

## MINUTES

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

July 30 and 31, 2009

**Call To Order:** The Chair, Dr. James Koelbl, called a regular meeting of the Commission on Dental Accreditation to order at 1:00 P.M. on Thursday, July 30, 2009, in the Hillenbrand Auditorium of the ADA Headquarters Building, Chicago, for the purpose of reviewing educational programs. This portion of the meeting was conducted in closed session.

**Roll Call:** Dr. Bruce Barrette, Dr. Paul Casamassimo, Dr. Heidi C. Crow, Dr. Bryan Edgar, Mr. Gary Gann, Dr. Vincent J. Iacono, Dr. Donald R. Joondeph, Dr. Mel L. Kantor, Dr. James Koelbl, Dr. Lee Koppelman, Ms. Kathleen Leonard, Dr. Patrick J. Louis, Dr. Logan Nalley, Ms. Anna Nelson, Dr. Larry Nissen, Dr. Reuben N. Pelot III, Dr. Jason Pickup, Dr. Robert Ray, Dr. Michael Reed, Ms. Mary K. Richter, Dr. E. Les Tarver, Mr. Kenneth C. Thomalla, Dr. J. Steven Tonelli, Dr. Sharon Turner, Dr. Christopher Wenckus, Dr. B. Alexander White, Dr. Ronald D. Woody, and Dr. John M. Wright

Dr. Richard Buchanan and Dr. Karen Kershenstein, were unable to attend.

In addition to the staff of the Commission, Dr. Marie Schweinebraten, ADA Trustee Liaison and representatives of the Commission on Dental Accreditation of Canada (CDAC) attended.

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

**Approval of the Minutes from the January 29-30, 2009 Meeting:** The Commission approved the minutes from the January 29-30, 2009 meeting.

**Consideration of Matters Relating to Accreditation Status:** The Chair opened the meeting by reading 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 January 2009 meeting. Accreditation actions are summarized in the "Report on the Accreditation Statuses of Educational Programs" (Appendix 1).

**Adjournment:** The Commission adjourned the closed session at 4:30 P.M.

**Call To Order:** The Chair, Dr. James Koelbl, called the regular open meeting of the Commission on Dental Accreditation to order at 8:30 A.M. on Friday, July 31, 2009, in the Hillenbrand Auditorium of the ADA Headquarters Building, Chicago.

**Roll Call:** Dr. Bruce Barrette, Dr. Paul Casamassimo, Dr. Heidi C. Crow, Dr. Bryan Edgar, Mr. Gary Gann, Dr. Vincent J. Iacono, Dr. Donald R. Joondeph, Dr. Mel L. Kantor, Dr. James Koelbl, Ms. Kathleen Leonard, Dr. Patrick J. Louis, Ms. Anna Nelson, Dr. Larry Nissen, Dr. Reuben N. Pelot III, Dr. Jason Pickup, Dr. Robert Ray, Dr. Michael Reed, Dr. E. Les Tarver, Mr. Kenneth C. Thomalla, Dr. J. Steven Tonelli, Dr. Christopher Wenckus, Dr. B. Alexander White, Dr. Ronald D. Woody, and Dr. John M. Wright

Dr. Richard Buchanan and Dr. Karen Kershenstein were unable to attend.

In addition to the staff of the Commission, Dr. Marie Schweinebraten, ADA Trustee Liaison and representatives of the Commission on Dental Accreditation of Canada (CDAC) attended.

**Ballots Approved Since January 30 2009:**

- A. Request for review of major change and discontinue in a Postdoctoral Dental Education program (Ballot #571)
- B. Request for a temporary enrollment increase for an oral and maxillofacial surgery residency program (Ballot #572)
- C. Request for a temporary enrollment increase for a periodontics program (Ballot #573)
- D. Request to increase accreditation fees (Ballot #574)
- E. Request for a permanent increase in enrollment for a pediatric dentistry program (Ballot #575)
- F. Request for the addition of three advanced standing residents in an Oral & Maxillofacial Surgery Education program (Ballot #576)
- G. Request to approve consultants for Pediatric dentistry (Ballot #577)
- H. Request for a permanent enrollment increase for an oral and maxillofacial surgery residency program (Ballot #578)
- I. Request for a temporary enrollment increase for an endodontics program (Ballot #579)
- J. Request for a permanent enrollment increase for an periodontics program (Ballot #580)
- K. Request for a temporary enrollment increase for a periodontic program (Ballot #581)
- L. Request for a permanent enrollment increase for a periodontic program (Ballot #582)

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

- Informational Report on Frequency of Citings of Accreditation Standards for Predoctoral Dental Education (Appendix 2)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in General Dentistry (Appendix 3)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in General Practice Residency (Appendix 4)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology (Appendix 5)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine (Appendix 6)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Dental Assisting (Appendix 7)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Dental Hygiene (Appendix 8)
- Informational Report on Frequency of Citings of Accreditation Standards for Education Programs in Dental Laboratory Technology (Appendix 9)
- Report of the Review Committee on Dental Public Health (Appendix 10)
- Report of the Review Committee on Advanced Specialty Education Programs in Endodontics (Appendix 11)
- Report of the Review Committee on Advanced Specialty Education Programs in Oral and Maxillofacial Pathology (Appendix 12)
- Report of the Review Committee on Advanced Specialty Education Programs in Oral and Maxillofacial Radiology (Appendix 13)
- Report of the Review Committee on Advanced Specialty Education Programs in Oral and Maxillofacial Surgery (Residencies) (Appendix 14)
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics (Appendix 15)
- Report of the Review Committee on Advanced Specialty Education Programs in Pediatric Dentistry (Appendix 16)

- Report of the Review Committee on Advanced Specialty Education Programs in Periodontics (Appendix 17)
- Report of the Review Committee on Advanced Specialty Education Programs in Prosthodontics (Appendix 18)

**Report of the Review Committee on Predoctoral Dental Education:** Committee Chair: Dr. Michael Reed; Committee Members: Dr. Steven Campbell, Dr. William W. Dodge, Dr. Tariq Javed, Dr. Charles Massler, and Dr. Ann McCann. Dr. Karen Kershenstein was unable to attend the meeting. Commission ex-officio members: Dr. James Koelbl, chair and Dr. Les Tarver, vice-chair, Commission on Dental Accreditation (CODA) attended a portion of the meeting. Staff Members: Dr. Lorraine C. Lewis, manager, Predoctoral Dental Education, Dr. Anthony J. Ziebert, director, CODA, and Dr. Laura M. Neumann, senior vice president, Education/Professional Affairs. Guest: Dr. Eugene Anderson, American Dental Education Association, was present for the policy portion of the meeting. The meeting of the Review Committee on Predoctoral Dental Education was held on July 13 and 14, 2009 in Room 2E at ADA Headquarters, Chicago, Illinois.

*Review of the Report of the Joint Advisory Committee on International Accreditation:* The Commission considered a report of the Joint Advisory Committee on International Accreditation (JACIA) outlining actions taken at conference calls held on January 29 and March 9, 2009 and at a meeting at ADA Headquarters held on May 28, 2009 (Appendix 19). The current members are Dr. Kenneth Versman (Chair), Dr. Steven Bruce, Dr. Richard Buchanan, Dr. Michael Reed, and Dr. Roger Simonian. Dr. James J. Koelbl, chair, Commission on Dental Accreditation, and Dr. Ronald L. Tankersley, president-elect, American Dental Association, participate as ex-officio members of the committee. JACIA reviewed the Preliminary Accreditation Consultation Visit (PACV) survey from Sri Dharmasthala Manjunatheshwara (SDM) College of Dental Sciences and Hospital in Bangalore, India and determined that the dental school has the potential to meet accreditation standards and is eligible to complete a PACV self-study in preparation for a consultation visit. The JACIA also reviewed a PACV self-study received in March from Universidad de San Martin de Porres, Lima, Peru, and determined that the information provided by the school was insufficient to determine that they are ready for a consultation visit and application for initial accreditation. A concern was raised regarding the inability of international dental schools to meet Standard 1-7 of the Accreditation Standards for Dental Education Programs which requires dental schools to be a component of a higher education institution that is accredited by a regional accrediting agency. Since regional or national accreditation does not exist in many countries, it is not possible for all international dental schools to meet this standard. JACIA recommended to the Commission that a policy on substantial equivalency for Standard 1-7 for international predoctoral dental education programs be developed, and at its January 2009 meeting, the Commission adopted the following resolution:

Commission Action: The Commission directed that the issue of substantial equivalency of predoctoral accreditation standards for international dental programs be brought to the attention of the ADA Board of Trustees for discussion and input.

At its February 2009 meeting, the ADA Board of Trustees considered the action taken by the Commission and adopted the following resolution:

B-12 2009. Resolved, that the Joint Advisory Committee on International Accreditation explore any proposed changes in the standards for international accreditation and bring a proposal back to the Board of Trustees to be presented to the House of Delegates.

At the May 28, 2009 meeting JACIA approved nine (9) additional questions designed to determine substantial equivalency to U.S. regional accreditation. Additionally, JACIA formed a subcommittee of CODA representatives to revise the current PACV survey and to evaluate the three step process.

