

## MINUTES

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

August 4 and 5, 2011

**Call To Order:** The Chair, Dr. Don Joondeph, called a regular meeting of the Commission on Dental Accreditation to order at 1:00 P.M. on Thursday, August 4, 2011, in the 22<sup>nd</sup> Floor Board room of the ADA Headquarters Building, Chicago, in closed session for the purpose of reviewing educational programs.

**Roll Call:** Dr. Michael Biermann, Dr. Richard Buchanan, Ms. Kristi Burr, Dr. Eric Carlson, Dr. Paul Casamassimo, Ms. Elizabeth Curran, Mr. Ryan Dulde, Dr. Geri Anne DiFranco, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Henry Greenwell, Dr. W. Stan Hardesty, Dr. Donald Joondeph, Dr. Mel Kantor, Dr. Karen Kershenstein, Dr. Kent Knoernschild, Dr. Judith Messura, Dr. Laura Joseph, Dr. Brad Neville, Dr. Reuben Pelot, Dr. Robert Ray, Dr. Yilda Rivera-Nazario, Dr. Steven Schonfeld, Dr. Paul Sims, Dr. Steven Tonelli, Dr. Christopher Wenckus, Dr. Karen West, Dr. Alexander White and Dr. John Williams

Dr. Reuben Pelot, III was unable to attend.

In addition to the staff of the Commission, Dr. Roger Kiesling, ADA Trustee Liaison, attended.

Representatives of the Commission on Dental Accreditation of Canada (CDAC) were unable to attend.

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

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

**Consideration of Matters Relating to Accreditation Status:** The Chair read statements reminding the Commission of the confidentiality of its materials and deliberations related to the accreditation of programs, as well as conflict of interest policies related to the determination of accreditation status of programs. The Commission reviewed site visit evaluations, progress and other requested reports on predoctoral dental education programs, advanced general dental education programs, advanced specialty education programs and allied dental education programs.

**Commission action:** Accreditation status was granted to programs evaluated since the February 2011 meeting. Accreditation actions are summarized in the "Report on the Accreditation Statuses of Educational Programs" (Appendix 1).

**Adjournment:** The Commission adjourned the closed session at 4:37 P.M.

**Call To Order:** The Chair, Dr. Don Joondeph, called a regular meeting of the Commission on Dental Accreditation to order at 8:30 A.M. on Friday, August 5, 2011, in the 22<sup>nd</sup> Floor Board room of the ADA Headquarters Building, Chicago, in open session.

**Roll Call:** Dr. Michael Biermann, Ms. Kristi Burr, Dr. Eric Carlson, Dr. Paul Casamassimo, Ms. Elizabeth Curran, Dr. Ryan Dulde, Dr. Geri Anne DiFranco, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Henry Greenwell, Dr. W. Stan Hardesty, Dr. Donald Joondeph, Dr. Mel Kantor, Dr. Kent Knoernschild, Dr. Judith Messura, Dr. Laura Joseph, Dr. Brad Neville, Dr. Robert Ray, Dr. Yilda Rivera-Nazario, Dr. Steven Schonfeld, Dr. Paul Sims, Dr. Steven Tonelli, Dr. Christopher Wenckus, Dr. Karen West, Dr. Alexander White and Dr. John Williams.

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

In addition to the staff of the Commission, Dr. Roger Kiesling, ADA Trustee Liaison, attended.

Representatives of the Commission on Dental Accreditation of Canada (CDAC) were unable to attend.

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

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

**Approval of Minutes from February 2011 Meeting:** The minutes of the February 2011 Commission meeting were amended and adopted.

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

- Report of the Review Committee on Dental Laboratory Technology Education
- Informational Report on Frequency of Citings of Accreditation Standards for Dental Laboratory Technology Education Programs
- Report of the Review Committee on Dental Public Health Education
- Informational Report on Frequency of Citings of Accreditation Standards for Dental Public Health Education Programs
- Report of the Review Committee on Oral and Maxillofacial Pathology Education
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Pathology Education

- Report of the Review Committee on Oral and Maxillofacial Radiology Education
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Radiology Education
- Report of the Review Committee on Oral and Maxillofacial Surgery Education
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs (Residencies) in Oral and Maxillofacial Surgery
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs (Fellowship) in Oral and Maxillofacial Surgery
- Report of the Review Committee on Pediatric Dentistry Education
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry Education
- Report of the Review Committee on Prosthodontics Education
- Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics Education

**Report of the Review Committee on Predoctoral Dental Education:** Chair: Dr. John Williams. Committee Members: Dr. Steven Campbell, Dr. Cecile Feldman, Dr. Gerald Ferretti, Dr. Karen Kershenstein, Dr. Sally Mauriello, and Dr. Marshall Titus. Staff Members: Dr. Lorraine C. Lewis, manager, Predoctoral Dental Education, and Dr. Anthony J. Ziebert, director, CODA. Dr. Laura M. Neumann, senior vice president, Education/Professional Affairs attended a portion of the meeting. Guests: Dr. Karen Novak, and Dr. Eugene Anderson, American Dental Education Association, were present for the policy portion of the meeting.

The meeting of the Review Committee on Predoctoral Dental Education was held on July 11, 2011 in room 2A of ADA Headquarters, Chicago, IL.

A follow-up conference call was held on July 26, 2011 to consider additional information related to the Review Committee's recommendation to the Commission on the Accreditation Standards for 2-year Certificate Programs for International Graduates and on the accreditation status of one program. Chair: Dr. John Williams; Committee Members: Dr. Cecile Feldman, Dr. Sally Mauriello, and Dr. Marshall Titus. Staff Members: Dr. Lorraine C. Lewis, manager, Predoctoral Dental Education, and Dr. Anthony J. Ziebert, director, CODA attended the call. Dr. Steven Campbell, Dr. Gerald Ferretti, and Dr. Karen Kershenstein were unable to attend the call, but submitted mail ballots on the matters before the Review Committee during the conference call.

*Frequency of Citings of Accreditation Standards for Dental Education Programs:* The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on the Frequency of Citings of Accreditation Standards for Dental Education Programs.

The PREDOC RC noted that during the reporting period of January 25, 2007 through October 30, 2010, the total number of citings was fifty-two (52). The “must” statement with the highest number of citings was Standard 2-25 (b-n) with fifteen (15) citings, representing twenty-nine (29) percent of the total citings, followed by Standard 5-1 with eight (8) citings, representing fifteen (15) percent of the total.

Twenty-eight (28) programs site visited since the implementation of the new standards were in full compliance with all requirements at the time of the site visit, representing seventy (70) percent of the predoctoral programs evaluated during the period. Based on existing data, it appears that most dental education programs (DDS/DMD) are in full compliance with the Standards. Measurement of student competency in clinical science continues to be the area with the highest number of citations.

**Commission Action:** This report is informational only and no action was taken.

*Consideration of Revision of the Accreditation Standards for 2-Year Certificate Programs for International Graduates:* The PREDOC RC considered revision of the Accreditation Standards for 2-year Certificate Programs for International Graduates which are aligned with the existing predoc standards and were adopted and implemented by the Commission at its July 2006 meeting. The PREDOC RC noted that no 2-year certificate programs are currently accredited by the Commission. Instead, dental education programs admit international graduates into an advanced standing program in the second or third year of the predoctoral curriculum and award a DDS/DMD degree upon completion. The PREDOC RC noted that advanced standing programs are evaluated as part of the predoctoral dental education program with specific standards on advanced standing students (Dental Education Standards 2-1.1 and 2-1.2) considered during the self-study process and site visit.

The PREDOC RC reviewed responses to an email sent to all dental school deans seeking information on plans, if any, for development of 2-year certificate programs. Responses were received from eleven (11) schools, none of which had plans to develop 2-year certificate programs. Deans felt the programs were not feasible given the requirements to obtain a dental license in their state.

Additionally, the PREDOC RC reviewed state licensure requirements for international graduates and considered input from the Commission on Dental Accreditation of Canada (CDAC) regarding the impact on reciprocity if accreditation of 2-year certificate programs was discontinued. Three dental schools in Canada have programs for international graduates and all award a DDS/DMD degree. Consequently, there would be no impact on reciprocity with Canada if accreditation of 2-year certificate programs was

discontinued. Since no programs are operating or are planned in the United States and Canada, the PREDOC RC recommends that the Commission discontinue the Accreditation Standards for 2-year Certificate Programs for International Graduates with immediate implementation. There was no further discussion of this recommendation at the Commission meeting.

**Commission action:** The Commission directs the discontinuation of the process of accreditation for 2-year Certificate Programs for International Graduates with immediate implementation, as no programs are operating or are planned in the United States and Canada.

