: Dr. Byron Benson, Dr. Michael Biermann, Dr. Richard Buchanan, Dr. Thomas Cangialosi, Dr. Eric Carlson, Ms. Elizabeth Curran, Dr. Geri Ann DiFranco, Dr. William Dodge, Dr. Kevin Donly, Mr. Joseph Eliason, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Henry Greenwell, Dr. Kent Knoernschild, Dr. Judith Messura, Dr. Brad Neville, Dr. Robert Ray, Dr. Yilda Rivera-Nazario, Dr. Charlotte Royeen, Dr. Steven Schonfeld, Ms. Kathi Shepherd, Dr. James Sherrard, Dr. Paul Sims, Dr. Steven Tonelli, Dr. Perry Tuneberg, Dr. Christopher Wenckus, Dr. B. Alex White, and Dr. John Williams.

Ms. Kristy Burr and Dr. Stan Hardesty were unable to attend.

In addition to the staff of the Commission, Dr. Maxine Feinberg, ADA Trustee Liaison, attended.

Guests: Representatives of the Commission on Dental Accreditation of Canada (CDAC), Ms. Susan Matheson and Dr. Claude LaMarche. Commissioners in training: Dr. Milton Glicksman, Dr. Richard Kahn, Dr. Denise Kassebaum, Dr. Ana Karina Mascarenhas, Dr. William Schindler, and Dr. Karen West

Reminder of Conflict of Interest Policy: The chair, Dr. Tonelli, reminded the Commission of the CODA Conflict of Interest Policy.

Approval of Minutes from February 2012 Meeting: The minutes of the February 2012 Commission meeting were adopted.

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

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

- Report of the Review Committee on Predoctoral Dental Education (Appendix 3)
- Report of the Review Committee on Postdoctoral General Dentistry Education (Appendix 4)
- Report of the Review Committee on Dental Public Health Education (Appendix 5)
- Report of the Review Committee on Endodontics Education (Appendix 6)
- Report of the Review Committee on Oral and Maxillofacial Pathology Education (Appendix 7)
- Report of the Review Committee on Orthodontics and Dentofacial Orthopedics (Appendix 8)

- Report of the Review Committee on Pediatric Dentistry Education (Appendix 9)
- Report of the Review Committee on Periodontics Education (Appendix 10)
- Consideration of a Standard of Educational Methodology (Appendix 11)
- Approval of Mail Ballots since last Commission Meeting (Appendix 12)
- Report of the Joint Advisory Committee on International Committee (Appendix 13)
- Report on Appointment of Commissioners and Appeal Board Members (Appendix 14)
- Report on Progress on USDE Recognition Petition (Appendix 15)

Report of the Review Committee on Dental Assisting Education: Chair: Dr. Lori Gagliardi. Committee Members: Ms. Ethel Campbell, Dr. Gene Kelber, Ms. Donna Lepkoski, Dr. Frank Licari, Ms. Cathy Roberts, Ms. Deanna Stentiford, Ms. Diana Sullivan. Staff Members: Ms. Patrice Renfrow, *interim* manager, Dental Assisting and Dental Laboratory Technology Education and Ms. Alyson Nall, coordinator, Allied Program Reviews. Dr. Anthony J. Ziebert, *interim* director, CODA, attended portions of the meeting. Guests: Ms. Jennifer Blake, director, Education and Professional Affairs, American Dental Assistants Association, Ms. Cynthia Durley, executive director, Dental Assisting National Board, Ms. Tami Grzesikowski, senior director, Allied Dental Education, and Ms. Claudia Pohl, president, American Dental Assistants Association attended the policy portion of the meeting. The meeting of the Review Committee on Dental Assisting Education was held on July 17-18, 2012 at the ADA Headquarters, Chicago, Illinois.

Informational Report on Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs: The Review Committee on Dental Assisting Education (DA RC) reviewed the annual report on the Frequency of Citings of Accreditation Standards for Dental Assisting Education Programs. The DA RC noted that the Accreditation Standards for Dental Assisting Education Programs was adopted by the Commission on Dental Accreditation on July 1, 2008 and was implemented on January 1, 2009. Since that date, the Commission has reviewed 125 site visit reports on dental assisting education programs based on the Standards.

An analysis of the citings indicates that 8.5% (59) related to Standard 1 – Institutional Effectiveness; 56% (390) related to Standard 2 – Educational Program; 17.5% (122) related to Standard 3 – Administration, Faculty and Staff; 6% (42) related to Standard 4 – Educational Support Services; 11.8% (82) related to Standard 5 – Health and Safety Provisions; and 0.28% (2) related to Standard 6 – Patient Care Services.

Analysis of the data indicates several trends that warrant comment. The four components of Standard 1-1 which pertain to program planning and outcomes processes received a total of 52 citations. These comprise 91% of all citations made within Standard 1-Institutional Effectiveness. The revised standards have clarified the language of Standard 1-1 in regards to outcomes assessments and strategic planning processes, and provide revised examples of evidence programs may use to demonstrate compliance. This may address the large percentage of citations related to this standard. The four components of Standard 2-6, which detail required course documentation, were cited a total of 86 times and account for over 22% of all citations made within Standard 2 - Educational Programs. Within the current standards revision, standardization of the language for consistency with current educational practice may help provide clarification regarding how to demonstrate compliance with this standard.

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

Consideration of Proposed Revisions to the Accreditation Standards for Dental Assisting Education Programs: Following its review of program reports, the DA RC discussed the varied interpretations of the ‘examples of evidence’ for DA Standard 4-6, which specifies the types of specialty instruments used in general dentistry that must be provided to students. The DA RC identified that one example reads “one treatment area per five students is considered minimal”. The DA RC has determined this has been interpreted to mean five students can share one treatment area at any given time. The DA RC notes the intention behind this example is to provide guidance to programs when determining sufficient resources for total program planning and enrollment. The example should indicate that one treatment area per each five students *enrolled in the program* is considered minimal. Further, the second example refers to a floor plan and does not relate to instruments used in general dentistry. The DA RC determined that relocating the first two (2) examples of evidence to follow Standard 4-3 would reduce variability in interpretation by site visitors and provide the intended guidance to programs (Appendix 16).

Commission action: The Commission adopts the relocation two examples of evidence from Standard 4-6 to Standard 4-3 in the Accreditation Standards for Dental Assisting Education Programs (Appendix 16) with immediate implementation.

Proposed Change in DA RC Meeting Dates: The Dental Assisting Review Committee proposed a change in meeting dates from January 8-9, 2013 to January 9-10, 2013 to provide for increased staff availability during program report reviews.

Commission action: The Commission approves the change in review committee meeting dates from January 8-9, 2013 to January 9-10, 2013.

Report of the Review Committee on Dental Hygiene Education: **Chair:** Ms. Kathi Shepherd
Committee members: Dr. Lynn Austin, Ms. Barbara Dixon, Dr. Susan Duley, Dr. Ellen Grimes, Dr. James Jones, Dr. Melanie Peterson, Mr. Alan Rogalski and Dr. Perry Tuneberg. **Staff members:** Ms. Patrice Renfrow, manager, Dental Hygiene Education and Ms. Alyson Nall, coordinator, Allied Program Reviews. Dr. Anthony Ziebert, *interim* director, CODA, attended a portion of the meeting. **Guests:** Ms. Cathy Elliott, manager, Education, American Dental Hygienists’ Association, and Ms. Tami Grzesikowski, senior director, Allied Program 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 17-18, 2012 at the ADA Headquarters Building.

Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs: The DH RC considered the annual report on the frequency of citings of Accreditation Standards for Dental Hygiene Education. The data indicates that a total of 454 areas of non-compliance were cited; 6.7% (44) related to Standard 1-Institutional Effectiveness; 46% (305) related to Standard 2-Educational Program; 19% (125) related to Standard 3-Administration, Faculty and Staff; 12% (80) related to Standard 4-Educational Support Services; 5% (32) related to Standard 5-Health and Safety Provisions; and 11.3% (75) related to Standard 6-Patient Care Services. Analysis of the data indicates that the most frequently cited areas of non-compliance were in Standard 2. The greatest number of citings was 59, associated with the subsets of Standard

2-16 regarding graduates' competency in providing dental hygiene care for the child (10 citations), adolescent (12 citations), adult (9 citations), geriatric (12 citations) and patients with special needs (16 citations)." Standard 2-7, which refers to written documentation of the curriculum provided to students at the initiation of course instruction, had 43 areas of non-compliance, while 35 areas were cited for Standard 6-2, which relates to a formal system of quality assurance.

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

Consideration of Proposed Revisions to the Accreditation Standards for Dental Assisting Education Programs: At the suggestion of the Commission, the DH RC reviewed its existing standards pertaining to educational methodology for possible modification. The DH RC identified that since educational delivery methods continue to evolve, it is important that faculty stay current in educational methodologies. Therefore, the DH RC recommends that standard 3-7, which requires faculty to have a documented background in educational methodology, be modified to include the word "current". To highlight the significance of each required faculty qualification area, the DH RC proposes inserting a line space between each area. The DH RC proposes inserting the word "current" once at the beginning of the intent statement and striking its repetitive use. In addition, the members of the DH RC determined that further examples of evidence may be beneficial to programs in demonstrating compliance with DH Standard 3-7 and proposes adding the examples as outlined in Appendix 17.

While discussing the educational methodology standard, the Committee determined an additional example of evidence that addresses funding for professional development, including educational methodology, be included within the related Standard 3-8. The DH RC proposes adding one additional example of evidence to facilitate program demonstration of compliance (Appendix 17). A question was raised as to whether there is the sufficient availability of faculty development programming related to educational methodology, considering the number of new dental hygiene programs that have been established over the past few years. Ms. Shepard replied that the standards related to professional development have been long-standing and that the issue was related to providing further clarity and direction to the programs, not availability.

Commission action: The Commission adopts the revisions to Standard 3-7 and Standard 3-8 in the Accreditation Standards for Dental Hygiene Education Programs (Appendix 17) with immediate implementation.

Addition of Content Experts to the DH RC: The Dental Hygiene Review Committee (DH RC) is currently comprised of nine (9) members, consisting of one (1) dentist, one (1) dentist educator, one (1) higher administration administrator, one (1) public member, one (1) dental hygiene Commissioner appointed by the American Dental Hygienists Association, one (1) dental hygienist practitioner, and three (3) dental hygienist educators. The DH RC noted the number of accredited dental hygiene programs has increased to 334 and accordingly, the DH RC has noticed a proportionate increase in the number of reports for review. At its July 17-18, 2012 meeting, the DH RC reviewed 62 program reports, totaling 3,798 pages. Two (2) reviewers, a primary and secondary, are responsible for presenting reports for the group consensus. Each reviewer is therefore responsible for reviewing nearly an average of 14 reports, averaging 844 total pages of report documents. To provide each program with equitable consideration and the level of thorough understanding necessary for the peer-review consensus process, the DH RC determined a minimum of one (1) additional dental hygienist educator, and one (1) additional dental hygienist practitioner

should be added to the Dental Hygiene Review Committee. Dr. Ziebert reminded the Commission that there is precedence for adding content experts to review committees when the workload of the committee indicates that this is necessary. Several advanced specialty review committees have added content experts since the USDE-mandated review committee reorganization in 2006.

Commission action: The Commission directs that two additional content experts, one (1) dental hygienist educator, and one (1) dental hygiene practitioner, be permanently added to the Dental Hygiene Review Committee due to the increase in the number of dental hygiene programs requiring review at each RC meeting.

Report of the Review Committee on Dental Laboratory Technology Education: Chair: Ms. Elizabeth Curran. Committee members: Dr. Fady Faddoul, Mr. Dennis Lanier, Ms. Betty Mitchell. Staff members: Ms. Patrice Renfrow, *interim* manager, Dental Assisting and Dental Laboratory Education, Commission on Dental Accreditation (CODA) and Ms. Alyson Nall, coordinator, Allied Program Reviews. Guests: Ms. Tami Grzesikowski, senior director, Allied Education Programs, American Dental Education Association (ADEA) attended the open session of the meeting. Mr. Bennett Napier, chief executive officer, National Association of Dental Laboratories attended the open session of the meeting via conference call. The meeting of the Review Committee on Dental Laboratory Technology Education was held July 19, 2012 at the ADA Headquarters Building.

Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs: The Review Committee on Dental Laboratory Technology Education (DLT RC) reviewed the annual report on the Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs. The DLT noted the Commission has reviewed seven (7) site visit reports on dental laboratory technology education programs based on the Standards. This report presents the number of times areas of non-compliance were cited by visiting committees conducting site visits between July 1, 2009 and October 31, 2011. An analysis of the citings indicates that 4.17% (1) related to Standard 1 – Institutional Effectiveness; 95.8% (23) related to Standard 2 – Educational Program; and 0% (0) related to the remaining standards. The DLT RC further noted that a trend in Standard 2- Educational Program relative to required course documentation (Standard 2-6) may be developing. Components that comprise Standard 2-6 have been cited a total of seven (7) times. In addition, the component of DLT Standard 2-21 related to post-soldering with noble metals has been cited three (3) times.

Commission action: This report was informational only; no action was taken.

Consideration of Proposed Revisions to the Accreditation Standards for Dental Laboratory Technology Education Programs: At its July 19, 2012 meeting, the Dental Laboratory Technology Review Committee (DLT RC) considered standards revisions proposed by the National Association of Dental Laboratories (NADL) Educators. In addition, the DLT RC directed Commission staff to review the Definition of Terms relative to their use within the Standards with the NADL Educators and requested the revisions be resubmitted for further consideration at the DLT RC's Summer 2012 meeting. At its July 19, 2012 meeting, the DLT RC reviewed and made minor modifications to the proposed standards to enhance the clarity of language, primarily within intent statements and examples of evidence. The DLT RC reached consensus that the proposed revised standards document (Appendix 18) will work to strengthen the educational process and

serve the greater needs of the public by offering enhanced guidance to CODA-accredited dental laboratory technology education programs relative to current industry standards.

Commission action: The Commission directs the revised Accreditation Standards for Dental Laboratory Technology Education Programs be circulated to the communities of interest for comment, until July 1, 2013, with open hearings conducted at the 2012 annual meeting of the American Dental Association and the 2013 annual meetings of the National Association of Dental Laboratories and the American Dental Education Association, for review at the Summer 2013 meetings of the Dental Laboratory Technology Review Committee and Commission.

Report of the Review Committee on Oral and Maxillofacial Radiology Education: Chair: Dr. Byron “Pete” Benson. Committee members: Dr. James Geist, Mr. Paul Lemont, Dr. Sanjay Mallya, and Dr. Charles Massler. Staff member: Ms. Sherin Tooks, Manager, Advanced Specialty Education, CODA. Guests: Dr. Christos Angelopoulos, Executive Director, American Academy of Oral and Maxillofacial Radiology, Dr. Mansur Ahmad, Secretary-Treasurer, American Board of Oral and Maxillofacial Radiology, and Dr. Karen Novak, Senior Vice President, Institutional Capacity Building, American Dental Education Association attended the policy portion of the meeting. The meeting of the Review Committee on Oral and Maxillofacial Radiology Education was held via telephone conference call on Monday, July 16, 2012.

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology: The Oral and Maxillofacial Radiology Education Review Committee considered the annual report of the frequency of citings of the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology. The Committee noted that the current standards were approved and implemented by the Commission on February 1, 2008. Since that date, six (6) oral and maxillofacial radiology site visits have been conducted by visiting committees of the Commission utilizing the February 2008 Standards. Two (2) citings occurred for the six (6) oral and maxillofacial radiology programs visited during the period of this report. One (1) citation occurred in Standard 5, Advanced Education Students/Residents, related to providing students/residents with an assessment of their performance at least semiannually. One (1) citation occurred in Standard 6, Research, related to the requirement that graduates have an understanding of epidemiology. Due to the limited number of site visits and citations, no analysis can be presented at this time; however, the current data suggests a majority of oral and maxillofacial radiology programs are in compliance with the accreditation standards.