**Commission action:** The Commission directs the Joint Advisory Committee on International Accreditation Report and Appendices be forwarded to the ADA Board of Trustees.

*Consideration of Proposed Accreditation Standards for Dental Education Programs:* The Review Committee on Predoctoral Dental Education (PREDOC RC) carefully considered comments received from communities of interest during the past year regarding proposed Accreditation Standards for Dental Education Programs.

Based on the review of comments, the Review Committee made revisions to the proposed Accreditation Standards (Appendix 20). The Committee also considered new proposed changes related to diversity, including additions to the principles contained in the Educational Environment, an additional Standard 1-4 on diversity, and revision of several intent statements. Based on comments received, the Review Committee also made changes to Standard 2-23 and editorial changes throughout the document. The PREDOC RC determined that revisions to the proposed Accreditation Standards are substantive in nature and recommended re-circulation to communities of interest for additional comment until December 15, 2009. The Commission discussed at length the substantial nature of the revisions, in particular the addition of standards related to diversity. The Commission came to the conclusion that the revisions were significant enough to warrant circulation to the communities of interest for comment for a full year, for consideration at the August 2010 Commission meeting.

**Commission action:** The Commission directs the proposed Accreditation Standards for Dental Education Programs, as presented in Appendix 20, be circulated to communities of interest for comment, including open hearings at the annual session of the American Dental Association and the annual meeting of the American Dental Education Association, for review at the Commission's August 2010 meetings.

**Report of the Review Committee on Predoctoral Dental Education:** Committee chair: Dr. Heidi Crow. Committee members: Drs. Daniel Boston, Tracy Dellinger, Steven Ganzberg, H. Garland Hershey, Jeffery Hicks, Steven Lepowsky, Dara Rosenberg, Michael Siegel, and Ms. Mary Richter. CODA Staff Members: Dr. Anthony J. Ziebert, director, and Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA. Commissioner: Dr. James J. Koelbl, chair, Commission on Dental Accreditation, ex officio. The meeting of the Postdoctoral General Dentistry Review Committee (PGD RC) was held July 16-17, 2009 in the Association Headquarters Building.

*Consideration of Proposed Draft Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain:* At its February 1, 2008 meeting, the Commission

directed that an Ad Hoc Committee be appointed to draft accreditation standards for advanced general dentistry education programs in orofacial pain and provide a progress report to the Commission for review at the July 2008 Commission meeting. At its July 2008 meeting, the Commission considered the proposed Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain and directed that they be circulated to the communities of interest for review and comment. Comments were to be submitted by May 1, 2009. In addition, the Commission directed that opening hearings be conducted at the October 2008 American Dental Association (ADA) Annual Session, the March 2009 American Dental Education Association (ADEA) Annual Session and the March 2009 American Academy of Orofacial Pain (AAOP) Annual Conference. In addition, the Commission directed that written comments, as well as comments submitted at the open hearings, be considered at the Commission's July 2009 meeting. Written comments could be submitted throughout the comment period. One written comment was received; no comments were submitted at any of the open hearings conducted.

At its July 2009 meeting, the PGD RC carefully considered the draft Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain (Appendix 21) and recommended minor formatting revisions to the draft accreditation standards. In addition, the RC recommended the addition of an intent statement to Standard 1-5, which was approved for addition in all other postdoctoral general dentistry education disciplines at the July 2008 meeting of the Commission. As the suggested revisions were minor and were not in "must" statements, the PGD RC believed they would not require circulation to the communities of interest and recommended adoption of the draft accreditation standards with an implementation date of January 1, 2010. The Commission concurred with the recommendation of the PGD RC.

**Commission action:** The Commission directs amendment and adoption of the Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain (Appendix 21) with an implementation date of January 1, 2010.

*Consideration of Proposed Revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine:* At its January 2009 meeting, the Commission on Dental Accreditation directed that proposed revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine be circulated to the communities of interest for review and comment through May 1, 2009. In addition, the Commission directed that open hearings be conducted at the March 2009 American Dental Education Association (ADEA) Annual Session and the April 2009 American Academy of Oral Medicine (AAOM) Annual Session. No comments were submitted at either hearing. In addition, no written comments were received prior to the comment period closing on May 1, 2009.

At this meeting, the PGD RC considered the proposed revisions to the Accreditation Standards for Advanced General Dentistry Education programs in Oral Medicine (Appendix 22) and recommended adoption of the proposed revisions to the accreditation standards for immediate implementation. The Commission concurred with the recommendation of the PGD RC.

**Commission action:** The Commission adopts the proposed revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine (Appendix 22) for immediate implementation.

**Review Committee Member Nomination Criteria and Process:** While compiling nominations submitted for vacancies on the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Committee noted that the Summary of Review Committee Structure and Review Committee Composition found in the Commission's Operational Policies and Procedures (OPP) Manual, does not clearly identify the nominating organization for the educator positions on the RC. In addition, the Committee noted that with the pending approval of the Accreditation Standards for Advanced General Dentistry Education Programs in Orofacial Pain, an orofacial pain educator would need to be added to the review committee. Following a lengthy discussion, the PGD RC believed that that the policy should be revised to clearly identify the nominating organization for the educator positions on the PGD RC. In addition, it also believed that the orofacial pain educator position should be added to the policy (Appendix 23). The Commission concurred with the recommendation of the PGD RC.

**Commission action:** The Commission directs the revisions to the Summary of Review Committee Structure and Review Committee Composition found in Appendix 23 be approved for immediate implementation.

**PGD Site Visitor Guidelines/Criteria:** All disciplines, with the exception of the PGD disciplines, have developed criteria for appointment of site visit consultants in the discipline. Instead of specific criteria for serving as a GPR or AEGD site visitor, the Site Visitor Nomination Form includes questions to nominees regarding their background and experiences. With the addition of Advanced General Dentistry Education Programs in Dental Anesthesiology and Oral Medicine, as well as the pending approval of Advanced General Dentistry Education Programs in Orofacial Pain, the PGD RC believed that the questions specific to PGD site visitors found on the Site Visitor Nomination Form should be reviewed to determine if revisions are warranted. As a result, the PGD RC determined that changes were warranted to reflect the addition of the new disciplines and to better assist the review committee in making site visitor nominations. During this meeting, the PGD RC developed changes to the questions currently included on the Site Visitor Nomination Form.

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

**Revision to Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology:** The PGD RC determined that the definition of "Anxiety and Pain Control" in the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology should be revised to reflect the terminology adopted in 2007 by the ADA in the "*Guidelines for the Use of Sedation and General Anesthesia by Dentists.*" In addition, PGD RC believed that all occurrences of "anxiolysis" and "conscious sedation" should be changed to reflect the current terms used in the "*Guidelines.*" As the revisions are editorial in nature, the PGD RC believed that these revisions should be implemented immediately. The Commission concurred with the recommendation of the PGD RC.

**Commission action:** The Commission directs the definition of "Anxiety and Pain Control" and all occurrences of "anxiolysis" and "conscious sedation" found in the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology be revised to reflect the language contained in the 2007 ADA "*Guidelines for the Use of Sedation and General Anesthesia by Dentists*" and as noted in Appendix 24. The revisions are to be implemented immediately.

**Report of the Review Committee on Dental Assisting Education:**Committee chair: Ms. Anna Nelson. Committee members: Dr. Bruce Barrette, Dr. Carolyn Breen, Ms. Denise Campopiano, Ms. Patricia Capps, Dr. Lorraine Gagliardi, Dr. Ernest Horany, Dr. Frank Licari and Ms. Michelle Schaffer. Staff Members: Ms. Patrice Renfrow, manager, Dental Assisting and Dental Laboratory Education, Commission on Dental Accreditation (CODA) and Dr. Anthony J. Ziebert, director, CODA. Commission members: Dr. James Koelbl, chair, CODA and Dr. E. Les Tarver, vice-chair, CODA attended portions of the meeting. Guests: Ms. Jennifer Blake, director, Education and Professional Affairs, American Dental Assistants Association and Ms. Cynthia Durley, executive director, Dental Assisting National Board attended the policy portion of the meeting. The meeting of the Review Committee on Dental Assisting Education was held on July 14-15, 2009 in Room 2D at the ADA Headquarters, Chicago, Illinois.

*Consideration of Proposed Amendment to Dental Assisting Standard 2-1 Intent Statement:* The Dental Assisting Review Committee carefully considered the intent statement which supports Dental Assisting Standard 2-1 in response to requests from providers of secondary education for clarification of admissions policies and criteria (Appendix 25). The review committee believed a revision of the intent statement would provide increased clarity and understanding. The Commission concurred with the recommendation of the DA RC.

**Commission action:** The Commission adopts the proposed amended intent statement to support Dental Assisting Standard 2-1 (Appendix 25) with immediate implementation.