**Report of the Review Committee on Postdoctoral Dental Education:** Chair: Dr. Judith Messura. Committee members: Dr. Michael Brennan, Dr. Sebastian Ciancio, Dr. Tracy Dellinger, Ms. Marlene Futterman, Dr. Henry Gremillion, Dr. Jeffery Hicks, Dr. Agnes Lau, Dr. Miriam Robbins, Dr. Dara Rosenberg, Dr. James Tom, and Dr. Stephen Young. CODA Staff Members: Dr. Anthony J. Ziebert, director and Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA. Guests: (open portion only): Ms. Rhonda Schultz, American Academy of General Dentistry.

The meeting of the Postdoctoral General Dentistry Review Committee (PGD RC) was held July 14-15, 2011 in the Association Headquarters Building.

**Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in General Dentistry:** The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current advanced general dentistry accreditation standards. Data in the report reflected citings made during 46 site visits between January 1, 2008 and October 31, 2010. The data indicates that a total of the 52 areas of non-compliance were cited. Of these, 4 (8%) were related to Standard 1 – Institutional and Program Effectiveness; 30 (58%) were related to Standard 2 – Educational Program; 3 (6%) were related to Standard 3 – Faculty and Staff; 4 (8%) were related to Standard 4 – Educational Support Services, and 11 (21%) were related to Standard 5 – Patient Care Services. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

**Informational Report on Frequency of Citings of Accreditation Standards for Advanced Education Programs in General Practice Residency:** The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current general practice residency accreditation standards. Data in the report reflected citings made during 71 site visits between January 1, 2008 and October 31, 2010. The data indicates that a total of 268 areas of non-compliance were cited. Of these, 33 (12%) were related to Standard 1 – Institutional and Program Effectiveness; 175 (65%) were related to Standard 2 – Educational Program; 16 (6%) were related to Standard 3 – Faculty and Staff; 10 (4%) were related to Standard 4 – Educational Support Services, and 34 (13%) were related to Standard 5 – Patient Care Services. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

*Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology:* The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current advanced general dentistry education programs in dental anesthesiology accreditation standards. Data in the report reflected citings made during twelve (12) site visits between January 1, 2007 and October 31, 2010. An analysis of the site visit reports shows that seven (7) areas of non-compliance were cited in the twelve (12) site visit reports of the advanced general dentistry education programs in dental anesthesiology. Due to the limited number of site visits, no trend can be identified at this time. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

*Informational Report on Frequency of Citings of Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine:* The Committee considered a summary report of the number of “must” statement citings and their distribution among the “must” statements in the current advanced general dentistry education in oral medicine accreditation standards. Data in the report reflected citings made during six (6) site visits between January 1, 2007 and October 31, 2010. An analysis of the site visit reports shows that five (5) areas of non-compliance were cited in the six (6) site visit reports of the advanced general dentistry education programs in oral medicine. Due to the limited number of site visits, a trend in the data cannot be identified. The Commission will continue to receive reports annually summarizing the updated data on the frequency of citings of individual Standards.

**Commission action:** These reports are informational only and no action was taken.

*Consideration of Proposed Standard Addition to the Accreditation Standards for Postdoctoral General Dentistry Education Programs:* At its Summer 2010 meeting, Commission on Dental Accreditation directed that the Accreditation Standards for all postdoctoral general dentistry (PGD) disciplines include an eligibility requirement that individuals enrolled in postdoctoral general dentistry education programs must be dentists or a graduate of a dental school.

At its January 2011 meeting, the PGD RC noted that the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine and Orofacial Pain currently include eligibility requirements to enter the respective program. The PGD RC reviewed the proposed standard for each of the PGD disciplines and determined that the proposed standard for the Accreditation Standards for Advanced Education Programs in General Practice Residency and General Dentistry and the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology should be added to Standard 4 (Educational Support Services) of the each discipline’s Accreditation Standards. In addition, the PGD RC believed that the accreditation standard related to eligibility requirements currently in the Accreditation Standards for Advanced General

Dentistry Education Programs in Oral Medicine and Orofacial Pain should also be revised to reflect the language recommended for the other postdoctoral general dentistry education disciplines. The proposed accreditation standard for all postdoctoral general dentistry education disciplines was circulated to the communities of interest for review and comment until May 1, 2011 and an open hearing was conducted at the March 2011 American Dental Education Association (ADEA) Annual Session.

At its July 2011 meeting, the PGD RC reviewed and discussed the written comments received. No comments were received during the open hearings held during the March 2011 American Dental Education Association Annual Session. Following discussion of the eight (8) comments received, the PGD RC believed the proposed standards warrant inclusion in the accreditation standards for all PGD disciplines. It was noted, however, that letter (a) in the standard for each discipline indicates “graduates must be graduates of predoctoral programs in the U.S. accredited by the Commission on Dental Accreditation.” Because the Commission now has a process for accrediting international dental education programs, the PGD RC believed the words “in the U.S.” should be removed. The PGD RC believed this revision was editorial in nature and did not require circulation to the communities of interest. Therefore, the PGD RC recommends the revisions be approved with an implementation date of July 1, 2012.

**Commission action:** The Commission adopts the proposed standard revisions (Appendix 2) with an implementation date of July 1, 2012.

*Consideration of Proposed Revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology:* At its January 2011 meeting, the Review Committee on Postdoctoral General Dentistry (PGD RC) reviewed a request from the Dental Anesthesiology Program Directors to consider proposed revisions to Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology.

Following a lengthy discussion of the proposed revisions and the rationale, the purpose of the revisions remained unclear to the PGD RC, particularly the revision to Standard 2-17 which would require programs to be a minimum of 36 months in length. In addition, it did not appear that the proposed revisions were substantial enough to warrant the extended length of the program. Therefore, the PGD RC recommended that the request should not be further considered at this time and should be returned to the Dental Anesthesiology Program Directors with directions to provide further clarification of the purpose and need for the proposed revisions. At its Winter 2011 meeting, the Commission concurred with the recommendation of the PGD RC.

As a result of the decision by the Commission at its Winter 2011 meeting, the Dental Anesthesiology Program Directors submitted an explanation for the proposed revisions for consideration by the PGD RC at its July 2011 meeting. Following careful review of the proposed revisions and the explanation for the revisions, the PGD RC believed there is validity to expanding the advanced general dentistry education programs in dental anesthesiology to three years. However, the PGD RC believed the specific proposed

revisions should be more closely reviewed. Therefore, it believes a task force comprised of representatives from the PGD RC and the dental anesthesiology community should be formed to further review the proposed revisions to the accreditation standards for advanced general dentistry education programs in dental anesthesiology. A report on this task force's progress could be presented at the Winter 2012 meetings of the PGD RC and the Commission.

**Commission action:** The Commission directs a task force comprised of representatives from the PGD RC and the dental anesthesiology community be formed to further review the proposed revisions to the accreditation standards for advanced general dentistry education programs in dental anesthesiology. A report on the task force's progress is to be presented at the Winter 2012 meetings of the PGD RC and Commission.

*Consideration of Proposed Revision to the Accreditation Standard on Basic Life Support (BLS) Training:* Following consideration of program reviews, the PGD RC noted that the accreditation standard related to continuous recognition/certification in basic life support had more citations than usual. This appeared to be due to the fact that programs were now providing training in advanced cardiac life support (ACLS) procedures in the place of basic life support (BLS) training. The PGD RC believed that because ACLS is more advanced and requires "proficiency" in basic life support, programs can demonstrate compliance with this standard through either continual BLS certification or continual ACLS certification. As a result, the PGD RC believed an intent statement could assist in clarifying this standard and recommended that the intent statement provided below be added to the accreditation standard requiring BLS requirement for all PGD disciplines.

Standard with proposed revision (underlined):

All students/residents, faculty and support staff involved in the direct provision of patient care **must** be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

*Intent:* *Since BLS is part of the certification for ACLS, a current ACLS card is an acceptable substitute.*

**Commission action:** The Commission directs that the proposed intent statement noted above be added to the accreditation standard requiring BLS training in all PGD disciplines.

**Report of the Review Committee on Dental Assisting Education:** Chair: Dr. Lorraine Gagliardi. Committee members: Ms. Patricia Capps, Dr. Gene Kelber, Dr. Frank Licari, Ms. Cathy Roberts; Ms. Deanna Stentiford, Ms. Diana Sullivan and Dr. Steven Tonelli. Staff Members: Ms. Patrice Renfrow, manager, Dental Assisting and Dental Laboratory Education, Commission on Dental Accreditation (CODA). Dr. Anthony J. Ziebert, director, 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 12-13, 2011 in Room 2A at the ADA Headquarters, Chicago, Illinois.

*Consideration Of Dental Assisting National Board's Proposed Pilot Study:* To maintain its recognition by the American Dental Association's Council on Dental Education and Licensure (CDEL) as the national certification board for dental assistants, the Dental Assisting National Board (DANB) must meet the ADA's *Criteria for Recognition of a Certification Board for Dental Assistants* (Appendix 3). Section IV of the *Criteria* stipulates that prior to the implementation of change(s) to its examination eligibility criteria, DANB must first make a formal request to CDEL and 1) demonstrate how the proposed change was circulated among DANB's communities of interest; 2) provide documentation that the change was justified and supported by its communities of interest; and 3) receive prior approval by CDEL before implementation of the change(s).