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

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology: The Oral and Maxillofacial Radiology Education Review Committee (OMR RC) reviewed and discussed the proposed Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology submitted by the American Academy of Oral and Maxillofacial Radiology. The Committee noted that the proposed changes provided clarity to the standards and incorporated contemporary concepts related to training and practice in oral and maxillofacial radiology. The proposed changes also included use of the new common language definitions and new standard on ethics and professionalism, as directed by the Commission. Following further review and modification of the

document, the OMR RC recommended that the proposed Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology (Appendix 19) be circulated for a period of one year, with open hearings conducted at the 2012 annual meetings of the American Dental Association and American Academy of Oral and Maxillofacial Radiology, and the 2013 annual meeting of the American Dental Education Association. Comments received could be reviewed at the summer 2013 meetings of the Oral and Maxillofacial Radiology Review Committee and Commission.

Commission action: The Commission directs circulation of the proposed Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology (Appendix 19) for a period of one year with open hearings conducted at the 2012 annual meetings of the American Dental Association and American Academy of Oral and Maxillofacial Radiology, and the 2013 annual meeting of the American Dental Education Association. Comments received will be reviewed at the summer 2013 meetings of the Oral and Maxillofacial Radiology Review Committee and Commission.

Report of the Review Committee on Oral and Maxillofacial Surgery Education: Chair: Dr. Eric R. Carlson. Committee members: Drs. Jeffrey Bennett, Mary Ellen Cuccaro, and Ghali E. Ghali, Mr. Robert Giasolli, and Dr. Paul S. Tiwana. Staff: Dr. Catherine A. Horan, *interim* manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). Guests: Drs. Arthur C. Jee, president, Miro A. Pavelka, president-elect, Eric Geist, vice-president, and Larry Moore, immediate past-president; Ms. Randi V. Andresen, associate executive director, Advanced Education and Professional Affairs and Ms. Mary Allaire-Schnitzer, director, Advanced Education and Professional Affairs, the American Association of Oral and Maxillofacial Surgeons (AAOMS). Ms. Cheryl Mounts, executive director and Ms. Erin Elizabeth Killeen, manager, Certification Programs, the American Board of Oral and Maxillofacial Surgery (ABOMS). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education was held on July 17, 2012 at the ADA Headquarters Building.

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs (Residencies) in Oral and Maxillofacial Surgery: The Oral and Maxillofacial Surgery Education Review Committee (OMS RC) considered the annual report on the frequency of citings of Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery and noted the most frequently cited areas of non-compliance, including: Standard 4-9, on adequate training in both general anesthesia and deep sedation for outpatient oral and maxillofacial surgery procedures on pediatric patients, with 20 citings; Standard 2-2.2, on teaching staff size and time commitment, with 19 citings; Standard 1, on specific items of agreement for affiliations, common to all specialties, with 16 citings; and Standard 4-9.1, on volume of general anesthesia/deep sedations and Standard 6 on Research, with 15 citings each, for the period covered by this report.

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

Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery: The Oral and Maxillofacial Surgery Education Review Committee (OMS RC) considered the annual report on the frequency of citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, without additional comment.

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

Consideration of Revised Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery: The Oral and Maxillofacial Surgery Education Review Committee (OMS RC) received comment and considered for final adoption proposals for revision of the Pediatric Craniomaxillofacial Surgery fellowship (6-4.2) of the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery. The Committee noted that the ADA's Council on Dental Education and Licensure (CDEL) reviewed the proposed Standard without concern; no other comments were received. Further, the Committee recognized the need for work on classification within the OMS oncology and craniomaxillofacial surgery types of clinical fellowships to simplify and better reflect the training in these areas as well as opportunities for training in a two-year fellowship.

Commission action: The Commission adopts the revised Pediatric Craniomaxillofacial Surgery fellowship Standard 6-4.2 of the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (Appendix 20) with an immediate implementation.

Report of the Review Committee on Prosthodontics Education: Chair: Dr. Kent Knoernschild. Committee members: Dr. Donald Curtis, Dr. Lily Garcia, Dr. Richard Leupold, Dr. Martin Rutt, and Dr. James Sherrard. Staff Members: Ms. Sherin Toops, Manager, Advanced Specialty Education, CODA. Guests: Ms. Carla Baker, Associate Executive Director, American College of Prosthodontists and Dr. Karen Novak, Senior Vice President, Institutional Capacity Building, American Dental Education Association attended the policy portion of the meeting. The meeting of the Review Committee on Prosthodontic Education was held on Wednesday, July 18, 2012 at the ADA Headquarters Building.

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics: The Prosthodontic Education Review Committee considered the annual report of the frequency of citings of the Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics, which were approved in July 2008 and implemented on January 1, 2009. Twenty-six (26) site visit reports on prosthodontics programs (including maxillofacial prosthetics) conducted by visiting committees of the Commission utilizing the July 2008 Standards. An analysis of the citings shows that 23 of the 26 programs of this study (88%) received no citings. In total, four (4) areas of non-compliance were cited during the period of the study. The four (4) areas cited, with one (1) citing each, are Standard 3 related to continuous recognition/certification in basic life support including cardiopulmonary resuscitation for students/residents, faculty and staff involved in direct patient care; Standard 4-4.1 related to written goals and objectives for all instruction in the curriculum; Standard 4-4.2 related to content outlines for all didactic portions of the program; and Standard 4-6 related to instruction at the familiarity level in craniofacial growth and development. The data suggests that a majority of prosthodontic and maxillofacial prosthetic programs are in compliance with the Accreditation Standards.

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

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics:

The Prosthodontic Education Review Committee (PROS RC) considered the proposed Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics submitted by the American College of Prosthodontists. The PROS RC believed that the proposed changes address the Commission's directive to implement new common language definitions and a standard on ethics and professionalism. Dr. Knoernschild elaborated that the PROS RC revised the entire document to reflect prosthodontics as it is practiced today, fundamentally by its definition, which is included in the clinical curriculum portion of the standards. This document outlines prosthodontics as the only primary care specialty that is responsible for providing and guiding comprehensive patient treatment from diagnosis and treatment planning through definitive restoration and maintenance. The specialty of prosthodontics has moved away from a focus only on restorative procedures; instead, the revised standards reflect a holistic approach to treatment outcomes that effectively lead to a difference in the patients' quality of life. In addition, there are a number of important items that the Commission has directed be included in the standards, including, standards on evidenced-based dentistry and ethics and professionalism. The PROS RC reviewed the request from CDEL to include a standard on sedation and elected not to include a clinical standard on administration of sedation at the competency level at this time. Further, the proposed changes provide an enhanced explanation of the accreditation standards through the addition of multiple intent statements. Dr. Carlson took note of the addition of a standard related to sedation in the didactic portion of the document, as well as the letter from CDEL in which there is a specific interest in the Commission establishing common language on sedation for programs in general dentistry, GPR's, prosthodontics, endodontics, and other areas. He felt that this was appropriate and consistent with the theme that anesthesia belongs to all of dentistry. Dr. Greenwell requested clarification on the standard related to sedation and whether prosthodontics students were expected to demonstrate clinical competence in this area. Dr. Knoernschild responded that the standard on sedation was related only to the didactic, there is no clinical competency in sedation for prosthodontics students. The intent of the didactic sedation standard is to ensure that students receive adequate information to enable them to appropriately refer to other the specialties, in particular, oral surgery and periodontics. It is hoped that this standard will provide not only better communication with patients, but also better communication among the specialties. Dr. Schonfeld asked about proposed standard 4-21 that requires students to surgically place implants, but not to a level of competency. He noted that all of the other clinical program standards specify competence in the discipline-based procedures described, except 4-21. He asked if the intent is to train to a level that falls short of competency. Dr. Knoernschild responded that right now, many prosthodontics program residents are placing implants, so this is not a departure from what is happening now. The purpose of including standard 4-21 is to give students an opportunity to have a full understanding of collaboration with oral surgeons and periodontists. In addition, the intent of the standard is to provide a robust learning opportunity for students to become better at diagnosis and become better treatment planners, therefore, better prosthodontists. The standard is not at the competency level because the PROS RC wanted to make sure that all students have the implant placement experiences and at the same time, respecting what the other specialties are doing. Specialists in this aspect of care are trained to a competency level, and surgeons are the specialists at this.