*Report of the Dental Assisting National Board:* The review committee learned that effective January 2010, eligibility pathways for the Certified Dental Assistant (CDA) Examination will be expanded to include graduates of dental assisting programs not accredited by the Commission on Dental Accreditation. The review committee recognizes that this new eligibility pathway (Pathway V) is part of a three-year pilot study; however, review committee members strongly believe that implementation of Pathway V would diminish the importance of Commission-accredited dental assisting education and potentially compromise the reputation and credibility of the CDA credential. The review committee confirmed that the DANB instituted this change without approval from the Council on Dental Education and Licensure (CDEL) and may therefore be in violation of the ADA's Criteria for Recognition of a Certification Board for Dental Assistants. These recognition criteria state that DANB proposals for changes in the examination eligibility criteria must have approval of the CDEL. Accordingly, the review committee believes that the Commission should express its concern to the CDEL regarding the change in eligibility pathways for the CDA examination. Further, the review committee believes that if the Pathway V pilot study is implemented January 2010, the Commission should strongly urge the CDEL to reconsider its recognition of DANB as the national certification board for dental assistants.

Additionally, the Dental Assisting Review Committee learned that in response to a request from the United States Air Force, the Dental Assisting National Board (DANB) will be instituting an on-line educational program to teach conventional radiography to Air Force personnel. The review committee further learned that the DANB plans to expand this on-line educational program to include Radiation, Health and Safety, Infection Control and General Chairside Assisting, by 2012. The Committee noted that these three courses correspond directly to the three components of the DANB's Certified Dental Assistant (CDA) Examination. The review committee expressed concern that as the agency that develops and administers the CDA



examination, the DANB may be creating an unfair bias and advantage for students who complete DANB's educational courses. The review committee believes that by becoming an educational provider, DANB may be creating a conflict of interest and may be acting beyond their defined scope as a testing and certifying agency. Accordingly, the review committee believed that the Commission should express its concern to the CDEL that the DANB may be acting beyond its defined scope as a testing and certifying agency and may be creating a conflict of interest in providing dental assisting educational courses. The Commission concurred with the recommendations of the DA RC.

**Commission action:** The Commission expresses its concern to the Council on Dental Education and Licensure that the Dental Assisting National Board's proposed Pathway V pilot study demonstrates a lack of commitment by DANB to the Commission's accreditation process and that the DANB may be in violation of the ADA's Criteria for Recognition of a Certification Board for Dental Assistants. (Trans.1989:520)

**Commission action:** The Commission expresses its concern to the Council on Dental Education and Licensure that the Dental Assisting National Board may have a conflict of interest in serving as the educational source for a special segment of students for the examination it develops and administers.

**Report of the Review Committee on Dental Hygiene Education:** Committee chair: Ms. Kathy Leonard. Committee members: Dr Susan Crim, Ms. Susan Ellis, Dr. Paula Friedman, Dr. Timothy Halligan, Dr. Laura Joseph, Mr. James McKernan, Dr. Reuben Pelot and Mr. Mark Schorr, Esq. Staff Member: Ms. Gwen Welling, manager, Dental Hygiene Education, CODA. Commissioners: Dr. James Koelbl chair, CODA and Dr. Les Tarver, vice-chair, ex-officio; Guests: Ms. Catherine Elliott and Ms. Colleen Schmidt, representatives of the American Dental Hygienists' Association (ADHA) attended the policy portion of the meeting. The meeting of the Dental Hygiene Education Review Committee (DH RC) was held July 14-15, 2009 in the Association Headquarters Building.

*Consideration of Comments on the Proposed Revisions of Dental Hygiene Accreditation Standard 2-17:* At its February 2008 meeting, the Commission on Dental Accreditation directed that the Dental Hygiene Review Committee (DH RC) consider Resolution 39-H from the October 2007 American Dental Association House of Delegates Annual Session. The resolution urged the Commission to reconsider the use of the term "dental hygiene diagnosis" within DH Standard 2-17 and to revise the Standard to more accurately reflect the scope of training and licensure of the dental hygienist in providing dental hygiene care to patients.

At its July 9-10, 2008 meeting, the DH RC carefully reviewed the current Standard and developed proposed revisions. The proposed revision to Standard 2-17 was considered at the July 31, 2008 Commission meeting. After careful deliberation, the Commission directed a further change in the wording from "dental hygiene treatment plan" to "dental hygiene treatment needs." Additionally the Commission directed that the newly proposed revisions to the Dental Hygiene Education Accreditation Standard 2-17 be circulated to the communities of interest for review and comment by July 1, 2009. Accordingly, the proposed revised standard was distributed to the communities of interest for comment.

At its July 14-15, 2009 meeting, the DH RC carefully considered written comments received over the past year from various communities of interest. Additionally the review committee considered comments from open hearings conducted at the ADA Annual Session, October 2008, the ADEA Annual Session, March 2009, the ADEA Allied Directors' Conference and the ADHA Annual Session, June 2009.

In doing so, the review committee reached a consensus that Standard 2-17 more accurately represents dental hygiene education with the terminology "dental hygiene diagnosis" and "treatment plan" in the standard as it has been since 1998. The review committee believed that inclusion of these terms strengthens dental hygiene educational principles as well as clarifies the dental hygiene process of care. In order to provide a descriptive overview of the role of dental hygiene process of care, the review committee recommended that an intent statement be added to the Standard to clarify that the dental hygiene process of care is part of the overall treatment plan developed by the dentist for comprehensive dental care.

A motion to amend the proposed, revised Standard 2-17 was made which removed the terms "dental hygiene diagnosis" and "dental hygiene treatment plan" from the standard and the "definitions section" of the dental hygiene standards. Concern was expressed by several Commissioners that the DH RC discounted the comments received by other communities of interest and that Standard 2-17 was revised based solely on comments received at the ADHA open hearing in June 2009 and that the recommendation failed to address concerns regarding misuse of standards in legislative advocacy. The Commission voted to adopt the amended, revised Standard 2-17; however, the Dental Hygiene Commissioner called for a motion to reconsider for the purpose of considering a further amendment to the amended, revised Standard 2-17. The motion to reconsider was accepted by the Commission, and the subsequent amendment to Standard 2-17 essentially returned the language of the standard to that which was originally sent to the communities of interest for comment following the July 31, 2008 Commission meeting (Appendix 26) .

**Commission action:** The Commission adopts the amended, revised Dental Hygiene Accreditation Standard 2-17 (Appendix 26) for implementation on January 1, 2010.

**Report of the Review Committee on Dental Laboratory Technology Education:** Committee chair: Mr. Gary Gann. Committee members: Mr. Charlie Champion, Dr. John M. Coke, and Ms. Elizabeth Curran. Commission staff members: Ms. Patrice Renfrow, manager, Dental Assisting and Dental Laboratory Technology Education and Dr. Anthony Ziebert, director, CODA. Invited Guest: Ms. Ricki Braswell, co-executive director, National Association of Dental Laboratories, was in attendance for the policy portion of the meeting. This conference call meeting was held on Thursday, July 16, 2009 at ADA Headquarters, Chicago, Illinois.

**Consideration of Proposed Nomination Criteria for Dental Laboratory Technology Education Consultants:** The Dental Laboratory Technology Review Committee (DLT RC) noted that nomination criteria for site visit consultants have not been established. Accordingly, the DLT RC carefully considered nomination criteria for site visit consultants and based upon their

review, established nomination criteria (Appendix 27). The Commission concurred with the recommendation of the DLT RC.

**Commission action:** The Commission adopts the proposed Dental Laboratory Technology Site Visit Consultant Criteria (Appendix 27) for immediate implementation.

**Report of the Review Committee on Orthodontics and Dentofacial Orthopedics:**

**Committee chairman:** Dr. Donald Joondeph. **Committee members:** Mr. Robert Giasolli, and Drs. John E. Grubb, Virginia Merchant, Lionel Sadowsky, and James L. Vaden. **Guest:** Mr. Chris Vranas, executive director, American Association of Orthodontists (AAO). **Staff:** Dr. Catherine A. Horan, manager, Advanced Specialty Education, CODA. The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education was conducted on July 17, 2009 via telephone conference call.

*Consideration of a Standard for Monitoring Board Certification of Students/Residents for the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics:* As follow-up to its January 2009 meeting on the topic, the Review Committee on Orthodontic Education (ORTHO RC) carefully considered the addition of a standard(s) for the monitoring of board certification of students/residents for the revised Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics (approved July 2008 for implementation July 1, 2009). In doing so, the ORTHO RC reviewed feedback from the recognized sponsoring organization and certifying board for the specialty, the American Association of Orthodontists (AAO) and the American Board of Orthodontics (ABO) that was requested to assist the Committee in developing a standard for the monitoring of board certification of orthodontic students/residents. Upon review of the feedback, the Committee noted the support of both the AAO and ABO for such a standard(s), and concurred that there should be a standard for monitoring board certification as a program director's responsibility (proposed for Standard 2) and another for monitoring board certification as a measure of the quality of the program (proposed for Standard 4). The ORTHO RC maintained that, since ABO allows orthodontic students/residents to earn board certification upon graduation from a Commission-accredited orthodontic residency program, a standard for monitoring board certification would be appropriately placed under the "Curriculum" Standard.