On March 1, 2011, the Dental Assisting National Board sent out a formal request for comment on its proposed pilot alternate certification pathway which would allow graduates of non-accredited, DANB-approved educational programs to take the DANB certification exam after one year of employment. DANB currently has an established, alternative pathway to certification whereby graduates of non-accredited programs are allowed to take the certification exam after 2 to 4 years of verified dental assisting work experience. At its July 12-13 meeting, the DA RC carefully considered all information provided by DANB regarding the proposed pathway; the CDEL and CDP response to DANB; a verbal report from the American Dental Education Association (ADEA) Dental Assisting Section Chair, Ms. Patricia Capps; verbal comments and clarifications from Ms. Durley; and numerous consumer letters. The DA RC agreed with the conclusions of the CDEL/CDP and does not support the DANB pilot study for the following reasons: (1) the Commission on Dental Accreditation (CODA) is the only agency recognized by the United States Department of Education (USDE) to accredit dental assisting education programs; (2) DANB is not authorized to approve dental assisting programs nor does it have the expertise to evaluate the educational component of dental assisting programs; (3) many of the programs may appear to be eligible for CODA accreditation; and (4) the dental assisting profession relies on CODA to establish and maintain accreditation standards for all dental and allied dental disciplines, including dental assisting. There was no further Commission discussion of the DA RC recommendation.

**Commission action:** The Commission on Dental Accreditation will communicate to the Dental Assisting National Board (DANB) that it does not support DANB's proposed pilot alternative pathway to certification, as the DANB does not have the authority nor the expertise to evaluate or approve dental assisting educational programs.

**Report of the Review Committee on Dental Hygiene Education:** Chair: Dr. Laura Joseph. Members: Dr. Lynn Austin, Dr. Susan Crim, Ms. Barbara Dixon, Dr. Paula Friedman, Dr. Dr. Rueben Pelot, and Dr. Melanie Peterson. Dr. Susan Duley was unable to attend the meeting. Guest: Ms. Cathy Elliott and Ms. Pamela Steinbach, American Dental Hygienists' Association and Dr. Karen F. Novak, American Dental Education Association attended the policy portion of the meeting. Staff: Ms. Gwen Welling, manager, Dental Hygiene Education, CODA.

The meeting of the Review Committee on Dental Hygiene Education was held on July 12-13, 2011 in Room 2B at the ADA Headquarters, Chicago, Illinois.

*Informational Report on Frequency of Citings of Accreditation Standards for Dental Hygiene Education Programs:* The Committee considered the annual report on the frequency of citings of Accreditation Standards for Dental Hygiene Education. The report data reflected citings during 101 site visits conducted from January 2009 through October 2010. An analysis of the citings shows 456 areas of non-compliance; 7.0% (34) related to Standard 1 Institutional Effectiveness; 47.0% (214) related to Standard 2 Educational Program; 16.0% (71) related to Standard 3 Administration, Faculty and Staff; 16.0% (71) related to Standard 4 Educational Support Services; 5.0% (26) related to Standard 5-Health and Safety Provisions; and 9.0% (41) related to Standard 6-Patient Care Services. The greatest number of citings was in Standard 2-16 related to graduate competency in providing dental hygiene care for the child, adolescent and geriatric patient and patients with special needs. The commission will continue to receive reports annually summarizing the updated data on the frequency of citings of DH Standards.

**Commission action:** This report is informational only and no action was taken.

*Consideration of Major Change Policy for New/Developing Programs Requesting Expansion:* The DH RC discussed the numerous major change reports being submitted by new programs, during their two year development phase (initial accreditation) and prior to the graduation of the first class. The DH RC noted that frequent requests were being made in the area of enrollment and facilities to include enrollment increases, decreases in the length of the program and initiation of off-campus sites. The DH RC believed these major changes could have a significant impact on the programs' potential to comply with accreditation standards. Since new programs have not fully developed and may still be hiring faculty and building facilities, it is difficult to monitor whether existing and projected program resources will support the program expansion. The DH RC came to the consensus that current Commission Policy on Major Change does not adequately address the issue of expansion for programs that are not fully operational with the accreditation status of initial accreditation and recommends that the Commission adopt a policy for programs with initial accreditation status stating that expansion of an existing program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program and received full accreditation status. Dr. Williams agreed that the Commission must address the adequacy of resources to support a sound educational program. Dr. Knoernschild pointed out that

there is language in the current Policy on Off-campus Sites which does address this issue; however, Dr. Ziebert pointed out that the policy does not directly address those programs that have initial accreditation status, which is the main concern of the DH RC. He suggested the DH RC recommendation be referred to the Standing Committee on Documentation and Policy Review for possible incorporation into the existing policies on major change and off-campus sites.

**Commission action:** The Commission directs that the Standing Committee on Documentation and Policy Review formulate a policy for inclusion in the Evaluation and Operational Procedures manual requiring that expansion of an existing program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received full accreditation status.

**Report of the Review Committee on Endodontics Education:** Chair: Dr. Christopher Wenckus. Committee members: Drs. Jane Casada, Stephen Clark, M. Lamar Hicks, Keith Krell, and James R. Sherrard. Guest: Ms. Beverly Albert, assistant executive director, Education, American Association of Endodontists (AAE). Staff: Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA).

The meeting of the Review Committee on Endodontics Education was held via telephone conference call on July 11, 2011.

*Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Endodontics:* The Review Committee on Endodontics Education (ENDO RC) considered the second annual report on the frequency of citings based upon Accreditation Standards for Advanced Specialty Education Programs in Endodontics, adopted July 2008 and implemented January 1, 2009. The Committee noted the analysis and data with no further comment.

**Commission action:** This report is informational only and no action was taken.

*Re-Consideration of Revision of Intent Statement to Accreditation Standard 2-4.1 of the Accreditation Standards for Advanced Specialty Education Programs in Endodontics:* The Review Committee on Endodontics Education (ENDO RC) reviewed all received comment on a proposal for revision to the complementary statement of intent to Standards 2-4 and 2-4.1 and re-considered, for the second time, final approval of the proposal. As a result of the review of the comment, the ENDO RC reached consensus and recommended deletion of the statement of intent, as presented in Appendix 4, with immediate implementation. There was no further Commission discussion.

**Commission action:** The Commission directs the statement of intent to Standards 2-4 and 2-4.1 of the Accreditation Standards for Advanced Specialty Education Programs in Endodontics be deleted (Appendix 4) with immediate implementation.

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

**Education:** **Chair:** Dr. Donald Joondeph. **Committee members:** Drs. Eladio De Leon, Jr., Virginia Merchant, P. Lionel Sadowsky, and James L. Vaden. Dr. Ernest Horany did not participate. **Guests:** Ms. Anita Craig, Director of Education and Member Services, American Association of Orthodontists (AAO); and Dr. Karen F. Novak, senior director, Research and Analysis, American Dental Education Association (ADEA). **Staff:** Dr. Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA).

The meeting of the Review Committee on Orthodontics and Dentofacial Orthopedics Education was held via telephone conference call on July 8, 2011.

*Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics:* The Review Committee on Orthodontics Education (ORTHO RC) considered the second annual report on the frequency of citings based upon Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics, adopted July 2008 and implemented July 1, 2009. The Committee noted that only one (1) citing occurred for the 16 orthodontics programs site visited during the period covered by this report. This citing was in the area of professional development for full-time orthodontics program faculty. The Committee acknowledged that, due to the limited number of site visits, no analysis can be made at this time. However, the Ortho RC questioned whether the lack of citings indicates that the accreditation standards are not rigorous enough.

**Commission action:** This report is informational only and no action was taken.

*Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training in Craniofacial and Special Care Orthodontics:* The Review Committee on Orthodontics Education (ORTHO RC) considered the first annual report on the frequency of citings based upon Accreditation Standards for Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics, adopted January 2009 and implemented July 1, 2009. The Committee noted that no citings occurred for the first Commission-accredited fellowship program in craniofacial and special care orthodontics.

**Commission action:** This report is informational only and no action was taken.

*Consideration of Standards for Monitoring Board Certification of Students/Residents for the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics:* The Review Committee on Orthodontics Education (ORTHO RC) reviewed all received comment on the new accreditation standards

regarding board certification, and re-considered, for the second time, their final adoption. As a result of the review of the comment, the Committee recommended the substitution of the word “pursue” for the word “seek,” as a single amendment to the proposed additional standards, as presented in Appendix 5, with an implementation date of July 1, 2012.

**Commission action:** The Commission adopts the proposed and amended Standards 2-11 and 2-11.a to the Accreditation Standards for Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics (Appendix 5), with an implementation date of July 1, 2012.