Dr. Knoernschild moved the PROS RC recommendation that the proposed Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics (Appendix 21) be circulated for a period of one year, with open hearings conducted at the 2012 annual meetings of the American Dental Association and American College of Prosthodontists, and the 2013 annual meeting of the

American Dental Education Association, with comments reviewed at the summer 2013 meetings of the Prosthodontic Review Committee and Commission.

Commission action: The Commission directs circulation of the proposed Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics (Appendix 21) for a period of one year, with open hearings at the 2012 annual meetings of the American Dental Association and American College of Prosthodontists, and the 2013 annual meeting of the American Dental Education Association, with comments reviewed at the summer 2013 meetings of the Prosthodontic Review Committee and Commission.

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

Reminder of CODA Dates, including ADA Annual Session Open Hearings: The Commission reviewed meeting dates for the Review Committees and the Commission for 2013. In addition, the Commission was reminded of the open hearing dates for the ADA Annual Session in October 2012. According to Commission Policy on Open Hearings, at least two Commissioners should attend the open hearings.

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

Miscellaneous Affairs- Matters for the Commission as a Whole

Report of the Task Force on Off-campus Sites: Dr. Donley reported that at the February 3, 2012 meeting, the Commission on Dental Accreditation directed that a Task Force be formed to study the issue of programs with multiple off-campus sites and whether they can become “too big” for the Commission to monitor effectively. The Task Force met via conference call on July 9, 2012 to discuss the charge of the Commission. Prior to the conference call, the Task Force was asked to consider some key questions, including, whether a program with multiple off-campus training sites could ever become “too big.” Following discussion, the Task Force determined that if a program with multiple off-campus training sites continues to meet the accreditation standards at each site, it would be difficult to consider it “too big.” However, the Task Force believed there are concerns with the type of information received from programs when reporting the addition of off-campus sites. Additionally, it believed that there are different types of off-site experiences that may require different reporting requirements. For example, there are sites where the student/resident could receive the majority or all of their educational experience; there are sites that serve as short-term rotations; and there are sites where the experience gained is either observational or enrichment. Because of the differences in types of sites, the Task Force believed definitions for each should be developed prior to determining the reporting requirements for each. Subsequently, the Task Force learned that the Standing Committee on Documentation and Policy had also developed definitions and considered that Committee’s proposed definitions during their discussion. Following review of the Documentation and Policy Committee’s proposed definitions, the Task Force believed a few revisions could further clarify the difference between the sites. The Task Force also continued the discussion of reporting the addition of off-campus sites and believed guidelines could assist in ensuring the programs adequately report the addition of the off-campus site, including providing the appropriate supporting documentation. While the Task Force believed guidelines would be helpful, it also believed that it would be difficult to develop guidelines that would be appropriate

for all disciplines and believed that each discipline-specific review committee should develop guidelines to address each discipline. To aid in that task, the Task Force directed staff to develop a template document that the review committees could use as a starting point in developing discipline-specific guidelines.

In addition, the Task Force discussed the concept of “site coordinator” and what type of qualifications that individual should possess. While the Task Force agreed that each site should have a coordinator, it believed that this individual did not necessarily need to possess the same qualifications as the program director and believed the individual discipline-specific review committees should provide input into this decision. Therefore, the Task Force believed the review committees should be directed to consider whether site coordinators should possess the same qualifications as the program director. In addition, the review committees should consider if the requirement should be added as a “must” statement, intent statement to a standard, or as an example of evidence.

Finally, the Task Force believed that, should its recommendations be adopted by the Commission, its charge has been completed.

Commission action: The Commission directs the Standing Committee on Documentation and Policy to consider the proposed revisions to the Policy Statement on the Accreditation of Off-Campus Sites as noted in Appendix 22 and incorporate them into their recommendations to the Commission.

Commission action: The Commission directs the discipline-specific review committees to develop guidelines for reporting the addition of off-campus sites to ensure that the appropriate information is provided by the programs, for consideration by the Standing Committee on Documentation and Policy Review at its January 2013 meeting and consideration by the Commission at its Winter 2013 meeting. Appendix 23 should be used as a template for the guidelines.

Commission action: The Commission directs the discipline-specific review committees to consider whether off-site coordinators should possess the same qualifications as the program director. Recommendations should be made through the Standing Committee on Documentation and Policy for consideration by the Commission at its Winter 2013 meeting.

Report of the Standing Committee on Documentation and Policy Review: Dr. Knoernschild reported that the Standing Committee on Documentation and Policy Review met via conference call on July 11, July 26 and August 2, 2012. In carrying out its charge to ensure all Commission documents reflect consistency in application of Commission policies, the Committee continued its revision process of two Commission policies: 1) the Policy on Off-campus Sites; and 2) the Policy on Program Changes. The Standing Committee also reviewed new requests for consideration of revisions. These requests concerned the following policies: Criteria for Selection of Site Visitors for Advanced Specialty Education and Third Party Comments. Additionally, there was a request for a new policy on e-mail distribution lists. Further, the Committee also reviewed the introductory policies and general policies and procedures through the policy on Public Disclosure, to ensure currency and relevancy. Finally, the Standing Committee reviewed the assemblage of recommendations from all review committees on the topic of faculty training in educational methodology to develop the Standing Committee’s recommendation(s) to the Commission on this issue.

- **Policy on Off-Campus Sites:** The Standing Committee continued its review of the Commission’s Policy on Off-Campus Sites and focused its discussion on what the word “significant” means in the context of the policy; the exclusion of developing dental assisting education programs from expanding to off-campus sites not covered in their application; and the definitions of different types of off-campus (affiliated) sites. Dr. Knoernschild reviewed for the Commission proposed definitions of the different types of off-campus sites and the reporting mechanisms proposed for each of those types of sites. Dr. Gagliardi made a motion to specify that off-campus sites are locations recognized by the Commission “in the U.S.” for student/resident experiences. Dr. Schonfeld and Dr. Messura both wondered if the issues of international distance sites should be addressed in a different fashion with a separate, distinct international policy. Dr. Simms felt there could be significant, unintended consequences if the addition of “in the U.S.” was placed in the policy and he recommended further study. Dr. Gagliardi withdrew her motion. Dr. Knoernschild highlighted a further policy revision requiring programs to inform the Commission of initiation of new distance sites when the programs apply for grant funding, instead of after grant approval. Programs routinely inform the Commission of new sites after the funding for the sites has been approved, which leaves programs only a very short time to begin placing students at the site. This does not allow the Commission adequate time to evaluate the sites and frequently, programs ask for retroactive approval of the sites.

Dr. Knoernschild discussed the context for the Committee’s discussion of the definition of “significant.” The use of the word “significant” has been problematic for both programs and the Commission, as interpretation can vary widely. The Committee came to the conclusion that the context of “significant” should relate to meeting the accreditation standards and for student learning. Requests should be followed with a justification or a rationale based on outcomes assessment program, which should already be in place. Programs are expected to use outcomes to determine why a site is needed for a specific program that will support student learning for compliance with the standards.

Regarding the exclusion of a developing dental hygiene or assisting program from expanding to additional off-campus sites not included in their application, the Standing Committee also recommended review committee input, for the Commission’s Winter 2013 meetings, to determine whether other disciplines under the Commission’s purview would also benefit from this exclusionary language. Several Commissioners pointed out that the Policy on Off-campus Sites requires further revisions and clarifications, especially related the written agreement requirement. In response, Dr. Knoernschild withdrew the Committee’s first recommendation that the Commission adopt the proposed revisions to the Policy on Off-Campus Sites for immediate implementation.