Accordingly, the ORTHO RC recommended that the two (2) proposed standards, complementary intent statement and examples of evidence, as presented in Appendix 28, be directed for circulation to the communities of interest for review and comment. Open Hearings would be conducted at the September/October 2009 Annual Session of the American Dental Association (ADA), the Fall 2009 and March 2010 Annual Session meetings of the American Dental Education Association (ADEA) and the April/May 2010 AAO Annual Session. Comments could be reviewed at the Commission's July 2010 meeting.

**Commission action:** The Commission directs the proposed two standards (Appendix 28) be circulated to the communities of interest for review and comment, with Open Hearings to be conducted at the September/October 2009 Annual Session of the American Dental Association (ADA), the Fall 2009 and March 2010 Annual Session meetings of the American Dental Education Association (ADEA) and the April/May

2010 AAO Annual Session, with comments to be reviewed at the Commission's August 2010 meeting.

*Review of Summary Data Section in Site Visit Report Template:* The ORTHO RC reviewed the current and proposed versions of the Summary Data Sheet, which is prepared in association with the site visit report for each advanced specialty education program. The Committee thoroughly reviewed the sheet, line by line, suggesting several changes, including most notably improvements for formatting and clarification of categories of teaching staff time commitment to the advanced education program.

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

*Review of Time Line and Supporting Documentation for New Accreditation Program for Clinical Fellowship Training in Orthodontic Craniofacial Anomalies and Special Care Needs:* The Committee reviewed a timeline for accepting applications for initial accreditation from orthodontic clinical fellowship training programs. Further, the ORTHO RC received draft documents to complement the newly implemented Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial Anomalies and Special Care Needs, and will assist staff in preparing a Self-Study Guide (Application) that will elicit appropriate discipline-specific information for accreditation review.

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

### **Miscellaneous Affairs-Consideration of Matter Relating to More than One Review Committee**

*Informational Report on Review Committee and Commission Meeting Dates:* The Commission reviewed the meeting schedule for all review and standing committees and the Commission through summer 2011.

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

*Consideration of Proposed Revisions to Language Common to all Recognized Specialties (All Specialty Review Committees):* At its July 29, 2009 meeting, the Task Force on Specialty Standards reviewed proposed additional, more substantive revision, to Standards 1, 2, 4 and 5 and comment upon these proposals from the specialty education review committees. In doing so, the Task Force considered comments from the Dental Public Health Education Review Committee regarding clarification of the proposed addition of "evidence-based dentistry" as to whether the curricula is to be evidence-based or whether students/residents are to be instructed in concepts of evidence-based dentistry. As a result of the review, the Task Force re-worded and re-positioned the proposed new standard to the language common to all specialties, as presented in the Appendix 29, entitled "Proposed Changes to Language Common to all Recognized Specialties" (Standard 4).

In response to concerns by the Oral and Maxillofacial Radiology Education Review Committee, the Task Force recommended deletion of the last statement of the current “boilerplate” in Standard 3, regarding the use of private practice office facilities.

Additionally, the Task Force considered the recommendation from the Oral and Maxillofacial Surgery Education Review Committee regarding the addition of “federal service school” in the proposed revised definition of “institution” in the Definition of Terms and statement of intent for “Affiliations” (Standard 1). The Task Force believed that this addition was not necessary in that “federal service school” and other such facilities were already covered in the proposed definition.

The Task Force received, from an appointed-subcommittee of the Task Force, a proposal for a new statement to include the topics of special needs population and cultural competency. The Task Force reviewed the proposed statement, agreed to amended language to this initial proposal, and believed that the statement was not a requirement but rather a “values” statement. Accordingly, the Task Force recommended insertion of the amended statement, as presented in the “Preface” (Appendix 30).

At its July 29, 2009 meeting, the Task Force on Specialty Standards also reviewed proposed new definitions to replace the current “levels of knowledge” and “level of skill,” as well as comment upon these proposals from both the specialty education review committees, and sponsoring specialty organizations. In doing so, the Task Force noted that eight of the nine specialty education review committees recommended that the discussion of the proposal advance to the next level to include feedback from the broader communities of interest. The Task Force also noted the position endorsed by the Prosthodontic Education Review Committee from the American College of Prosthodontists, whereby a 3-tier system is maintained. The Task Force affirmed that “competency” should be the highest level of measure within the definitions for specialty education. As a result of the review, the Task Force further revised the proposed new definitions and added a “preamble” that was suggested in concept by the Oral and Maxillofacial Pathology Education Review Committee, as presented in the “Definitions of Terms” (Appendix 31).

Finally, the Task Force began discussion of a new standard on evaluation to complement the proposed new definitions. In so doing, the Task Force accepted its charge to study how assessment of competency occurs in specialty education programs, but also realized the complexities of this assignment. The Task Force concurred that more information regarding best practices of formative and summative assessment methods in dental and medical education was needed to conduct a knowledge-based discussion on this topic. The Task Force recommended that there be a meeting on this topic in January 2010 and, for continuity in this process, that current Task Force membership be maintained for those Commissioners whose term will be expiring this October (2009). The Commission concurred with the Task Force recommendations.

**Commission Action:** The Commission directs the proposed revisions to the language common to all specialties, and new “Definition of Terms” (Appendices 29, 30, and 31) be circulated to the communities of interest for review and comment, with Open Hearings to be conducted at the September/October 2009 Annual Session of the American Dental Association (ADA), the Fall 2009 meeting and March 2010 Annual Session of the American Dental Education Association (ADEA) and other relevant meetings that may present a cost-effective opportunity for Open Hearings, with comments to be reviewed at

the Commission's August 2010 meeting. The Commission further directs that there be a meeting on the development of an assessment standard scheduled for next 2010, and that current Task Force membership be maintained for those Commissioners whose term will be expiring October 2009.

### **Miscellaneous Affairs-Matters for the Commission as a Whole**

*Report of the Standing Committee on Outcomes Assessment:* The Standing Committee on Outcomes Assessment's (OA Committee) ongoing responsibilities include monitoring the Commission's Operational Effectiveness Assessment Plan (OEAP). Additionally, Goal 5, Objective 2 of the OEAP directs the Committee to implement a review schedule for policies and procedures. The Committee reviews each Commission on Dental Accreditation (CODA) policy for relevancy at least five years after its adoption and/or reaffirmation. Further, as the CODA directs, the OA Committee will review policy and procedure to promote the continued improvement of the accreditation process. The Committee met via conference call on March 6, April 8, May 8 and June 4, 2009.

The Committee reviewed the Operational Effectiveness Assessment Plan (OEAP) and evaluated the updated metrics. To promote attainment of Goal 1, Objective 1-5; Encourage diversity through Commission Policies and Standards, the Committee directed staff to emphasize the Commission's goal for diversity during nomination processes for consultants, review committee members, and Commissioners. The Committee recommends adopting the updated document (Appendix 32). The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission adopts the updated Operational Effectiveness Assessment plan (Appendix 32).

Two items from the July 2007 Commission meeting were carried over until 2009. In January 2007, the Commission implemented the revised review committee structure. The new structures were phased in at that time, through replacement of members with naturally expiring terms. The Commission directed that the new structures be evaluated to assess the impact on the review committee process. To that end, the OA Committee developed a survey which was distributed to individuals who were Commissioners and/or Review Committee members during 2007 and 2008. The ADA Survey Center conducted the survey in fall 2008. A summary of the results of that survey are attached in Appendix 33. Following a review of the survey results, the Committee determined that most respondents were satisfied with the revised structure; however, a large number indicated they had not attended a sufficient number of review committee meetings under the revised structure to permit them to fully evaluate the impact. In addition, public members have not had sufficient time to learn all of the policies and procedures needed to be most effective in their role. Several review committees have also recently added additional content experts. The Committee determined that repeating the survey would provide additional information on the impact of a review committee structure that is fully operational. The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission directs that the survey to evaluate the impact of the new review committee structure (Appendix 33) be repeated yearly and reviewed by the OA Committee and Commission in 2010, 2011, and 2012.

The Rules of the Commission on Dental Accreditation were scheduled for 5-year review in 2007. The OA Committee recommended that this review be deferred pending the January 2009 report of the Taskforce to Study the Commission. At the July 2008 meeting the Commission adopted that recommendation. At the March 6, 2009 meeting, the Committee determined that the report of the Taskforce to Study the Commission has implications for the Commission's Rules. Since the CODA Committee to study the Taskforce recommendations is newly formed, it is not possible to determine how the Rules might be impacted or changed. The Committee therefore recommends continued deferral of a review of the Rules of the Commission until the report of the CODA Committee examining the report of the Taskforce to Study the Commission has been completed. The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission defers the regular 5-year review of Rules of the Commission on Dental Accreditation, pending the report of the CODA Subcommittee examining the report and recommendations of the ADA Task Force on CODA.