*CODA Criteria for the Selection of Consultants/Site Visitor in Advanced Specialty Education:* At its Summer 2011 meeting, the ORTHO RC reviewed current Commission policy related to specialty consultant/site visitor criteria. The ORTHO RC noted that “dentist consultants must be members of the ADA.” Accordingly, the first proposal for revision is meant to complement that statement, by ending with “and their ADA-recognized specialty organizations.” Further, due to the perceived proliferation of educational programs or the possible addition of educational programs accredited by other accrediting agencies, the ORTHO RC proposed a second revision to the specialty consultant/site visitor criteria to clarify CODA-accredited programs from non-CODA accredited programs. The ORTHO RC therefore recommended that the two revisions, as presented in Appendix 6, be referred to the Commission’s Standing Committee on Documentation and Policy Review.

**Commission action:** The Commission refers the two (2) revisions to the Commission’s policy on selection criteria for advanced specialty education consultants/site visitors (Appendix 6) to the Standing Committee on Documentation and Policy Review for consideration at its next meeting.

*Consideration of Orthodontics site visitors as part of Orthodontics Site Visit Report review by the Commission:* Also at the Winter 2011 meeting of the Orthodontics Education Review Committee (ORC), Mr. Chris Vranas, executive director of the American Association of Orthodontists (AAO), verbally requested that the issue of members of the Review Committee communicating with site visitors for clarification purposes be discussed by the Committee at its next meeting. On June 24, 2011, the Orthodontics Commissioner formed a task force of senior members of the ORTHO RC to lead the discussion on this issue during its Summer 2011 meeting. The ORTHO RC noted that this issue would be an inherent conflict of interest between the site visit component and the review committee component of the accreditation process. The ORTHO RC concurred with Commission policy relevant to this issue, and maintained that the process is predicated upon trust of the site visit report, written by Commission-appointed orthodontics consultants/site visitors, who are well-trained for their role. The ORTHO RC concluded by requesting that the outcome of the ORTHO RC’s discussion of the issue raised by the AAO be formally communicated back to the Association.

**Commission action:** This report is informational only and no action was taken.

**Report of the Review Committee on Periodontics Education:** Chair: Dr. Henry Greenwell. Committee members: Dr. Daniel Assad (via telephone), Ms. Julie Chapko, and Drs. Brian Mealey, David Paquette and Diane Talentowski. Guests: Ms. Cheryl Parker, Education and Liaison Director, American Academy of Periodontology (AAP); Dr. Kent Palcanis, executive director, American Board of Periodontology (ABP) (via telephone); and Dr. Karen F. Novak, senior director, Research and Analysis, American Dental Education Association (ADEA), Guests. Staff: Dr. Catherine A. Horan, manager, Advanced Specialty Education, CODA.

The meeting of the Review Committee on Periodontics Education was held at ADA Headquarters Building on July 14, 2011.

*Informational Report on Frequency of Citings of Accreditation Standards for Advanced Specialty Education Programs in Periodontics:* The Review Committee on Periodontics Education (PERIO RC) considered the second annual report on the frequency of citings based upon Accreditation Standards for Advanced Specialty Education Programs in Periodontics, adopted July 2008 and implemented January 1, 2009. The PERIO RC noted no citings occurred for the 18 periodontics programs site visited during the period covered by this report. The PERIO RC acknowledged that, due to the limited number of site visits, no analysis can be made at this time and further, questioned whether the lack of any citings demonstrated an effective accreditation process with rigor of enforcement of accreditation standards at the time of site visit.

**Commission action:** This report is informational only and no action was taken.

*Consideration of Revised Accreditation Standards for Advanced Specialty Education Programs in Periodontics:* The Review Committee on Periodontics Education (PERIO RC) reviewed proposed revised Accreditation Standards for Advanced Specialty Education Programs in Periodontics from the American Academy of Periodontology (AAP), received by the Commission on May 24, 2011. The PERIO RC noted that this document is in response to the Commission's directive to incorporate revised language common to all specialties, adopted at the Summer 2010 meetings, and the discipline-specific accreditation standard on Ethics/Professionalism, adopted at the Winter 2011 meetings, for implementation no later than January 1, 2014. Accordingly, the PERIO RC recommends to the Commission consideration of the proposed revised Accreditation Standards for Advanced Specialty Education Programs in Periodontics, for circulation to the communities of interest, with Open Hearings to be conducted at the 2011 American Dental Association (ADA), the November 2011 AAP, and the 2012 American Dental Association (ADEA) Annual Sessions, with comments to be considered at the Commission's Summer 2012 meeting.

Dr. Messura stated that one of the changes proposed in the standards seemed abstract and she asked for clarification of the new standard that refers to clinical training in prosthodontic aspects of dental implant therapy (proposed standard 4-10.3) and especially the intent statement:

**4-10.3** The educational program must provide clinical training and understanding of the prosthodontic aspects of dental implant therapy.

**Intent:** To facilitate provisionalization, restoration and immediate loading of dental implants for optimal function and esthetics.

Dr. Greenwell stated that the rationale was to make the periodontist a better member of the team when it comes to placing and restoring dental implants; in other words, if there is a restorative practitioner that asks the periodontist to do some provisionalization at the time of implant placement, that the residents would learn how to do that. It would also serve to increase the understanding of proper implant placement, giving the resident's experiences in the restorative difficulties if implants are not placed correctly. Dr. Messura wondered if this was consistent with other proposed standards that deal with interdisciplinary treatment teams where the final treatment is rendered by the appropriately trained, discipline-specific dentist. She referenced the standard concerning the treatment of endo-perio lesions and suggested that the restorative dentist should be mentioned as completing the final treatment. Reading the standard as proposed, she felt it could be interpreted that the periodontist was completing all the restorative treatment for the implant.

Dr. Carlson expressed reservations about revised standard 4-11c:

**4-11** The educational program must provide training for the student/resident in the methods of pain and anxiety control to achieve:

- a. In-depth knowledge in all areas of moderate sedation;
- b. Understanding of deep sedation; and
- c. Clinical training to the level of competency in intravenous moderate sedation and oral sedation.

Dr. Carlson felt that the remainder of revised standards do not reflect support of the revision to a level of clinical competency for IV moderate sedation and oral sedation. In particular, the verbiage regarding biomedical sciences and clinical sciences in standards 4-4 and 4-5 do not include any mention of a didactic and clinical support of performance of moderate IV sedation and oral sedation. Other dental specialties that provide anesthetic services have significant discussion didactically and clinically that support the provision of the anesthesia services. Dr. Greenwell responded that there is substantial specification of what has to be accomplished didactically in terms of training for moderate sedation, although he acknowledged that the PERIO RC may need to factor this into the final document. Dr. Carlson made a motion to refer the draft document back to PERIO RC for further revision, with standard 4-11 reworked to specify the didactic and clinical training that will be provided to support the provision of IV moderate sedation and oral sedation. In the discussion of this motion, Dr. Carlson suggested the PERIO RC refer or look to other standards of specialties that provide anesthesia services. Dr. Knoernschild reminded the Commission that one of the main requirements of the revisions was to reflect the boilerplate consensus on definitions in which clinical learning

is taught to the level of competency and didactic learning is taught to either “in depth” or “understanding” level. He emphasized that because the number of learning objectives has been reduced, it is important to craft the standards correctly to ensure that each specialty is describing the specialty discipline in the best way possible. His concern with the revised standard 4-10.3 is that the clinical training referenced in the standard must be taught to the competence level according to the definitions, not understanding level as outlined in the proposed standard. In addition, he expressed concern that not only does the intent statement in 4-10.3 describe prosthodontics, but also the intent statement is not in its proper form as a “should” statement. A proper intent statement should, for example, describe the types of patient one might see or the types of prosthetic outcomes one might have. The intent statement for 4-10.3 is unclear as to what the expectations are for the students and the institutions, so as it is currently proposed, the way this standard is written opens up the every aspect of prosthodontic treatment to another specialty when prosthodontics is already doing it. Greater clarity needs to be provided with this standard so that what they are describing meets the definition of what periodontics: that specialty of dentistry which encompasses prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth and their substitutes and the maintenance of the health, function, and esthetics of these structures and tissues. Dr. Knoernschild felt that the proposed standard does not align with the definition of periodontics. He made an amendment to the motion to include clarification of standard 4-10.3 and the intent statement.

Dr. Greenwell suggested that Dr. Carlson’s, Dr. Messura’s and Dr. Knoernschild’s concerns should be treated as comments and urged the Commission to send the proposed revisions out for comment instead of referring back to the PERIO RC. Dr. Dulde asked whether referral to the PERIO RC affects the timeline and deadlines for implementation. Dr. Joondeph responded that the January 1, 2014 deadline was for definition change only and bringing standards up to date with the definitions. There is no deadline for any other type of revision, especially if it potentially involves a change in scope. Dr. Greenwell stated that there were aspects of the proposed language contained in the previous standards, so the scope is not changing. Dr. Ziebert clarified that there is precedent for sending the revisions back to the RC for further reworking and he gave the example of the proposed predoctoral standards from a couple years ago, which were sent back to the PREDOC RC for further revision. Both the amendment and the motion passed.