Dr. Knoernschild reviewed the proposed definition of “enrichment site” and the Committee recommendation to solicit input from the RC’s for Commission consideration at the Winter 2013 meeting.

Commission action: The Commission directs the circulation to all review committees, a proposal on a definition for enrichment sites (Appendix 24) to be considered as a third type of off-campus sites for the Policy on Off-Campus Sites, to clarify the level of reporting of this type of site, for the Winter 2013 Commission meetings.

Commission action: The Commission directs the circulation to all review committees, revised language of the Policy on Off-Campus Sites, regarding the exclusion for a developing dental

hygiene or assisting program from expanding to off-campus sites not included in their applications (Appendix 25), to determine whether other disciplines under the Commission's purview would benefit from the use of the exclusionary language as well, for the Winter 2013 meetings.

- **Policy on Program Changes:** The Standing Committee revisited the Commission's Policy on Program Changes by reviewing and subsequently recommending revisions to the examples of program changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual review committee meeting. These program changes must be reviewed by the appropriate Review Committee and approved by the Commission to ensure that the program continues to meet the accreditation standards. At the same time, the Standing Committee noted that the Predoctoral Dental Education Committee had presented similar revisions, some of which were conflicting. Accordingly, the Committee recommended that the review committees study and provide feedback on the proposed revisions by the Standing Committee, and by the Predoctoral Education Committee. These comments should be submitted to the Standing Committee for consideration of definitive policy revision prior to the Winter 2013 Commission meeting.

Commission action: The Commission directs circulation to all review committees, revisions on the Policy on Program Changes proposed by both the Commission's Standing Committee on Documentation and Policy Review and the Predoctoral Dental Education Review Committee (Appendix 26), for consideration at the Winter 2013 meetings.

- **Policy on Criteria for Selection of Site Visitors for Advanced Specialty Education:** In its review of CODA appointments of orthodontics site visitors during the Winter 2012 meeting, the Orthodontics Education Review Committee (ORTHO RC) recommended two revisions to the Commission's Policy on Criteria for Selection of Advanced Specialty Education Consultants. At its Winter 2012 meeting, the Standing Committee concurred with the first recommendation, but deferred recommendation upon the second proposal, pending additional background. Accordingly, a one-question email survey was sent to all CODA-appointed advanced specialty education consultants to determine whether any of these consultants had not completed a CODA-accredited residency program in the specialty in which CODA had appointed them. Results revealed that a change in policy as recommended by the ORTHO RC, in its second proposal, could negatively impact upon the selection of CODA-appointed consultants in advanced specialty education. For example, the proposal would exclude internationally-trained specialists, and consultants in the specialty of oral and maxillofacial radiology, who did their training before the specialty was recognized. Survey comments suggested that individuals with this background and experience can have significant contribution to advanced education in their specialty, as well as to the CODA evaluation process. As a result of findings from this survey, the Standing Committee recommended a second proposed revision, with an immediate implementation.

Commission action: The Commission adopts the revision of the Policy on Criteria for Selection of Site Visitors for Advanced Specialty Education (Appendix 27), with immediate implementation.

- **Consideration of an Accreditation Standard for Faculty Training in Educational Methodology:** The Standing Committee received comment from all review committees on a common accreditation standard for faculty training in educational methodology, as directed by

the Commission at its Winter 2012 meeting. The Committee agreed that the development of a common standard on this issue must allow for flexibility in compliance and not be prescriptive. The Committee noted that the majority of review committees (PREDOC, POSTDOC, DA, DH, DLT, ENDO, OMS, ORTHO, PERIO) indicated that a discipline-specific standard addressing the Commission's concerns in this area already exists in their accreditation standards, while other review committees (OMR, PED, PROS) recommended that the Standing Committee draft and circulate a proposed standard. Related to this recommendation, the Oral and Maxillofacial Pathology education review committee had recommended that "if" the Commission moves forward with a common standard, the proposal be circulated to all review committees. To address this recommendation, the Committee reviewed the relevant predoctoral dental education standards (3-2), with complementary statements of intent and examples of evidence and came to the conclusion that professional development was distinct from educational methodology. The Committee further maintained that training in educational methodology would be an important contributor to ongoing faculty development and stressed that the training is a process for clinical and didactic faculty. The Committee also concurred with another comment by the DPH RC that outcomes of the training program would determine the need for and specific components of a standard on faculty training in educational methodology. Thus, disciplines may have differing faculty training needs, and individuals programs may have differing needs. The Standing Committee concluded that a common standard on faculty training in educational methodology, based upon the predoctoral dental education Accreditation Standard 3-2, with appropriate modifications in accordance with the Committee's discussion, be considered by all review committees, for review at the Commission's Winter 2013 meetings. The intent of the recommendation would apply to all disciplines regardless of whether a relevant discipline-specific standard or proposed revised relevant discipline-specific standard already exists.

Commission action: The Commission directs circulation to all review committees a proposed common accreditation standard on faculty training in educational methodology (Appendix 28), for consideration at the Winter 2013 meetings.

- **Periodic Review of CODA Policies:** The Standing Committee reviewed the introductory policies and general policies and procedures through the policy on Public Disclosure to ensure currency and relevancy and, except for an editorial edit, found no policies requiring revision at this time. The Committee noted that the Commission's Evaluation and Operational Policies and Procedures (EOPP) manual was updated recently in accordance with United States Department of Education criteria for recognition.
- **New Proposed Policy on Requests for Email Distribution Lists:** Due to a growing number of requests for email distribution lists, the Standing Committee discussed the need for a policy to guide staff in responding to these requests. The Committee noted that there is an existing Policy on Customized Survey Requests, but the existing policy is related to the annual survey data collected from the programs, and does not cover requests for email distribution lists. The Standing Committee believed a Policy on Email Distribution Lists Requests was needed and proposed a new policy with an immediate implementation. The Committee further recommended that the proposed new policy be placed immediately after the Policy on Customized Survey Data Requests, as item "IV.AA" of the EOPP.

Commission action: The Commission adopts a new Policy on Requests for Email Distribution Lists (Appendix 29), for placement immediately after the Commission's Policy on Customized

Survey Data Requests, as item “IV.AA” of the Evaluation and Operational Policies and Procedures, with an immediate implementation.

- ***Third Party Comments:*** At its July 26, 2012 meeting, the Standing Committee reviewed the Commission’s Policy on Third Party Comments and noted that the policy statement on soliciting Third Party Comments could be strengthened, by substituting a “may” for a “must” statement, and clarified, by listing all categories of interested parties from whom comments are to be solicited. Accordingly, the Standing Committee recommended revision with immediate implementation.

Commission action: The Commission adopts the revisions to the Policy on Third Party Comments (Appendix 30), with immediate implementation.

Report of the Standing Committee on Communication and Technology: Dr. Messura reported that at its Summer 2011 meeting, the Commission on Dental Accreditation (CODA) directed that the Standing Committee on Communication and Technology continue its work related to eight initiatives, to include enhancement of the Commission communication process, development of a communication plan, monitoring of technology for accreditation practices, development of an ad hoc committee to study alternative site visit methods, and further study of continuous monitoring of programs.

The Standing Committee reviewed the Commission’s directives from the Summer 2011 meeting, which included eight (8) action items. Below is a description of each action item and the Standing Committee’s recommendations to the Commission at this time.

- ***Summer 2011 Commission Action:*** *The Commission directs CODA staff to re-submit CODA “Resolution 55–Dedicated Staff to Sustain Implementation of CODA Communications Plan” to the ADA House of Delegates at a future date, following the development of a CODA communications plan and job description for a dedicated staff position.*

Standing Committee Discussion: The Standing Committee noted the continued importance of Resolution 55 and believed the Commission should resubmit this resolution for consideration by the ADA House of Delegates following CODA’s development of a communication plan. Comments on the communication plan are noted elsewhere in this report. The Committee will continue to monitor development of a communication plan to include the planned resubmission of Resolution 55.