At its July 2008 meeting, the Commission referred the policy on nominations to specialty or discipline specific positions on review committees in the Operational Policies and Procedures manual (OPP) to the OA Committee for further discussion and clarification. The Committee acknowledged that although it may be difficult for smaller groups to bring forward a large number of nominees, it was important to have at least two (2) individuals for the Nominating Committee to consider. In addition, if fewer than 2 nominees are submitted, the appointment process will be delayed until such time as the minimum number of required nominations is received (Appendix 34). The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission adopts the revised "Summary of Review Committee Structure" as presented in Appendix 34.

At its January 2009 meeting, the Commission requested that the OA Committee review the current policy on advertising to address the use of the CODA logo in conjunction with the advertising statement or as a stand-alone item. The Committee determined that use of the CODA logo as a stand-alone item would be confusing to the public as it may be interpreted to mean a different designation than the accreditation status. Therefore, the Committee recommended that that when the CODA logo is used by a program in its promotional literature, or in electronic publications, the advertising statement must also be used. When used in electronic publications, the logo must link to the Commission web site. In addition, the Committee determined that in order to enhance the information provided to the public, the Commission's web address should be added to the advertising statement. The Committee's recommended revisions to the advertising policy are noted in Appendix 35 and the Commission concurred with the Committee's recommendation.

**Commission action:** The Commission adopts the revised "Policy on Advertising" as presented in Appendix 35.

At its January 2009 meeting, the Commission requested that the OA Committee review the policy on major change. The Commission's Task Force on Specialty Standards requested that the overall policy on major change be amended to clarify consequences for non-reporting of all major changes. The Task Force on Specialty Standards is requesting the change to make policy language match that in the specialty boilerplate standards. The OA Committee's recommended revisions are noted in Appendix 36, and include a requirement that Major Changes must be reported by programs at least 30 days prior to implementation.

**Commission action:** The Commission adopts the revised "Reporting Major Change Policy" as presented in Appendix 36. In addition the Commission directs that the "Reporting Major Change Policy" in the Specialty boilerplate include enrollment increase as a reportable major change.

The OA Committee reviewed the current policy on Third Party Comments and the following policies and procedures related to this issue: Required Notice of Opportunity and Procedures to File Complaints, Policy on Complaints Directed at CODA Accredited Educational Programs, and Operational Policy on Complaints. The Committee determined that the Policy on Third Party Comments is strong; however, requiring signatures on all third party comments and adding clarification that third party comments received after the deadline are treated as complaints would more closely align all of the Commission's policies on comments and complaints. The OA Committee's recommendations are noted in Appendix 37, and the Commission concurred with the Committee's recommendations.

**Commission action:** The Commission adopts the revised "Policy on Third Party Comments;" "Required Notice of Opportunity and Procedures to File Complaints;" "Policy on Complaints Directed at CODA Accredited Educational Programs;" and "Operational Policy on Complaints" as presented in Appendix 37.

The OA Committee determined that the "Policy on Simultaneous Service" should be revised to include all organizations that currently appoint or co-appoint Commissioners. The OA Committee's recommendation is noted in Appendix 38, and the Commission concurred with the Committee's recommendation.

**Commission action:** The Commission adopts the revised "Policy on Simultaneous Service" as presented in Appendix 38.

The OA Committee reviewed the following existing policies related to due process for programs with Initial Accreditation; Accreditation Status Definitions, Procedures Related to Accreditation of Programs, related sections within the Policy on Complaints Directed at CODA-Accredited Educational Programs, and related sections within the Policy on Due Process. The Committee determined that due process for programs with Initial Accreditation should be clarified, and directed staff to draft policy language for the Committee to review. At the June 4 meeting, the Committee reviewed staff's reorganization and clarification of the Commission's due process policy. The revision does not change existing due process policy, but instead more clearly outlines the steps involved in due process, and consolidates due process policy and procedures found in several places within the EPP and OPP. The OA Committee's recommendations are noted in Appendix 39, and the Commission concurred with the Committee's recommendation.



**Commission action:** The Commission adopts the reorganization of the “Due Process Policy” as presented in Appendix 39.

The OA Committee reviewed revisions to the Policy Statement on Accreditation of Off-Campus Sites. The revisions were clarifications to the language of the existing policy and did not involve a change of policy. The OA Committee’s recommendations are noted in Appendix 40, and the Commission concurred with the Committee’s recommendation.

**Commission action:** The Commission adopts the revision of the “Policy Statement on Accreditation of Off-Campus Sites” as presented in Appendix 40.

The Committee also determined that a review is needed of the requirement that on-site visits are conducted when 20% or more of each student/resident’s clinical instruction occurs at an off-campus site in the Policy Statement on Accreditation of Off-Campus Sites. The Committee noted the trend that more programs are using community based clinical sites, and also noted that the 2009 survey of Dental Education will begin to collect data on programs using community based clinical sites. The OA Committee recommended that the Commission conduct a review of the 20% benchmark level contained in the off-campus sites policy. The Commission concurred with the Committee’s recommendation.

**Commission action:** The Commission directs that all Review Committees conduct a review of the requirement that on-site visits are conducted when 20% or more of each student/resident’s clinical instruction occurs at an off-campus site in the Policy Statement on Accreditation of Off-Campus Sites. The results of the review will be reported to the OA Committee and the Commission at the February 2010 meeting.

The OA Committee reviewed two (2) policies related to conflict of interest at review committee and Commission meetings, the Protocol for Review of “Report on Accreditation Status of Educational Programs” at Commission on Dental Accreditation Meetings, and the Conflict of Interest Policy, section on Commission/Committee Members. “Direct Conflict” is now defined as :

- either being a graduate of the program OR a consultant to the program (perception of conflict of interest) OR other active professional association with the program, e.g., a faculty member.
- close professional or personal relationship or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- being a graduate of the institution/program;
- being a current employee of the institution
- being a current student at the institution
- having a family member who is employed or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program,
- key personnel of the institution/program having graduated from the program of the Commissioner/committee member;
- affiliation with an institution/program in the same state

- having served on the program’s site visit team

When a program is being considered, Commissioners must leave the room if they have any of the above direct conflicts.

“Indirect Conflicts” are defined as being from the same state, but not the same program; or no longer a current employee of the institution or program but having been employed there within the past five (5) years. Commissioners do not need to leave the room, but will not participate in the discussion. They may vote.

OA Committee’s recommendation to clarify and make these policies equivalent is noted in Appendix 41 and the Commission concurred with the Committee’s recommendation.

**Commission action:** Commission adopts the revision of the Protocol for Review of “Report on Accreditation Status of Educational Programs” at Commission on Dental Accreditation Meetings, and the Conflict of Interest Policy, section on Commission/Committee Members as presented in Appendix 41.

The OA Committee reviewed language revisions to clarify the Criteria for Advanced Specialty Consultants to the Commission and provide advanced specialty review committees the flexibility to determine qualifications for consultants to their programs. The OA Committee’s recommendation The OA Committee’s recommendation is noted in Appendix 42 and the Commission concurred with the Committee’s recommendation.

**Commission action:** The Commission adopts the revision of the “Criteria for Advanced Specialty Consultants to the Commission” as presented in Appendix 42.

In order to provide consistent guidance to nominating organizations and review committees, the OA Committee reviewed the following policies related to consultant nominations and criteria: Nomination of Allied Site Visitors, Dental Assisting Consultant Criteria, and Criteria for Predoctoral Dental Education Consultants/Site Visitors to the Commission. The Committee added selection criteria for consultants to allied education programs in dental hygiene. The OA Committee’s recommendation is noted in Appendix 43, and the Commission concurred with the Committee’s recommendation.

**Commission action:** The Commission adopts the selection criteria for the “Nomination of Allied Site Visitors, Dental Assisting Consultant Criteria, and Criteria for Predoctoral Dental Education Consultants/Site Visitors to the Commission” as presented in Appendix 43.

The Committee considered seventeen (17) Commission policies and procedures scheduled for 5-year review. The Committee recommended the following policies (Appendix 44) be reaffirmed, and the Commission concurred with the Committee’s recommendation:

- a. Request to Establish a Process of Accreditation for Programs in Areas of Advanced Training in General Dentistry

- |    |   |         |
|----|---|---------|
| b. | Statement on Principles of Ethics in Programmatic Advertising and Student Recruitment | Policy  |
| c. | on Medical Instruction in Dental Education Programs                                   | Policy  |
| d. | on Required Record of Complaints  | Policy  |
| e. | and Procedures on Complaints Directed at the Commission on Dental Accreditation       | Policy  |
| f. | 's Institutional Review Process, Reminder Statement                                   | CODA    |
| g. | ents on Policy Proposed and/or Adopted by Participating Organizations                 | Comm    |
| h. | r of Dental Hygiene Consultants for Dental School Setting                             | Numbe   |
| i. | nic Document Storage  | Electro |
| j. | ission Action Differs from Review Committee Recommendation                            | Comm    |

**Commission action:** The Commission reaffirms the policies as presented in Appendix 44.

The Committee recommended the following revised policies (Appendix 45) be adopted and the Commission concurred with the Committee's recommendation:

- |    |  |        |
|----|--|--------|
| a. | Board Participation                    | State  |
| b. | Board Participation on Site Visit Team | State  |
| c. | Harassment                             | Sexual |
| d. | mittal of Accreditation Actions        | Trans  |
| e. | ed Changes in Highlighted Standards    | Propos |

**Commission action:** The Commission adopts the revised policies as presented in Appendix 45.

The Committee recommended the policy on Duration of Dental Hygiene Initial Accreditation Site Visits be rescinded and the Commission concurred with the Committee's recommendation.