**Commission action:** The Commission refers the proposed, revised accreditation standards in Periodontics education to the Review Committee for Periodontics Education for further review of standards 4.10.3 and 4.11c.



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

*Report of the Standing Committee on Communication and Technology:* Dr. Messura reported that the Standing Committee on Communication and Technology used to be a task force of the Commission, but was elevated to the status of a standing committee this past year. The Commission continues to believe that technology and communication issues should be reviewed on an ongoing basis, due to rapid changes and improvements over time and in accord with the ADA recommendations on communication, transparency, accountability and technology. The Committee had its first group of meetings in succession on May 12-13<sup>th</sup> via conference call. The Committee started discussion with review of the ADA 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 and 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. The Committee came to consensus on a number of recommendations to the Commission in regards to improving communication with all communities of interest, including:

- The resubmission of a request to the ADA House of Delegates for funding of a dedicated staff position with expertise in communication after the communication and public relations plan has been developed.
- The establishment of a higher profile at the ADEA Annual Session by hosting a “CODA Question and Answer Room” where individuals can readily access Commission staff with questions regarding accreditation.
- The refining of the distribution list for the Commission’s e-newsletter so that certain groups receive more targeted and relevant information from the Commission.
- The investigation of collaborative dissemination of CODA information with the sponsoring organizations, including the ADEA, the ADA, the specialty sponsoring organizations, and state dental boards.

The Committee reviewed the specifics of technology issues that the Commission is facing, including, the alternative site visit pilot project; the standardization of the self study and use of web based applications; enhancements in technology to streamline the self-study process; and continuous monitoring of programs. The conduct of the alternative site visit pilot project is a very complex process and the Committee is gathering additional information prior to development of a pilot project. Several factors were identified that should be considered prior to initiation of a pilot project. In particular, there needs to be a detailed cost analysis comparison of a traditional site visit versus an alternative method site visit; there needs to be a detailed analysis of the information technology (IT) infrastructure required to ensure the integrity of the alternative site visit process; there needs to be an analysis of legal implications related to the Health Insurance Portability and Accountability Act (HIPAA) related to review of program materials and transmission of information through electronic mechanisms; and there needs to be a detailed description of the site visit interview, tour and document review process with an assessment of the technology mechanisms required to conduct

each session. The Committee believed that an ad hoc committee made up of CODA consultants and Committee members should be formed to collect information, conceptualize the project, and determine an action plan for the conduct of the alternative site visit pilot project. The ad hoc committee could be composed of three (3) to four (4) CODA site visit consultants and two (2) Committee members. Since it is initially targeted toward the discipline of post-doctoral general dentistry, the Committee felt that there should be further input from individuals who are part of that process.

At its third conference call, the Committee reviewed the information collected from committee members for the purpose of completing the Request for Strategic Communications Plan, provided by the ADA Communications and Marketing Division. Following discussion, the Committee recommended that the CODA Request for Strategic Communications Plan be approved and forwarded to the ADA Communications and Marketing Division to initiate development and implementation of a communications and public relations plan. The Committee is planning on engaging with the Communications and Marketing Division to establish the proposed plan and provide future updates to the Commission. Finally, the Committee considered the comments received from the 14 Review Committees of the Commission related to the policy report on continuous monitoring of programs. The Committee believes that continuous monitoring of programs is a valuable and contemporary accreditation tool to ensure that programs maintain continued compliance with the accreditation standards between regular on-site evaluation cycles. The initial intent of the continuous monitoring process was to develop a common, broad-based monitoring system to ensure consistent, ongoing monitoring among all disciplines under the Commission's purview. The initial common monitoring systems could include outcomes assessment (OA), quality assurance (QA), and other areas of the accreditation standards and annual survey that are common to all disciplines. The Committee came to the conclusion that discipline-specific monitoring mechanisms may be worth further investigation at a later date, at which point review committee input would be sought. Based on the lengthy discussion of the Committee, it is recommended that the Commission continue its study of the feasibility of a system for continuous monitoring of programs, including development of criteria and guidelines and determining the methods and frequency for continuous monitoring, prior to further review Committee consideration of this topic. The Committee will present an updated report on this topic, including a framework for continuous monitoring of programs, at a future Commission meeting.

After Dr. Messura concluded her report, there was no further Commission discussion on the following actions:

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

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

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

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

**Commission action:** The Commission directs CODA staff to submit to the ADA Communications and Marketing Division the CODA Strategic Communication’s Plan worksheet (Appendix 7) to initiate the process of developing a CODA-specific communication and marketing strategy. The Commission further directs the Standing Committee to engage with the Communications and Marketing Division to establish the proposed plan and provide future updates to the Commission.

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

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

**Commission action:** The Commission directs the Standing Committee on Communication and Technology further study the feasibility of a system for continuous monitoring of programs, including development of criteria and guidelines and determining the methods and frequency for continuous monitoring, prior to further review committee consideration of this topic. The Standing

Committee is directed to present an update report on this topic, including a framework for continuous monitoring of programs, at a future Commission meeting.

*Consideration of a Proposed Policy Statement on Resident Duty Hours Restrictions:* Dr. Carlson reported that at the Commission's Winter 2011 meeting, the Commission directed the circulation of the draft statement on resident duty hours to the Commission's advanced dental education review committees for review and comment at their Summer 2011 meetings. Each of the ten committees for advanced dental education reviewed and commented upon the proposed statement:

### **Proposed Policy Statement on Resident Duty Hours Restrictions**

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and discuss whether the ACGME requirements are in the best interests of patient safety, residents and the CODA-accredited programs.

Each of the review committees provided commentary and several determined that there should be endorsement of the proposed policy without change. The Oral and Maxillofacial Radiology Review Committee recommended changing the word "discuss" to "consider" in the last sentence. The Pediatric Dentistry Review Committee suggested the following changes, as outlined below:

### **Proposed Policy Statement on Resident Duty Hours Restrictions**

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should ~~consider~~ apply the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs, ~~and discuss whether the ACGME requirements are in the best interests of patient safety, residents and the CODA-accredited programs.~~

The Prosthodontics Review Committee recommended the following changes as outlined below:

### **Proposed Policy Statement on Resident Duty Hours Restrictions**

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and discuss whether the ACGME requirements are in the best interests of patient safety, residents experience and the CODA-accredited programs as it relates to access to care expectations of the institution.

Dr. Casamassimo stated that hospitals have applied ACGME criteria on duty-hours restrictions to the detriment of programs. For example, in many pediatric dentistry programs, the resident is on call, but at home, so the resident has not worked a full double or triple shift. However, residents use this to their advantage, because under the ACGME guidelines, they are not supposed to be in the clinic treating patients the next day. If the resident does not have to be in the clinic treating patients, even though the resident got a good night's sleep the night before, this causes a major impact on programs because the amount of revenue generated in hospital programs is significant. Dr. Carlson noted that the Pediatric Dentistry Review Committee recommended a change in the last sentence of the proposed policy "...to apply the accreditation standards of the Commission on Dental Accreditation..." may not solve the issue related to duty hours restrictions as current Commission standards do not address the issue of duty-hours. Dr. Casamassimo felt that the proposed change would allow the Commission to create discipline-specific standards. Dr. White asked if anyone has spoken to ACGME about the resident duty-hours restrictions in an official capacity? Dr. Carlson responded that members of the OMS RC felt it would not be appropriate because the Commission should not have to ask for ACGME permission. The Commission should be on equal footing with ACGME, and one of the important points coming out of the establishment of this policy is that Commission does have an equal say determining this policy. Dr. White asked if the Commission does adopt the proposed policy, what standing would the Commission have with hospital administrators if they believe ACGME is the appropriate agency? Dr. Carlson responded that following approval of the policy, the programs directors in OMS will be sharing it with their deans and hospital administrators, then the Commission will have some feedback on it. Dr. Carlson maintained that it is important to gain full approval by the Commission of the policy. Dr. White asked whether there were any

implications for resources or attaining GME money. Dr. Carlson responded that the answer to that question is unknown.