- ***Summer 2011 Commission Action:*** *The Commission directs the establishment of a “Question and Answer Room” beginning at the 2012 American Dental Education Association Annual Session, with the goal of providing an opportunity for program administrators and faculty to meet CODA staff and Commissioners to increase accessibility to the Commission and provide one-on-one time for questions and discussion.*

Standing Committee Discussion: The Standing Committee noted that CODA established a Question and Answer Room at the American Dental Education Association (ADEA)

Annual Session on March 18, 2012 from 10:00 a.m. until 1:00 p.m. Commission staff reported that over 75 individuals attended the session. The Committee recommended that the Question and Answer Room be a yearly Commission activity during the ADEA Annual Session. The Committee also discussed the benefit of a question and answer room through CODA staff presence at other dental meetings, especially during periods of standards revisions as a result of the Commission's Validity and Reliability (V&R) process. The Standing Committee felt that the Commission should explore the feasibility of extending the Question and Answer Room to other dental meetings when Open Hearings are planned in conjunction with the V&R study of the accreditation standards.

- **Summer 2011 Commission Action:** *The Commission directs the Standing Committee on Communication and Technology review the electronic newsletter (CODA Communicator) prior to each publication; and further directs that CODA staff refine the distribution process used to disseminate the newsletter to create smaller distribution groups; and further directs CODA staff to better emphasize to newsletter recipients the importance of adding the CODA to the recipient's address book to alleviate loss of the newsletter in spam filters.*

Standing Committee Discussion: The Standing Committee will review the Fall 2012 CODA electronic newsletter. It was noted that CODA staff has a meeting scheduled for August 21, 2012 with the American Dental Association's Electronic Communications staff to discuss enhancements to the distribution of the newsletter. The Standing Committee asked that CODA staff provide an update at a future meeting.

- **Summer 2011 Commission Action:** *The Commission directs CODA staff to contact the organizations representing the Commission's communities of interest to request that partnerships be developed through which CODA may provide information for publication in the interest group's newsletter and website.*

Standing Committee Discussion: The Standing Committee noted that a letter from Commission Chair, Dr. Steven Tonelli, was sent to all of the Commission's communities of interest to inquire about organizations' willingness to receive communications from CODA. At the time of the Standing Committee's meeting, the Commission received positive responses from 68 organizations, consisting of 23 boards of dentistry, 35 dental associations, 7 specialty organizations/boards, the American Student Dental Association, the Academy of General Dentistry, and the American Academy of Oral Medicine. The Standing Committee felt that the responses received indicated willingness among the communities of interest to enhance communication with the Commission and further emphasized the importance of developing a communication plan. The Committee believed that results of the communication study (see elsewhere in this report) will provide additional information to support this communication initiative.

- **Summer 2011 Commission Action:** *The Commission directs CODA staff to submit to the*

ADA Communications and Marketing Division the CODA Strategic Communication's Plan worksheet to initiate the process of developing a CODA-specific communication and marketing strategy. The Commission further directs the Standing Committee to engage with the Communications and Marketing Division to establish the proposed plan and provide future updates to the Commission.

Standing Committee Discussion: The Standing Committee reviewed the Communication Plan that was submitted to the ADA's Communication and Marketing Division. The Standing Committee learned that CODA staff had participated in several meetings with the Communications staff, who recommended that a communications survey be developed and circulated to CODA's communities of interest. The Standing Committee reviewed and approved the proposed survey with slight modification. The Committee believed that the survey should be sent to all communities of interest, including administration and program directors at institutions which sponsor CODA-accredited programs. The Committee believed that the survey could be circulated over the next year and data analyzed for review at the summer 2013 meeting of the Commission.

- **Summer 2011 Commission Action:** *The Commission directs the Standing Committee on Communication and Technology to continue to monitor enhancements in technology for the purpose of streamlining the self-study and accreditation process.*

Standing Committee Discussion: CODA staff reported to the Standing Committee that the ADA Information Technology department is working with Aptify developers to construct a web-based platform that will serve the business needs of the ADA's various departments. For CODA, Aptify development is to begin in 2013 or 2014 and will likely enable CODA to collect program reports and self-study documents through an electronic platform. There may also be functionality to enable site visit teams to communicate through private discussion areas on the site. CODA staff will continue to inform the committee as plans are underway to develop CODA's usage of Aptify.

- **Summer 2011 Commission Action:** *The Commission directs the formation of an ad hoc committee to assist the Standing Committee on Communication and Technology in the development of an alternative site visit pilot study. The ad hoc committee will be composed of three (3) to four (4) CODA site visit consultants and two (2) Standing Committee members. Suggestions provided by the ad hoc committee will be forwarded to the Standing Committee for consideration, with a final report and recommendations to the Commission.*

Standing Committee Discussion: The Standing Committee reviewed the minutes of the July 9, 2012 Ad Hoc Committee on Alternative Site Visit Methods. The Standing Committee noted that numerous concerns were discussed by the Ad Hoc Committee, related to the alternative site visit process using technology in place of on-site visits. Concerns were primarily related to privacy, HIPAA, technology support, transmission of information, and consistency of the accreditation process.

The Committee noted the Ad Hoc Committee's recommendation that alternative methods, such as video conferencing or teleconferencing, could be used by the consultants who are

stationed at the program's home site to conduct interviews, only, of personnel at off-campus sites. The Committee also noted that the Ad Hoc Committee did not believe that alternative methods should be used as a substitute to the on-site visit of additional sites, if the Commission must conduct program reviews of the off-campus sites beyond interviewing off-site personnel.

The Standing Committee noted the Ad Hoc Committee's recommendation that CODA not move forward with a pilot study at this time; however, the Ad Hoc Committee felt that a survey should be sent to program director, deans/CAO's and CEO's of accredited programs/institutions to gather data on the program's ability to comply with necessary privacy and infrastructure requirements that may be necessary.

The Standing Committee reviewed the proposed survey questions as well as the data collected by CODA staff on cost and resource implications associated with alternative site visit methods. The Standing Committee also reviewed United States Department of Education regulations pertaining to visiting programs as part of the accreditation process. Following discussion, the Standing Committee believed that on-site visits are an integral part of the accreditation process and recommended that the alternative site visit method and related pilot study be discontinued at this time. The Standing Committee agreed with the limited usage of technology during site visits, as described in the prior paragraph and noted by the Ad Hoc Committee. The Standing Committee felt that as technology develops there may be future opportunities for the Commission to revisit this topic.

- ***Summer 2011 Commission Action:*** *The Commission directs the Standing Committee on Communication and Technology further study the feasibility of a system for continuous monitoring of programs, including development of criteria and guidelines and determining the methods and frequency for continuous monitoring, prior to further review committee consideration of this topic. The Standing Committee is directed to present an update report on this topic, including a framework for continuous monitoring of programs, at a future Commission meeting.*

Standing Committee Discussion: The Standing Committee reviewed the comments from the Commission's education review committees related to continuous monitoring of programs, noting that most committees requested clarity on the expectation of a continuous monitoring process. The Committee also reviewed the United States Department of Education regulations related to this topic, as well as the various policies and procedures currently in place to continuously monitor programs. The Committee discussed the use of Aptify technology, as a way to continuously monitor programs in the future. The Committee also noted that the Commission's Annual Survey of Accredited Programs, as well as the CODA policies on program change, authorized enrollment, teach-out, off-campus sites, complaints, and third party comment, provide several mechanisms through which programs would continuously update the commission on program changes, thus providing a robust continuous monitoring process. The Committee noted, however, that many programs are not fully aware of the expectation of some policies such as the policy on program change or the requirement to note changes in the annual survey and also report the change directly to the CODA office. It was believed that further explanation of the expectations regarding each policy could ensure that programs inform the Commission of

changes on an ongoing basis to facilitate continuous monitoring. Finally, the Committee believed that due to review committee workload issues, the CODA staff should continue to monitor the various reports and changes submitted by programs and provide to the review committees and Commission only those changes which require review committee or Commission action. Following lengthy discussion, the Standing Committee concluded that CODA's current methods for continuous monitoring of programs provides good oversight of program change and should be maintained, though it may be necessary to further educate programs regarding the expectation of keeping the Commission informed of changes through various CODA policy.