**Commission action:** The Commission rescinds the policy on Duration of Dental Hygiene Initial Accreditation Site Visits.

The Committee recommended review of the policy, "Distance Education" be deferred until the negotiated rule-making and comment period for the reauthorization of the Higher Education

Opportunities Act (HEOA) has concluded. The HEOA contains a revised definition of distance education which may impact Commission policy in this regard. The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission defers review of the policy, "Distance Education" until the negotiated rule-making and comment period for the reauthorization of the Higher Education Opportunities Act (HEOA) has concluded.

*Report of the Standing Committee on Documentation:* At its January 2009 meeting, the Commission considered business items submitted by the Review Committee on Postdoctoral General Dentistry Education (PGD RC). The first item related to a request from the ADA's Councils on Dental Education and Licensure (CDEL) and Ethics, Bylaws and Judicial Affairs (CEBJA). Both the CDEL and the CEBJA asked the Commission to consider strengthening current standards, or including a new standard on ethics and professionalism, within the Accreditation Standards documents for general dentistry and general practice residency. The PGD RC believed that the inclusion of ethics and professionalism within the accreditation standards for all disciplines should be reviewed. The Commission concurred and referred consideration of the PGD RC recommendation to the Commission's Standing Committee on Documentation. The Standing Committee on Documentation met via conference call on Thursday, June 25, 2009. The Documentation Committee noted that a majority of the accreditation standards include a "must" statement, intent statement, or proposed statement on ethics and/or professionalism. Most recently, the common language to the advanced specialty education standards was revised to include the evaluation of students'/residents' ethical conduct. It was also noted that the predoctoral standards include multiple proposed statements to address ethics and professionalism. Within the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine and Dental Anesthesiology, the Committee noted that while professional ethics is covered in the goals of these documents, no "must" statement related to ethics or professionalism exists within the body of these standards.

The Documentation Committee noted that the principles of ethics and professionalism are paramount to the profession of dentistry. The Committee believed that as accreditation standards undergo periodic review, all review committees should be encouraged to weave ethics, ethical reasoning and professionalism throughout the standards. Additionally, the Committee believed that a common standard related to ethics and professionalism should be developed for all disciplines under the Commission's purview. The Documentation Committee recommended the addition of a proposed new accreditation standard (Appendix 46) to be included in the curriculum section of each accreditation standards document. Further, the proposed new accreditation standard should be circulated to the communities of interest for review and comment, with Open Hearings conducted at the September/October 2009 American Dental Association (ADA) Annual Session, the March 2010 American Dental Education Association (ADEA) Annual Session, and other relevant meetings that may present a cost-effective opportunity for Open Hearings. Comments could be reviewed at the Commission's July 2010 meeting. The Commission concurred with the Committee's recommendation.

**Commission action:** The Commission directs circulation of the proposed standard "Ethics and Professionalism" for all disciplines (Appendix 46) to all of its communities of interest, with final consideration of comments received at the August 2010 meeting.

The second PGD RC new business item was also considered at the Standing Committee on Documentation conference call on Thursday, June 25, 2009. This item related to the PGD RC's review of the Accreditation Standards that includes a requirement regarding The Joint Commission. The outcome of the evaluation would impact all advanced education Accreditation Standards. In preparation for the discussion, the Documentation Committee members reviewed Standard 1, Institutional Commitment/Program Effectiveness of the accreditation standards for advanced education programs, which states "accreditation by The Joint Commission or its equivalent." The Committee also reviewed documentation obtained from the websites of The Joint Commission, the Centers for Medicaid and Medicare Services (CMS), and the Accreditation Association for Ambulatory Health Care (AAHC). Finally, the committee reviewed the Accreditation Council for Graduate Medical Education's (ACGME) Institutional Requirements. Following lengthy discussion, the Documentation Committee concluded that each of the organizations reviewed has a different mission and vision and that it may not be possible to determine if accreditation or recognition by CMS or AAHC is "equivalent" to that of The Joint Commission. The Committee also identified that the ACGME evaluates The Joint Commission equivalency on a case by case basis through its Institutional Review Committee, which reviews the overall sponsoring organization. The Documentation Committee considered whether each review committee of the Commission could consider equivalency on an individual basis and determined that differences of opinion may exist between review committees.

As a result of the discussion, the Documentation Committee concluded that it may be most appropriate to strike "or its equivalent" from the accreditation standards for advanced education programs. However, prior to making a final recommendation to the Commission, the Documentation Committee would like to seek input from its communities of interest related to this matter.

The Documentation Committee suggested that a public notice of potential action, identifying that the Commission is investigating the elimination of "or its equivalent" from Standard 1, Institutional Commitment/Program Effectiveness (Appendix 48) and seeking comment, be circulated to the communities of interest. Open Hearings could be conducted at the September/October 2009 American Dental Association (ADA) Annual Session, the March 2010 American Dental Education Association (ADEA) Annual Session, and other advanced education meetings that may present a cost-effective opportunity for Open Hearings. Comments could be reviewed at the Commission's July 2010 meeting. The Commission concurred with the Committees recommendation.

**Commission action:** The Commission directs circulation of a public notice of potential action related to the elimination of "or its equivalent" from Standard 1, Institutional Commitment/Program Effectiveness (Appendix 47) to all of its communities of interest, with final consideration of comments received at the August 2010 meeting.

*Informational Report of the Commission on Dental Accreditation of Canada:* Dr. Claude Lamarche, Chair of the Commission on Dental Accreditation of Canada, thanked the Commission for the opportunity to be present at the Commission meeting, on behalf of himself and the director of CDAC, Ms. Susan Matheson. The CDAC report is Appendix 48.

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

*Report on Appointment of Commissioners and Appeal Board Member:* Commissioners and Appeal Board members whose terms will end during 2009 and their replacements are:

### **Commission**

#### **Current Member**

Dr. Ronald Woody (ACP)  
Dr. James Koelbl (ADEA)

#### **New Member**

Dr. Kent L. Knoernschild (ACP)  
Dr. Leo E. Rouse (ADEA)

### **Appeals Board**

#### **Current Member**

Dr. Paul Reggiardo (Ped)  
Dr. Diane Flint (OMR)  
Vacant Position (OMP)

#### **New Member**

Neophytos “Ned” L. Savide  
TBA  
TBA

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

*Report of the Ad Hoc Committee on Alternative Site Visit Methods:* At its January 2006 meeting, the Commission considered a request from the Lutheran Medical Center to consider conducting site visits to extramural training sites via distance education technologies. The Commission reaffirmed the Policy Statement on Accreditation of Off-Campus Sites and directed the Standing Committee on Outcomes Assessment (OA Committee) to consider the feasibility of using alternative methods to conduct on-site review of programs. After careful consideration of the OA Committee’s report, the Commission, at its July 2006 meeting, determined that further study of alternative methods of conducting site visits was warranted and directed that an ad hoc committee be formed to further study this. The ad hoc committee has met six times since being formed by the Commission. In Spring 2008, a survey of Commission-accredited programs and Commission-appointed site visitors was conducted using an instrument developed to determine whether the use of technology for conducting site visits is widely available for all Commission programs and volunteers. While the committee determined that the results of the survey and the concerns cited within the written comments did not support utilizing alternative site visit methods, the Commission came to the conclusion that technologic advances need to be continually monitored, and that it would be premature to disband the ad hoc committee in its entirety. The use of pilot projects was suggested as a way to keep abreast of the latest technologies and techniques, and a broader analysis of the current site visit process is appropriate.

At the ad hoc committee’s December 15, 2008 conference call, the original request by Lutheran Medical Center to consider conducting site visits using distance education technology and its offer to conduct a site visit demonstration using distance education technology was discussed. The ad hoc committee believed that a demonstration may be warranted at this time and could provide additional information that could lead to a pilot project in the future. Consequently, the ad hoc committee agreed that Lutheran Medical Center should be asked to demonstrate the conduct of a site visit using distance education technology to the ad hoc committee prior to the July 2009 Commission meeting. This would provide the ad hoc committee the opportunity to direct the demonstration and ask questions that would typically be asked by a site visit team.

The ad hoc committee also believed that since the original request was made by Lutheran Medical Center, the costs incurred by providing the demonstration should be borne by Lutheran Medical Center.

The demonstration by the Lutheran Medical Center was conducted on July 29, 2009. During this meeting, Lutheran Medical Center made a short presentation and demonstrated the conduct of a site visit using distance education technology. The demonstration included a review of documentation; a tour of the facilities; and the conduct of interviews; all using real-time distance education technology (videoconference). Demonstration of other methods of video teleconferencing technologies were also provided, including a portable videoconference unit, which ultimately had to be disconnected due to interference with the Lutheran connection; a live stream on a personal computer; videotapes; and a web-based application.