Ms. Burr expressed concern for public health safety and well-being. She stated that if it is a question of staffing at a hospital, then it is incumbent on the hospital to provide the required staffing. We are part of an enlightened generation where it is not survival of the fittest anymore. The Family and Medical Leave Act and other such considerations for the health, safety, and well-being of the residents are now priorities for medical programs. She questioned whether dental programs are more special than orthopedics or cardiology, or any other specialties that comply with the resident duty hours restrictions. She recommended good communication with ACGME. Dr. Carlson responded that many organizations in medicine, including surgeons, have looked at and published findings related to patient safety, since the implementation of 80-hour work-week and have concluded that 80-hour work-week regulations have not favorably impacted patient safety. The studies have further concluded that the guidelines have been a detriment to patient safety. Patient safety is mainly affected by the handoff policy that currently exists within academic medical centers. The resident coming off call provides information to the resident coming on call who will assume care of that patient. This is the area where patient safety is affected, according to reputable publications. A further problem with the duty-hours restrictions is related to education. A further restriction in duty-hours is, by definition, going to restrict education. If residents are not in the programs in didactic sessions, they are deprived of education, and if a physician, or a dentist or a dental specialist is deprived of dental education, the concern for patient safety becomes real. If residents are deprived of hands-on clinical and didactic training due to the restrictions, then an additional year of training will be necessary. In addition, funding for graduate medical education is being closely evaluated, so there may not be the opportunity to have an additional year of training. A motion was made to substitute the word “consider” for “discuss” in the last sentence of the proposed policy for approval and implementation by the Commission:

### **Proposed Policy Statement on Resident Duty Hours Restrictions**

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should ~~discuss~~ consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and consider whether the ACGME requirements are in the best interests of patient safety, resident education and the CODA-accredited program.

Dr. White inquired whether the policy would be stronger if the first and third sentences were removed. Dr. Carlson responded that purpose of the first sentence is a recognition and acknowledgement of the ACGME and recognition of the fact that the ACGME duty-hours restrictions have been reviewed in an exhaustive fashion. The Task Force felt that it is important verbiage to ensure that Deans and hospital administrators would not accuse the Commission of not investigating this policy thoroughly. Dr. Carlson emphasized that the policy is not a mandate, so the third sentence will allow programs to abide by ACGME guidelines if they feel it is in their programs best interest. He maintained that larger programs will not be affected by these guidelines; however, smaller programs with one or two residents per year will be affected by the ACGME guidelines in a detrimental fashion. The workforce will have to be assessed by programs to see if they can create flow pools to accommodate the needs of patients and patient safety. Dr. Dulde stated that students and residents are not in favor of the effects on education that the ACGME requirements may entail. Dr. West expressed concern about liability issues in regards to patient safety. Dr. Carlson stated that there has been no liability related to patient safety and the duty-hours restrictions over the past eight years. The Commission adopted the Policy Statement on Resident Duty Hours Restriction as outlined in Appendix 10.

**Commission action:** The Commission adopts the Policy Statement on Resident Duty-Hours Restriction (Appendix 8) for immediate implementation.

*Request to Accredite the Dental Therapy Education Program at the University of Minnesota:* Dr. Joondeph reported that in the fall of 2009, the Commission received requests to accredit the Dental Therapy and Advanced Dental Therapy Educational programs in the state of Minnesota from the Minnesota Board of Dentistry; the University of Minnesota (Dental Therapy Program-baccalaureate degree); the Minnesota Dental Association; and the Metropolitan State University of the Minnesota and State Colleges and Universities System (Advanced Dental Therapy Program-master's degree). Students are already enrolled in both programs and the statutory language addresses program accreditation by requiring that an applicant for licensure have "...graduated with a baccalaureate degree or a master's degree from a dental therapy education program that has been approved by the board or accredited by the ...Commission on Dental Accreditation or another board-approved national accreditation organization." The requests asked the Commission to develop a document that defines educational standards for dental therapy and advanced dental therapy.

At the February 2010 Commission meeting, the Commission noted that its mission is to serve the public by ensuring quality education and patient safety. The Commission directed the Chair to form a Task Force to investigate the requests to accredit Dental Therapy and Advanced Dental Therapy programs in Minnesota.

The Task Force met on May 10, 2010 and reviewed extensive background documentation, including outlines of models of dental therapy education from throughout the world. The Task Force noted that there is currently no Commission policy, nor are there criteria, for determining whether the Commission should establish a process of

accreditation for educational programs in new areas of allied dentistry. The Task Force came to the consensus that the generic principles and criteria that were used to determine whether the Commission should establish a process of accreditation for interest areas in general dentistry, could be used to evaluate the Dental Therapy requests. The Task Force also recommended that the Commission form a new Task Force to coordinate a national survey of state dental associations, state dental boards, and other stakeholder groups to determine need and support from the public and professional communities for accreditation of dental therapy educational programs beyond a single state (Minnesota) and to develop standards for dental therapy education programs if such a need and support are indicated by the national survey.

At the August 10, 2010 Commission meeting, the Commission directed that criteria and principles used by the Task Force on New Dental Team Members to make the determination of whether educational programs for proposed new member of the dental team are eligible for accreditation by the Commission on Dental Accreditation should be formalized as official Commission policy and added to the Evaluation and Operational Policies and Procedures Manual. In addition, the Commission acknowledged that accreditation of education programs in areas such as dental therapy would be consistent with the Commission's mission and scope; however, the Commission determined that the requests to accredit the Dental Therapy and Advanced Dental Therapy Programs in the State of Minnesota did not include sufficient information and evidence to warrant establishing an accreditation program and standards at that time. In particular, the Commission determined that there was insufficient information and evidence regarding the following criteria:

- B. Has the allied dental education area been in operation for a sufficient period of time to establish benchmarks and adequately measure performance?
  
- E. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

On June 29, 2011, the Commission received correspondence from Dr. Patrick Lloyd, Dean of the University of Minnesota School of Dentistry, requesting that the Commission begin the process of establishing accreditation standards for a baccalaureate degree program in Dental Therapy. The formal request included documentation which addresses the five "Principles and Criteria-Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation."

Dr. Joondeph outlined three options for the Commission's consideration:

- Deny the request, due to insufficient documentation and evidence that each of the "Principles and Criteria-Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation" had been met.
- Form a task force to further study the request and supporting documentation and report back to the Commission at the February 2012 meeting.



- Grant the request, as the University of Minnesota had supplied sufficient documentation and evidence to show that each of the “Principles and Criteria-Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation” had been met.

A motion was made to grant the request, directing the Commission Chair to appoint a task force to develop standards for dental therapy education programs and report progress at the August 2012 Commission meeting. Several Commissioners spoke in opposition to the motion and spoke to the option of appointing a task force to further evaluate the request. Some Commissioners expressed concern that the practice of dental therapy is not national in scope, and that there are only two dental therapy educational programs operating in one state at the present time. It was stated that dental therapy is going to create a paradigm shift in the practice of dentistry, so further study is needed to understand all the consequences of this change. A further question was raised regarding whether the Commission should devote resources for such a small group of students and programs. None of the Commissioners spoke to the first option of denying the request outright. Commissioners who spoke in favor of the motion made the following points:

- The submission by the University of Minnesota addressed the previously insufficiently documented criteria “B” and criteria “E.”
- The establishment of standards for dental therapy education is reflective of the Commission’s mission, which is to serve the public by establishing, maintaining and applying standards regarding the quality and continuous improvement of dental and dental-related education.
- The Commission is the only entity that has expertise in accreditation of dental education programs and can set standards on a national basis. There is the potential for fragmentation of the accreditation process if the state dental boards or other accrediting agencies accredit programs.
- Students will graduate within the next six months and they will be treating patients in Minnesota in 2012. The incoming class for the Fall of 2011 is filled, so the program appears to be sustainable. There appears to be broad interest in the dental therapy model in a number of states, including Missouri and Washington.
- Patient welfare and patient care could be adversely affected if there are no educational standards for dental therapy. The Commission has the ability and the obligation to set educational standards to help ensure patient safety.
- The Commission has the ability to provide a leadership role in defining scope of practice and defining the standards for quality education in dental therapy.
- The Commission extensively studied this issue last year, forming a Task Force in 2010 when the Commission received the first request to establish dental therapy standards from Minnesota Board of Dentistry; the University of Minnesota; the

Minnesota Dental Association; and Metropolitan State University. In this second request, the University of Minnesota has provided sufficient documentation and evidence in addressing the two criteria that were previously unmet.

**Commission action:** The Commission directs the Chair form a Task Force to develop accreditation standards for dental therapy education programs with a report on the progress at the Commission's August 2012 meeting.

Report of the Standing Committee on Documentation and Policy Review: Dr. Knoernschild informed the Commission that at its summer 2010 meeting, a revised standing committee structure and charge for each committee was adopted, including the Standing Committee on Documentation and Policy Review. The three (3) defined charges to the Standing Committee on Documentation and Policy Review are:

- To ensure all Commission documents reflect consistency in application of Commission policies, and that relevant sections of accreditation standards are consistent across disciplines;
- To review and consolidate the recommendations of all review committees into standard language for the Commission's consideration for adoption, when new or revised standards are proposed and will impact more than one discipline; and
- To periodically review current Commission policies and procedures to ensure that they are current and relevant.

The following are policies reviewed by the Committee during a conference call on June 15, 2011 and a meeting at the ADA Building on August 2, 2011.