Commission action: The Commission directs that the development of a communications plan continue to be monitored and that Resolution 55, requesting a dedicated staff position for communication initiatives, be resubmitted to the ADA House of Delegates upon completion of the communications plan.

Commission action: The Commission directs that the CODA Question and Answer Room be continued at the annual American Dental Education Association meetings. The Commission directs the Standing Committee on Finance to explore the feasibility of funding additional Question and Answer Rooms at annual meetings of dental organizations during the period of standards revisions as a result of the Commission's Validity and Reliability Study.

Commission action: The Commission directs that CODA staff report to the Standing Committee on Communication and Technology enhancements in distribution of the CODA Electronic Newsletter to refine the distribution and receipt process.

Commission action: The Commission directs CODA staff, with support from the ADA Communication and Marketing Department, to submit a survey request to the ADA's Survey Center to facilitate distribution and data analysis for the Commission's communication survey and directs the distribution of the survey and analysis of the data for review by the Standing on Communication and Technology at its Summer 2013 meeting, with a report to the Commission at the same meeting.

Commission action: The Commission directs that CODA staff continue to monitor enhancements in technology related to streamlining the self-study and accreditation process, including the utilization of Aptify.

Commission action: The Commission discontinues the study of alternative methods for conducting site visits. The Commission affirms the practice of using video conferencing or teleconferencing by consultants who are stationed at the program's home site to conduct interviews, only, of personnel at off-campus sites. The Commission further affirms that alternative methods for conducting site visits not be used as a substitute to physical site visits of programs beyond interviewing off-site personnel. The Commission will continue to monitor educational and accreditation practices, which may allow for a revisiting of this topic at a future date.

Commission action: The Commission directs that CODA staff maintain the current continuous monitoring process, with reports to CODA's review committees when program

compliance is questioned or when policy dictates CODA action. The Commission directs that CODA staff inform accredited programs of the expectation of reporting, per the specific guidelines of each CODA policy, as a mechanism for continuous monitoring of programs.

Report of the Nominating Committee: Dr. White reported that the Standing Committee on Nominations met via conference call on August 8, 2012 to consider the nominations of qualified consumer/public members for the Commission on Dental Accreditation (CODA) and nominations to vacant positions on Review Committees. After careful consideration of the nominees' qualifications, the Committee proposes the following candidates:

Specialty Dentist Educator (1 vacancy- Pre-Doctoral Education Review Committee)

- Dr. Nicholaas Geurs

Alternate: Dr. Homa Amini

GPR Educator nominated by the American Association of Hospital Dentists (AAHD) for the Review Committee on Postdoctoral Education (PGD RC)

- Dr. L. Stanley Brysh

Alternate: Dr. Timothy John Halligan

The Committee did not receive qualified nominees for the Public Member vacancy on the Dental Laboratory Technology Educator Review Committee and for Advanced Education in General Dentistry (AEGD) Educator vacancy on the Post-Doctoral General Dentistry Review Committee.

Commission action: The Commission appoints the nominees identified by the Standing Committee on Nominations to the open positions on the appropriate review committees.

Request by the American Dental Hygienists Association (ADHA) Regarding an Additional Appointment to the Commission: On May 25, 2012, the Commission received correspondence from the American Dental Hygienists Association (ADHA) requesting an additional appointment to the Board of Commissioners. Commission membership is outlined in both the *ADA Bylaws* and the *Rules of the Commission on Dental Accreditation*. The members of the Commission appointed by the specialty sponsoring organizations and allied dental sponsoring organization are outlined in the *Commission Rules* and requires CODA to submit the changes or revisions and amendments to the ADA House of Delegates for approval by majority vote, either through or in cooperation with the Council on Dental Education and Licensure. Dr. Tonelli made a motion to refer the ADHA request to the Standing Committee on Quality Assurance and Strategic Planning for further study.

Ms. Shepard provided background for the request from the ADHA. She reported that the ADHA hired an independent accrediting consultant through American Society of Association Executives, and conducted a series of focus groups. She participated in the focus group held at the ADEA Annual Session with the dental hygiene educators. It was her impression that the educators felt the programs were currently being evaluated in a fair manner and that there was a very good peer process in place for site visits. The consultant did talk about the financial implications of a separate accrediting body and the fact that other professions, such as nursing, have independent accrediting bodies. There are also some accrediting bodies that base the composition of membership by the number of programs accredited and it is from that aspect that the request was brought forward. Ms. Shepard stated that there is a question of why ADEA has four dental educators as appointees to the

Commission, but no allied representation. She believes the ADHA request is logical and that referral to the Standing Committee on Quality Assurance and Strategic Planning is appropriate. Dr. Gagliardi stated that she appreciates all the work ADHA did in regards to this issue and proposed an amendment to the motion to include other allied dental programs for additional representation. The amended motion passed.

Commission action: The Commission refers the request from the ADHA for an additional dental hygiene appointment to the Commission to the Standing Committee on Quality Assurance and Strategic Planning for evaluation and consideration at the February 2013 Commission Meeting. The Committee should also consider additional allied dental representation to the Commission.

Review of Initial Application Requirements: Dr. Buchanan provided background for a potential issue with the current Initial Accreditation (IA) application process related to predoctoral dental education. He stated that the issues have nothing to do with rigorous scrutiny or high expectations for quality in the accreditation standards; rather, they have to do with timing and sequence and what is more sensible in the life-cycle of the new school. In particular, there is a disconnect between how course descriptions are prepared; what is expected in the descriptions of the courses; and hiring of the faculty that will eventually give these courses. Current IA requirements stipulate that courses are planned in detail well before the faculty are actually hired at a new school. Subsequently, the courses undergo a change from what is presented to the site visit team and the Commission. In order to make the documentation more authentic, Dr. Buchanan suggested that the timing and process of the IA be evaluated by the PREDOC RC. He also suggested that the PREDOC RC communicate with administration and faculty of new schools to get their input on the IA process. Dr. Williams agreed with Dr. Buchanan's comments, and noted that it would be appropriate for the PREDOC RC to evaluate the overall IA process at this time.

Commission action: The Commission refers the issue of the timing of the requirement of submission of course description and syllabi in the Initial Accreditation application process to the PREDOC RC for review and possible adjustment of sequence.

ADA request on Annual Fees: Dr. Tonelli provided background on the determination of annual fees charged to accredited programs. Until 1995, the ADA provided full financial support for accreditation activities. This support linked to ADA's decision to initiate an accreditation program in 1938 and its goal of ensuring the long-term viability of the profession through support for quality dental education. Accreditation fees were first charged in 1995, according to the formula recommended by Resolution B-71-1993. In 1996, the Board directed that the ADA support 65% of accreditation expenses; this required a 50% increase in accreditation fees in 1997. CODA's ratio of revenue to expenses increased from approximately 35% to near 50% in 1999 and has been 50% or greater since 2000. Accordingly, CODA revenue has covered at least 50% of direct expenses, and the ADA has covered the remainder of direct expenses and all indirect expenses. In 2003, CODA adopted a policy of maintaining this balance and implementing regular, annual, cost-of-living fee increases. In addition, in some years, CODA has implemented greater fee increases to fund special projects, such as development of site-visit consultant training materials. At the 2010 ADA Annual Session, the House of Delegates endorsed the 50-50% split with the Commission for direct and indirect expenses, achieved through a 7.2% increase in annual fees per year for six years. In 2011, the Commission increased annual accreditation fees, as well as application fees, by 5.75% for the

2012 fiscal year. This was less than the originally projected 7.2% increase because costs associated with site visits for 2012 were projected to be the same as for 2011.