Following the presentation, the ad hoc committee came to the conclusion that conducting site visits using alternative methods has potential and should be further pursued. Concerns still remain, including confidentiality of interviews and discussions, observing clinical activities, reading documents via videoconferencing technology, and the ability to interact with site visitors at other locations during the site visit. In addition, the ad hoc committee noted there would have to be a great amount of trust on the part of site visitors and the Commission if site visits were conducting in this method. The ad hoc committee concluded that, at this time, the potential and possibilities outweigh the negatives and further exploration in the form of a pilot project is warranted. In addition, the ad hoc committee also believed that the use of technology and videoconferencing should be considered more broadly in the accreditation process. The Commission concurred with the ad hoc committees recommendations.

**Commission action:** The Commission directs that the Ad Hoc Committee on Alternate Site Visit Methods further explore the use of distance technology (videoconferencing) to conduct site visits, through a pilot project. In addition, the Commission directs Ad Hoc Committee on Alternative Site Visit Methods to further investigate other uses of videoconferencing and technology for wider use in the accreditation process.

*Discussion of Mid-Level Provider Accreditation:* The Commission was informed that several states are considering different models of dental care delivery to help solve the access to care issue with their most vulnerable populations. In addition, the state of Minnesota already has passed legislation mandating the creation of dental care positions and educational programs with a scope of practice between that of a dental hygienist and a dentist. It is anticipated that the Commission will eventually be asked to provide accreditation services for these types of educational programs. While the Commission currently has policy and procedures in place for accreditation of educational programs in non-specialty areas of general dentistry, there are no policies and procedures in place for these “midlevel provider” programs, nor is there a national consensus on the scope of practice for the “midlevel provider.” Further discussion and consultation with all communities of interest will need to occur prior to formation of new policies and procedures in this regard.

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

*Report of the Communication Task Force:* At its July 26, 2007 meeting, the Commission directed that the Chair appoint an ad hoc committee to consider the Commission’s policies and procedures for communicating with its communities of interest and potential ways for enhancing

communication. At its July 21, 2009 conference call, the task force reviewed the referrals from the CODA Subcommittee on the ADA Task Force on CODA Report and Recommendations and developed implementation strategies (Appendix 50). The Task Force on Communication also reviewed the feedback from the participants in the first Community of Interest Informational Session held on August 19, 2008. The Task Force noted that the feedback was generally good, with most participants appreciating the willingness of the Commission to hold informational sessions. The next session is planned for August 21, 2009 and the Task Force formulated an agenda with discussion topics. This session will also be offered in a “webinar” format and all Commissioners will be invited to serve as small group discussion leaders. Finally, the Task Force on Communication reviewed the first two issues of the Commission’s e-newsletter “CODA Communicator” and made several recommendations for improvements. The Communicator will now come out three times per year (February, August, and November). In addition, the distribution list will be reviewed to ensure the broadest possible outreach to the communities of interest.

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

*Report of the CODA Subcommittee on the ADA Task Force on CODA Report and Recommendations:* At the January, 29, 2009 Commission megaissue discussion, the Commission received the ADA Task Force on the Commission on Dental Accreditation Report and Recommendations. This report was discussed at great length and each of the thirty-four recommendations was reviewed. The Commission considered the report in the spirit of improving the structure, governance, policies, operating procedures, functionality and use of best practices. In addition, the Commission noted that progress is already being made in implementing some of the recommendations, especially in the area of communication. Further detailed study and possible implementation plans should be considered for each of the thirty-four recommendations. The consensus was that this could best be accomplished through the appointment of an *ad hoc* Subcommittee by the Commission chair. In addition, the *ad hoc* Subcommittee would interact directly with the ADA Monitoring Committee established by Resolution 37H-2008 by the House of Delegates at the 2008 ADA Annual Session. Subcommittee members are: Dr. James Koelbl, Chair; Dr. E. Les Tarver; Dr. Sharon Turner; Dr. Larry Nissen; Dr. Karen Kershenstein; Dr. Patrick Louis; Dr. Vince Iacono; Dr. Bryan Edgar; Dr. Heidi Crow; and Mr. Gary Gann. The Subcommittee charge is outlined in Appendix 49. The CODA Subcommittee on the ADA Task Force on CODA Recommendations met twice since its formation by the Commission at the January 2009 meeting. At the May 29, 2009 meeting, the Subcommittee discussed at length each of the thirty-four ADA recommendations and reviewed the prioritized list recommendations presented by the ADA Monitoring Committee (Appendix 50). Further detailed consideration, study, and possible implementation plans are necessary for most of the thirty-four recommendations, although the Subcommittee felt that several recommendations had already been implemented by the Commission:

- Recommendation 7-CODA should extend its meeting format to allow more time for discussion regarding accreditation decisions. (Policies)-At the January 2009 Commission meeting, the closed portion of the meeting was moved to the first day, which allowed significantly more time for accreditation discussions and decisions.
- Recommendation 9-CODA should continue to include a public member on each review committee. (Policies)-Each RC has a public member (see pp. 36-37 of OPP), there are no plans to change this policy.



- Recommendation 16-CODA should continue to develop and improve an orientation and training process for volunteers after the volunteer is selected but before the volunteer assumes the responsibilities of the position. (Operating Procedures)-New site visitor training, new Review Committee member training, and new Commissioner training have been expanded to two days in a workshop format facilitated by Commission staff and experienced volunteers. Prior to the workshops, volunteers are required to complete six online training/assessment modules. Commission staff continues to refine and modify the training, based on input from the participants. In addition, new site visitors who are unable to make the in-house training session must observe an experienced consultant on a site visit.
- Recommendation 18-CODA should require that all specialty areas of practice continue to be responsible for funding the formal training of site visitors and should provide content expertise for the training curricula. CODA staff should continue to conduct the training and assure that the training is well organized and consistent across all specialty areas. (Operating Procedures)-The Commission currently is responsible for the formal training of site visitors and provides content expertise for the training curricula. New site visitors from each discipline are required to attend an in-house training session, with the entire group attending lectures on general policies and procedures, and discipline-specific breakout groups doing exercises on report-writing and standards review. CODA staff conducts the training, and post-training surveys show a significant majority of participants regard the training as well-organized. Currently, only the AAOMS funds additional training for site visitors in their discipline. Commission staff is available to provide additional training for any discipline that requests it, and this is communicated to the organizations on a regular basis.

The Subcommittee noted that a number of the recommendations could be more efficiently reviewed by existing standing committees and ad hoc committees of the Commission. The following recommendations were designated for referral to the Commission's Communication Task Force for review and implementation:

- Recommendation 8- CODA should define the composition of the specialty review committees regarding the number of content experts, and should develop procedures for determining that a critical threshold of generalist, specialist and public members is available for each decision at the review committee level. (Note: The ADA Task Force is not recommending any changes in review committee composition for predoctoral, dental hygiene, dental assisting, dental laboratory technicians, and advanced educational general dentistry/graduate programs.) (Policies)
- Recommendation 10-CODA should establish a system to permit an academic program to postpone its review if a critical threshold of generalist, specialist and public members is not available at that review committee meeting. (Policies)
- Recommendation 13-CODA should enhance its pre-nomination education process that provides information regarding expectations and duties of commissioners, review committee members, and site visitors. This information should be made available by CODA to all communities of interest and interested individuals. (Operating Procedures)
- Recommendation 15-CODA commissioners, review committee members, site visitors and volunteers should serve the interest of CODA without personal or member organization profiles or agendas. This policy should be clearly articulated internally, and

strongly articulated externally to all relevant organizations that supply persons for positions on CODA or any of its working committees. (Operating Procedures)

- Recommendation 21-CODA should communicate more effectively with its communities of interest by improving the quality and content of its communications. The processes of communication should also be improved. (Functionality)
- Recommendation 22- CODA should focus its communications efforts on increasing transparency and accountability as well as communicating the value/outcomes of accreditation. (Functionality)

The Subcommittee recommended that CODA request assistance from ADA Council on Communication and use existing ADA resources/staff for implementation:

- Recommendation 23-CODA should use outside expertise to assess its current communications efforts and assist in the development and implementation of a detailed communications and public relations plan. (Functionality)
- Recommendation 24-CODA should create a dedicated staff position requiring specific expertise in communications to sustain the implementation of its communications plan and to assist in cultural change. (Functionality)

The Subcommittee recommended referral to the Commission's Standing Committee on Outcomes Assessment for review and suggested plan of implementation:

- Recommendation 20-CODA should establish a system by which all members of site visit teams, including the chair, are evaluated. (Operating Procedures)
- Recommendation 32-CODA should monitor how USDE recognition influences funding for dental education programs. (USDE Affiliation)
- Recommendation 33-CODA should explore advantages of recognition by additional agencies such as the Council for Higher Education Accreditation (CHEA). CODA decision(s) regarding recognition by another agency should not be in lieu of USDE recognition. (USDE Affiliation)
- Recommendation 34-CODA should monitor the progress of the proposed American National Standards Institute (ANSI/ISO) recognition system for accreditation agencies as it develops, and, if appropriate, investigate the advantages and disadvantages of also becoming recognized under this system.(USDE Affiliation)

The Subcommittee recommended referral of the following recommendation to the Commission's Standing Committee on Nominations for review and implementation:

- Recommendation 14- CODA should continue the nomination process it has initiated. This process calls for multiple nominations from each group with nominations to be evaluated by CODA's Nominating Committee based on criteria developed by CODA. The nomination process should be strongly articulated to all nominating communities. (Operating Procedures)

The Subcommittee recommended referral of the following recommendation to Commission's Standing Committee on Finance for review and recommendations:

- Recommendation 3- CODA should develop a detailed business plan, complete with timelines and fiscal implications for implementing any recommendations regarding structure. (Structure)

The Subcommittee discussed the following three ADA recommendations and felt these recommendations could be implemented immediately by the Commission through minor changes in existing policy. The Commission concurred with the subcommittee's recommendation.