Policy on Off-Campus Sites: Dr. Knoernschild reviewed the Standing Committee discussions during the June 15, 2011 conference call on current Policy on Off-Campus Sites in response to comments received on the policy from communities of interest (COI). In particular, there has been input from the COI's regarding the requirement that programs report any off-campus site six months *prior* to initiating educational experiences, in addition to questions on how the Commission defines "significant" experiences. Prior to the most recent revision in this policy, programs were required to inform the Commission one month in advance of initiating clinical experiences for students/residents at an off-campus site. While this afforded maximum flexibility for the programs, in many instances, the Commission was asked to *retroactively* approve off-campus sites in which students/residents had already been receiving clinical experiences. Written and verbal input from the COI's indicate that a return to the one-month reporting timeframe would give programs the flexibility they need to open off-campus sites as certain situations arise, such as the availability of federal grant money that is available for use in an expedited time-frame. The previous policy also required that all off-campus sites in which 20% or more of a student/resident clinical experiences take place (the "20% Rule") be reported to the Commission. The Commission came to the conclusion that the "20% Rule" was arbitrary and did not take into account the quantitative experiences that a student/resident might have at an off-campus site in which less than 20% of time was spent.

The Committee noted that without a percentage to define the quantitative significance of an off-campus site, other ways of defining “significant” such as the length of the experience or the nature of the experience may have to be spelled out in the policy. Other benchmarks mentioned include substantial patient care versus observatory encounters. Further, multiple pathways for reporting off-campus sites could be developed to include: the type of experience; primary versus episodic (or discontinuous); ownership relationship; and grants involvement. Including a variety of examples within the policy would allow the Commission to apply its policy and at the same time be sensitive to special circumstances. Nevertheless, the Committee came to the consensus that the requirement for programs to inform the Commission six months *prior* to the initiation of off-campus clinical experiences for students/residents be maintained. However, the Committee noted that if “significant” can be defined then the reporting timeframe may be less important. The Committee concluded that the policy must be generic enough to address all types of situations and allow programs appropriate latitude in being accountable.

At its August 2, 2011 meeting, the Committee continued its discussion on revision of the Commission’s Policy on Off-Campus Sites. The Committee reviewed draft language defining “primary site” and “off-campus site,” and discussed other ways to explain principal learning sites versus sites used for enrichment learning purposes. The Committee concurred that the frequency of duration of the learning experience may not apply as a determining factor in situations where requisite learning occurs at an off-campus site. The focus of that learning experience with regard to the policy may be related to the significance of that learning experience toward meeting program expectations. Following extensive discussion regarding a draft revision, the Committee noted that the issue of special circumstances could be cross-indexed to the Policy on Major Changes. The Committee concluded that further review was needed to complete proposed revisions to the Policy on Off-Campus Sites. Accordingly, the Committee recommended deferral of proposed revision to the Commission’s Policy on Off-Campus Sites.

Policy on Major Changes: The Standing Committee reviewed the current Policy on Major Change and focused its discussion on two aspects related to the Policy: procedures and timeline for unexpected changes; and removal of the word “Major” as a descriptor for the word “Change,” as it has proven to be limiting to the intent of the reporting mechanism, which is that all program changes should be reported to the Commission. The Committee recommended the following revision to the Policy on Major Change:

The Commission recognizes that unexpected changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Policy on Application for Accreditation: To ensure consistency, the Committee reviewed and accepted editorial change to the Policy on Application for Accreditation, so that the steps for Application for Accreditation apply to both developing programs (initial accreditation) as well as fully operational programs, as presented in Appendix 10.

Policy on Staff Consulting: While the Standing Committee recognized that the Commission has had a Policy on Staff Consulting Services, they noted need for expansion of the policy to support the development of the Commission's international accreditation program. At the same time, however, the Committee maintained that staff consulting services are primarily for United States-based accredited programs. Accordingly, the Committee reviewed and recommended the paragraph on staff consultant services to international programs. The amendment strengthens the statements regarding staff's primary consultative responsibilities. Further, the Committee recommended that the Commission refer this new policy on staff consulting for international programs to its Standing Committee on Finance, to establish fees.

### **Proposed revised Commission Policy on Staff Consulting Services**

Staff consultation to international programs or groups may also be available. All consultation services are provided in English, and if necessary, the program or group is responsible for costs associated with the use of interpreters. The schedule for international consultation activities must be arranged around staff primary responsibilities in the United States. International consultation trips should be long enough to allow ample time for staff to adjust to any time change. The program pays a consultation fee and all expenses associated with the consultation visit, including travel, hotel, and meals. U. S. State Department travel warnings and advisories are consulted *prior* to international travel and Commission staff will not provide consultation services in any location where staff is placed at risk. This includes but is not limited to locations where a U. S. State Department travel warning and/or travel alert is in effect.

Policy changes in preparation for USDE re-recognition: The Standing Committee reviewed and accepted several proposed editorial changes in preparation for re-recognition by the United States Department of Education (USDE), as presented in Appendix 11.

There was no further Commission discussion on the following Committee recommendations:

**Commission action:** The Commission adopts the proposed editorial revision to the Policy on Applications for Accreditation for inclusion in the Evaluation and Operational Policies and Procedures, with immediate implementation.

**Commission action:** The Commission adopts the revised Policy on Staff Consulting Services for immediate implementation, with referral to the Standing Committee on Finance to establish fees.

**Commission action:** The Commission adopts the editorial changes (Appendix 11) in preparation for re-recognition by the United States Department of Education, including a proposed new Policy on HIPAA, for immediate implementation.

**Commission action:** The Commission adopts the timeline for the periodic review of Commission policy to ensure currency (Appendix 13).

**Commission action:** The Commission defers the proposed revision to the Commission Policy on Off-Campus Sites for continued review by the Standing Committee on Documentation and Policy Review.

**Commission action:** The Commission adopts the revised Policy on Major Change, for immediate implementation.

**Policy on Complaints:** The Committee reviewed comment on the Commission's Complaint Policy. The Committee's discussion focused upon two aspects of the policy: allowing the original complaint to be seen by the institution/program and thus revealing the identity of the complainant; and anonymous complaints. The Committee noted that current Commission policy protects, to the extent possible, the anonymity of the complainant. According to the commenter, while "many accrediting agencies will keep the identity of the complainant confidential if requested by the complainant and the agency believes there is reasonable justification for doing so,".... "most agencies require the complainant to allow his/her identity to be made known to the institution/program as a condition of the agency..."

The Committee believed that the issue of sharing the actual written complaint with redaction is a legal issue. The Committee suggested that the complaint could be shared with the institution/program, instead of providing a summary of allegations, but legal review would be necessary to determine the best course of action. Regarding Commission consideration of anonymous complaints, the Committee noted current Commission policy that "only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered." According to the commenter, while "this is a fairly common practice among accrediting agencies...it is a practice that USDE is increasingly questioning..."

The Committee noted that an anonymous complaint could be received and placed in the program's file to be reviewed at the time of next site visit. Further, the Committee believed that, if anonymous complaints were to be considered, the Commission would need a definition of a formal versus an informal complaint and guidelines on relevant procedural issues. The Committee concurred that *anonymous* comment could be treated as either a Third Party Comment, if received 60 days before the time of site visit or added

to the respective program's file for review at the time of the next site visit if outside the "Third Party Comment" window; however, legal review is needed prior to policy implementation.

The following policy and procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies:

~~Complaints are defined as formal or informal as defined below:~~

Formal complaint – a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint, including specific documentation or examples.

~~Informal complaint – a complaint filed in any form that does not provide the written signature of the complainant. Examples of informal complaints include those filed in electronic or verbal form, as well as any complaint filed anonymously.~~

Complainants who submit complaints verbally ~~or electronically~~ will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual guidelines.

~~Anonymous complaints~~ comment will be ~~filed~~ added ~~in~~ to the respective program's file for evaluation during the institution's next scheduled accreditation ~~eye~~ site visit, if received outside the 60-day reporting timeframe prescribed by the Commission's Third Party Comment Policy.

Under 1. Investigative Procedures:

The Commission will consider ~~Only~~ formal, written, signed complaints ~~will be considered by the Commission~~; oral and unsigned complaints will not be considered.

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal...

There was further Commission discussion on the proposed revised Commission Policy on Complaints. Dr. White asked how does the Commission address the complaints of those individuals who are concerned about retaliation or feel threatened if they complain without being anonymous? Dr. Neumann responded that it becomes difficult to evaluate a complaint when it is anonymous. The staff provide a significant amount of guidance to complainants to ensure that the complaint is in the proper form for Commission evaluation. This requires staff to have contact information of the complainants, if the complaint is anonymous, there is no one to whom the staff can respond. Also it is inappropriate for the Commission to act on disputes between an individual and a program; the complaint must relate to the standards or Commission policy. In order to pursue a serious complaint, the Commission needs to know who is submitting the complaint to evaluate legitimacy.

**Commission action:** The Commission directs staff to seek legal advice as to the appropriate procedure to address anonymous complainants in the revised Policy on Complaints.