In 2011, accreditation fees and application fees were higher than projected, while expenses were significantly lower than expected. The reason for lower expenses was three-fold: a decrease in the number of RC's holding in-house meetings; a decrease in staff travel to ADEA, ASPA, and CDAC meetings; and a decrease in the cost of site visitor travel. For 2011, the CODA-ADA expense ratio was 53%-47%. At the February 2012 meeting, the Commission increased annual fees 4% for 2013 in order to more closely align the CODA-ADA expense ratio to 50%-50%. Midyear budget projections for 2012 show that the expense ratio will be the same for 2012 as it was for 2011 at 53%-47%.

Finalization of the ADA budget for 2013 occurs after the Commission has analyzed expense and revenue projections in the determination of its own budget. As the trends for expenses and revenues can be different for the ADA budget compared to the Commission budget, in the past the ADA has requested that the Commission further adjust annual fees to increase revenue and/or decrease expenses. At the June 2012 meeting, the Board of Trustees preliminarily approved an ADA budget that called for the Commission to generate an additional \$72,000.00 in revenue for 2013, which represents an increase of an additional 4% in annual accreditation fees over and above the 4% increase in annual fees approved by the Commission in February 2012.

Commission action: The Commission directs the annual fees for 2013 for accredited programs be increased an additional 4% from the fees established at the February 2012 Commission meeting.

Request to Consider Policy Changes on Program Sponsorship: Dr. Ziebert reported that the Commission has received a request from the Director of the Advanced Education in General Dentistry Residency Program at the University of New Mexico for a clarification and possible revision of Commission policy on institutional sponsorship of programs. Government funding has become available through 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, sponsored by the University of New Mexico, 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 issue. Dr. Donley agreed that this is an issue that will require careful Commission consideration.

Commission action: The Commission refers the request to clarify and re-evaluate the Policy on Transfer of Sponsorship, in light of changes in policy and procedure for federal funding available to graduate dental education programs, to the Standing Committee on Documentation and Policy Review for consideration at the February 2013 Commission meeting.

ADA Board of Trustees Resolutions for Consideration by CODA: At its December 2011 meeting, the ADA Board of Trustees passed a motion requesting the President to appoint a Board Workgroup to assess the CODA Predoctoral Dental Education Accreditation Standards and to report its findings and preliminary recommendations for revisions that the Board may communicate to CODA. The Workgroup met via conference call on Tuesday, February 28, 2012, Monday,

March 26, 2012 and Tuesday, May 1, 2012 and made three recommendations as a result of their assessment of the Predoctoral Dental Education Standards. The Board of Trustees met on June 10-12, 2012 and July 29-31, 2012 in Chicago, IL and agreed with the Workgroup, adopting three resolutions related to education, accreditation and the Commission on Dental Accreditation. In particular, the BOT noted at the last Commission meeting, CODA approved a requirement that all dental hygiene programs must first perform a needs assessment prior to applying for accreditation, including an analysis of employment opportunities for graduates. Dr. Ziebert reported to the BOT that initial accreditation applications do require programs to report on several elements that normally are included in a needs assessment, although a formal needs assessment is not required by CODA for proposed predoctoral dental education programs. Dr. Ziebert did state though, that it would be a very rare circumstance in which a university would not conduct a formal needs assessment whenever it proposed to open any type of education program, including dental. The following BOT resolution requires action by the Commission:

Resolved, that the ADA Board of Trustees strongly urge the Commission on Dental Accreditation to require a formal needs assessment and feasibility study for all predoctoral dental education programs applying for initial accreditation.

There was no further Commission discussion regarding the BOT resolution.

Commission action: The Commission refers the request of the ADA Board of Trustees to consider requiring a formal needs assessment and feasibility study for all predoctoral dental education programs applying for initial accreditation to the Predoctoral Dental Education Review Committee for evaluation and consideration at the February 2013 Commission Meeting.

ADA Strategic Plan Update: Dr. Feinberg updated the Commission on the ADA strategic plan. She reported that the ADA is pleased to see progress that CODA is making on its own strategic plan, and in particular, is pleased that Commission is exceeding its goal regarding its share of expenses in managing the accreditation program.

The ADA strategic plan has four goals and the Board of Trustees decided to focus on two goals for 2012: “provide support to dentists so they may succeed and excel throughout their careers” and “ensure that the ADA is a financially stable organization that provides appropriate resources to enable strategic and operational initiatives.” The ADA budgetary process was much different this year compared to past years, with the ADA looking to stabilize its membership and cut expenses through sun-setting of programs. This year, all ADA programs were evaluated across the board utilizing a soft-ware program called “Decision Lens” which helped determined which program ADA-wide were still relevant. The ADA hopes to continue to refine this process for 2013 and looking forward to working with the Commission on a variety of issues.

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

CODA Operating Plan Update 2012: Dr. Ziebert reported that the Commission has met two of four of its goals for 2012: be the trusted resource for information about the quality of dental and allied dental education programs through re-recognition by the USDE; and decrease the percentage of the ADA contribution to the 2012 CODA annual budget. Continued progress is being made to meet

two other goals for 2012: development of a communications and public relations plan with assistance from ADA Division of Communications and increase the use of technology in aspects of the accreditation process to allow educational programs to more effectively submit required information and to allow CODA more efficient and up-to-date access to information.

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

Update on the Task Force on Development of Accreditation Standards for Dental

Therapy Education Programs: Dr. Biermann reported that the Commission chair appointed the following people to the Task Force on Development of Accreditation Standards for Dental Therapy Education Programs:

Dr. Michael Biermann, chair (CODA Commissioner)

Dr. Cecile Feldman, Dean, UMDNJ School of Dentistry (predoc educator member, Predoc RC)

Dr. Gerald Ferretti, Director of Pediatric Dentistry, CWRU School of Dentistry (predoc educator member, Predoc RC)

Dr. George Kinney, private practice (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 (predoc site visitor)

The Task Force will be meeting via conference call in the Fall to begin the process of developing accreditation standards for dental therapy education programs.

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

Report of the Commission on Dental Accreditation of Canada: Dr. Claude LaMarche, Chair of the Commission on Dental Accreditation of Canada (CDAC), reported that CDAC now has reciprocal agreements with both Australia and New Zealand, and anticipates it will soon sign a reciprocal agreement with Ireland. In addition, the province of Quebec has a reciprocal agreement with France. Graduates of dental education programs in these countries are eligible to sit for the licensure examination in Canada and if they pass the exam, are able to practice in any province.

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

Update on the Activities of the Liaison Committee on Surveys and Reports: Dr. Williams, chair of the Liaison Committee on Surveys and Reports, updated the Commission of the recent activities of the Liaison Committee. A long-standing, joint committee of CODA, ADEA, and CDEL representatives, the Liaison Commission oversees the annual surveys of dental education programs that are required by the Commission. The Liaison Committee is evaluating the utilization of new technologies to shift the focus from static paper reporting mechanism to much more dynamic and robust data set. This has the potential to be helpful for all in the academy to do policy and trend analysis in a more effective manner. In addition, as the USDE has a criterion on continual monitoring of education programs between site visits, it should provide more timely and in-depth

data for the Commission. There were several meetings this past year which focused on a critical analysis of the type of information collected as the Committee continues to evaluate mechanisms to allow more effective trend analysis in a data-driven way.

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

CODA Staffing Update: The Commission learned that due to several changes in staff personnel, there are currently five open positions; including two manager positions. Each of the positions has been open since before the February 2012 Commission meeting. Commissioners were encouraged forward any qualified applicants to the attention of the ADA Senior Vice-president for Education and Professional Affairs.

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

Survey of Meeting: Dr. Ziebert reminded Commissioners to complete the survey sent via e-mail following the meeting. The survey is important for determining whether the Commission is meeting its goals for the year.

Election of Chair and Vice Chair of the Commission: Dr. Kent Knoernschild was elected Chair for 2012-2013; Dr. Judith Messura was elected Vice-chair for 2012-2013.

Presentation of Plaques: The following Commissioners received a plaque acknowledging their service on the Commission:

Dr. Richard N. Buchanan
Dr. Robert Ray
Dr. Steven Tonelli
Dr. Christopher Wenckus
Dr. Alex White

New Business: There was no new business.

Adjourn: The meeting adjourned at 11:37am.