- Recommendation 17- CODA should require all review committee members to observe at least one site visit. (Operating Procedures)
- Recommendation 19-CODA should require that all site visitors not participating in site visits at least every two years should participate in a training exercise. (Operating Procedures)
- Recommendation 25-CODA should view this effort toward cultural change not just as increasing communication but as a change in its culture regarding transparency, accountability, and responsiveness. This cultural change should be emphasized at the beginning of each CODA meeting. (Functionality)-Commissioners should be reminded of this at the beginning of each Commission meeting, going forward.

**Commission action:** The Commission directs ADA Task Force on CODA recommendations 17, 19, and 23 be implemented immediately.

At the July 29, 2009 Subcommittee meeting, the report of the Task Force on Communication was presented, along with implementation strategies for the referred ADA recommendations. The subcommittee reviewed and made additions to the task force implementation strategies (Appendix 51). The Commission concurred with the subcommittee's recommendations.

**Commission action:** The Commission endorses and accepts the subcommittee implementation strategies for the ADA Task Force on CODA Recommendations, as outlined in Appendix 51.

The Subcommittee considered the following prioritized items from May 29, 2009 meeting:

- Recommendation #6- CODA should openly collaborate with its communities of interest to resolve the issue of perceptions versus realities of CODA accrediting educational programs in non-recognized specialty areas of general dentistry and publicize the results of this process. (Governance)

Dr. Chip Simon, chair of the Council on Dental Education and Licensure, addressed the role the CDEL can play in resolving the issue of perception versus realities of accreditation of non-recognized specialty areas of general dentistry. He noted there is much confusion and misinterpretation surrounding the terms accreditation, certification, recognition, credential and licensure. There are no standard definitions used throughout the different ADA councils and commissions and the House of Delegates. He stressed that new definitions need to be formulated that are less confusing and these new definitions need to be disseminated to all communities of interest. Dr. Simon indicated that collaboration with communities of interest on this issue could be enhanced by the Commission making available a general dentistry interest area groups' application for accreditation of their programs much earlier in the process. This call for comments by the

communities of interest should be made prior to the Review Committee's consideration of the proposed standards, which is the current policy. The Subcommittee noted that there were Board of Trustees resolutions (9 and 10) to the House of Delegates in 2006 calling for a change in bylaws to the CDEL. The change in CDEL bylaws would, in essence, require that non-specialty interest area first seek recognition by the House of Delegates, then, after receiving approval of the House, the non-specialty interest area could then seek accreditation of training programs by CODA. These resolutions failed to get the necessary two-thirds vote to change the CDEL bylaws. Finally, Dr. Simon felt communication could be improved by the appointment of a CDEL Liaison to the ad hoc Commission committee that is formed to consider the accreditation application. After further discussion, the CODA Subcommittee recommends to the Commission that a joint group, made up of representatives of CODA, CDEL, and CEBJA, formulate standardized definitions for the terms accreditation, certification, recognition, credential, and licensure. The CODA Subcommittee also supports the appointment of a CDEL Liaison to ad hoc Commission committees formed to consider accreditation applications. The CODA Subcommittee deferred further discussion on early notification of accreditation applications in non-specialty areas of general dentistry until the next meeting. While the Commission was supportive of the formation of a group to study the definitions of the terms surrounding accreditation, licensure, and credentialing, the addition of a CDEL liaison to ad hoc committees which evaluate accreditation applications for non-specialty interest areas in general dentistry was not warranted at this time.

**Commission action:** The Commission directs that a joint group, made up of representatives of CODA, CDEL, and CEBJA, formulate standardized definitions for the terms accreditation, certification, recognition, credential, and licensure.

- Recommendation #5- CODA and the ADA should clarify their respective roles, responsibilities and expectations and communicate these to their communities of interest. (Governance)

Dr. Neumann gave the CODA Subcommittee a brief overview of the relationship between the ADA and the Commission. The Commission is an agency of the ADA and the ADA provides organizational framework and structure. As there is no U.S. governmental agency that directly ensures the quality of education, the profession believes this quality assurance function must be done with integrity and independently (i.e., with no bias) in order to serve both the profession and the public. It is the responsibility of the profession to support this function for the good of both the public and the profession. In regards to the USDE recognition criteria, the Commission ADA relationship falls under section 602.14 (b) of the USDE criteria. The Commission has clear and effective controls against conflict of interest, as required by section 602.15(6). The Subcommittee came to the conclusion that recommendation #5 is closely associated with the three recommendations (#'s 1, 2, and 3) which deal with the structure of the Commission. The Subcommittee will lay out several alternative structures, with advantages and disadvantages articulated for each alternative. However, this must be done in conjunction with the ADA Monitoring Committee and it will be discussed at the Joint meeting on July 31, 2009.

- Recommendation #'s 26, 27, 28: The Subcommittee learned that there are no longer in-house strategic planning services available. Several suggestions were made regarding strategic planning, including looking at increasing the terms of Commissioners; a 30-60 minute review of agenda items prior to the Commission meeting for first time Commissioners and any other Commissioners who would be interested; the possibility of more time between Review Committee meetings and the Commission meeting; and strategic planning as part of every Commission meeting agenda. The Subcommittee agreed that a restructuring of standing committees would enhance the strategic planning process. The proposed restructuring is outlined in Appendix 52.

Upon Commission approval of the new committee structure, the Subcommittee refers recommendation #'s 26 and 27 to the Quality Assurance Committee, and recommendation #28 to the Strategic Planning Committee. After consideration of the above standing committee restructuring, the Commission came to consensus that more time was needed to evaluate the proposed restructuring and that it should be reconsidered at the next Commission meeting.

**Commission action:** The Commission defers consideration of the Standing Committees until the February 2010 Commission meeting.

*Discussion of the Policy on Authorized Enrollment:* Concern was expressed by several Commissioners regarding the common practice of Commission approval via mail ballot of requests for retroactive enrollment increases for advanced specialty education programs. The current policy is written in a very broad terms to allow programs maximum flexibility in managing enrollment. Under the existing policy, the Commission does have the option of not approving an enrollment increase, even though the review committee recommends otherwise. The Commission came to the consensus that further clarification of this policy is necessary.

**Commission action:** The Commission refers the Policy on Authorized enrollment to the Specialty Review Committees for evaluation of the standards which impact authorized enrollment, for consideration by the Commission at the February 2010 meeting.

*Update on the Higher Education Opportunity Act:* In June 2009, the U.S. Department of Education sent all recognized accrediting agencies a letter outlining the new provisions of the Higher Education Opportunity Act (HEOA). All recognized accrediting agencies, including CODA, were required to make a good faith showing of their implementation of the new HEOA provisions. CODA was required to submit, by July 20, 2009, information demonstrating that it is compliant with the new statutory requirements. Appendix 53 is a synopsis of the requirements, and a summary of the response provided by the Commission to the USDE.

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

*Presentation of Plaques:* The following Commissioners received plaques acknowledging their service on the Commission:

Dr. Bruce Barrette  
 Dr. Heidi C. Crow  
 Mr. Gary Gann  
 Dr. James Koelbl

Dr. Patrick Louis  
Dr. Larry Nissen  
Dr. Jason Pickup  
Dr. Ronald D. Woody

*Election of Chair and Vice Chair of the Commission:* In accord with the *Rules of the Commission on Dental Accreditation* and the *Bylaws* of the American Dental Association, the Commission elects its own chair annually.

**Commission action:** The Commission elected Dr. E. Les Tarver as chair and Dr. Bryan Edgar as vice chair for 2009-2010.

### **New Business**

*Consideration of Monitoring of Programs:* Concern was expressed by several Commissioners that the Commission needs to take a more proactive approach monitoring educational programs, especially those programs that have an unusually high number of recommendations or those programs that have severe deficiencies. It was suggested the Commission investigate possible “triggers” that would require programs to report more often, or more in depth.

**Commission action:** The Commission directs the Outcomes Assessment Committee to review the Major Change policy regarding possible triggers that would require interim reporting by programs, for review at the Commission’s February 2010 meeting.

**Adjournment:** The Commission adjourned at 2:00 PM