Review of “criterion E” in the Criteria and Principles on Eligibility for New Allied Dental Education Programs for Accreditation: At its Winter 2011 meetings, the Commission directed the Committee to re-evaluate “criterion E” in the Criteria and Principles on Eligibility for New Allied Dental Education Programs for Accreditation: “E. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?”

The Committee reviewed the pertinent criteria and supporting elements, and focused on the element of “employment placement rates.” The Committee noted that the regulations on gainful employment reporting associated with the Higher Education Employment Opportunity Act of the USDE has an impact on programs and could affect student loans. The Committee concluded that “employment placement rates” should be retained, with slight amendment to embrace language sensitive to new, developing programs. Rationale for this recommendation is to provide guidance to institutions/programs. The Committee recommends the following revision for “criterion E:”

E. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

Elements to be addressed:

- Description of the need for accreditation review of the programs to ensure quality health care for the public, including evidence of consideration of public interests in the development and operation of the programs.
- Documentation of current and emerging trends in the education area.
- Documentation of the available programs with rationale for ability to perform a robust, meaningful peer-review accreditation process
- List of states where graduates of the allied dental education programs can be licensed and/or practice.
- Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies.
- Evidence that the discipline’s institutions and programs are in compliance with all applicable US Department of Education expectations including those described in the ~~Gainful Employment Act~~ Regulations on Gainful Employment Reporting Associated with the Higher Education Opportunity Act.
- Evidence documenting (or plans to document) outcomes assessment of graduates.
- Evidence of the potential for graduates to obtain gainful employment, including:
  - Average student loan indebtedness
  - Average salary new graduates can expect to earn
  - Employment placement rates (when available)
  - Documentation of employment/practice opportunities/settings

- Evidence from a feasibility study and/or needs assessment (where available) showing career opportunities, student interest, an appropriate patient base, financial resources, physical facilities (if not provided elsewhere).
- ~~Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies.~~

There was further Commission discussion on the proposed revision to the Criteria and Principles on Eligibility for New Allied Dental Education Programs for Accreditation regarding whether the gainful employment rules associated with the Higher Education Opportunity Act apply to degree-granting or baccalaureate degree educational programs. The interpretation of the law is that it applies to all types of educational programs, although it is focused at for-profits that are taking large amounts of federal aid without delivering an education. As education programs in the allied dental area can be certificate-granting and housed in for-profit institution, Dr. Tonelli stated the reference to gainful employment in “criterion E” is appropriate.

**Commission action:** The Commission adopts the revised Criteria and Principles on Eligibility for New Allied Dental Education Programs for Accreditation. (Appendix 14)

*Report on the Appointment of Commissioners and Appeal Board Members:* The Commission received information on the Commissioners and Appeal Board Members whose terms will end at the ADA Annual Session in 2011 and their replacements whose terms will end at the ADA Annual Session.

### **Commission**

#### **Current Member**

Dr. W. Stan Hardesty (AADB)  
 Dr. Reuben N. Pelot III (ADA)  
 Dr. Karen W. Kershenstein (Public)  
 Dr. Donald Joondeph (AAO)  
 Dr. Ryan Dulde (ASDA/ADEA)  
 Dr. Karen West (ADEA)  
 Dr. Charles Marinelli (AADB)  
 Dr. Paul Casamassimo (AAPD)  
 Dr. Mel L. Kantor (AAOMR)  
 Dr. Laura Joseph (ADHA)

#### **New Member**

Dr. W. Stan Hardesty (AADB)  
 Dr. Perry Tuneberg (ADA)  
 TBA (Public)  
 Dr. Thomas Cangialosi (AAO)  
 Mr. Joseph Eliason (ASDA/ADEA)  
 Dr. William W. Dodge (ADEA)  
 Dr. Geri Ann DiFranco (AADB)  
 Dr. Kevin Donly (AAPD)  
 Dr. Byron "Pete" Benson (AAOMR)  
 Ms. Kathi Shepherd (ADHA)



## Appeals Board

### Current Member

Vacant Position (ADEA)  
Vacant Position (OMR)  
Vacant Position (NADL)  
Vacant Position (ADAA)  
Vacant Position (DPH)  
Vacant Position (Perio)  
Vacant Position (Ortho)  
Vacant Position (Public)  
Vacant Position (Endo)  
Vacant Position (AAOMP)  
Dr. Jonathan Wiens (ACP)  
Yvette Hogan (ADHA)

### New Member

TBA (ADEA)  
TBA (OMR)  
TBA (NADL)  
TBA (ADAA)  
TBA (DPH)  
TBA (Perio)  
TBA (Ortho)  
TBA (Public)  
Dr. Sandra Madison (AAE)  
Dr. Susan Zunt (AAOMP)  
Dr. Carl F. Driscoll (ACP)  
Ms. Hope Oliver (ADHA)

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

*Report of the Standing Committee on Nominations:* Dr. White reported that an ongoing responsibility of the Standing Committee on Nominations includes recommendations for qualified consumer/public members for the Commission on Dental Accreditation (CODA) and nominations to vacant positions on Review Committees.

Based on its review of Commission and Review Committee vacancies, criteria for review committee and public members of the Commission, and discussion and deliberation of the qualification of candidates based on submitted nomination forms, the Committee made the follow recommendations.

**Consideration of Nominations for a Public Member of the Commission:** The Committee noted that the term of one Public Member of the Commission will expire and requires a replacement. Based on the review of the criteria and the nomination forms, the Committee recommends Dr. James Sherrard be considered for appointment as a Public Member to the Commission.

**Commission action:** The Commission appoints Dr. James Sherrard as Public Member to the Commission on Dental Accreditation. The Commission appoints Dr. Charlotte Royeen as an alternate for this position should Dr. Sherrard be unable to serve.

**Consideration of Nominations for Review Committee Appointments:** The Committee considered nominations for vacant positions. Based on an insufficient number of nominations submitted for public members, the Committee recommended that recruitment of a public member is continued until an adequate number of qualified candidates are available for the Commission and its Review Committees. The

Committee reviewed nominations, from the available nomination forms, to fill Review Committee vacancies. After careful consideration of the nominees' qualifications, the Committee proposes the following candidates:

Public Members (7 vacancies – PREDOC RC, DH RC, ENDO RC, OMP RC, PED RC, PERIO RC and PROS RC. One vacancy will be filled by the Public Member of the Commission)

1. Dr. Charlotte Royeen
2. Dr. Alan Rogalski
3. Dr. Diane Neefe
4. Dr. Renee DeVries
5. Ms. Nancy Norris

Dental Assisting Educator (2 vacancies) for the Review Committee on Dental Assisting Education (DA RC)

1. Ms. Ethel Campbell
  2. Ms. Donna Leposki
- Alternate: Ms. Paulette Kehm

Dental Hygiene Educator (1 vacancy) for the Review Committee on Dental Hygiene Education (DH RC)

1. Dr. Ellen Grimes
- Alternate: Ms. Mary Lou Gerosky

General Dentists ( 4 vacancies- DLT RC, OMP RC, OMR RC and PROS RC)

1. Dr. Martin J. Rutt
  2. Dr. Leslie Roeder
  3. Dr. Charles Massler
  4. Dr. Fady Faddoul
- Alternates:
1. Dr. Michael Wajdowicz
  2. Dr. John Thurmon
  3. Dr. Marnie Oakley
  4. Dr. Steven Bender

Dentist (general or specialist) for DH RC (1 vacancy)

1. Dr. James Jones
- Alternate: Dr. Joseph Baughman

**Commission action:** The Commission directs the Commission chair appoint the nominees, as identified in order of preference in Appendix 14, to open positions on review committees based on the nominee's background and the needs of the review committee.

The Committee recommended that the following individuals, nominated by sponsoring organizations and/or boards be approved for appointment to the relevant review committees to fill discipline-specific vacancies:

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

- Dr. John Coke

Alternate: Dr. Ken Fedor

The American Association of Endodontists (AAE) and the American Board of Endodontics (ABE) joint nominee for the Review Committee on Endodontics Education (ENDO RC)

- Dr. John Ludington

Alternate: Dr. John Hatton

The American Association of Oral and Maxillofacial Surgeons (AAOMS) and the American Board of Oral and Maxillofacial Surgery (ABOMS) joint nominee for the Review Committee on Oral and Maxillofacial Surgery Education Review Committee (OMS RC)

- Dr. Jeffery Bennett

Alternate: Dr. Vasiliki Karlis

The American Association of Orthodontists (AAO) representative for the Orthodontics and Dentofacial Orthopedics Education Review Committee (ORTHO RC)

- Dr. H. Garland Hershey

Alternate: Dr. Leslie Will

The American Board of Periodontology (ABP) representative for the Review Committee on Periodontics Education (PERIO RC)

- Dr. Michael Mills

Alternate: Dr. Mark Reynolds

**Commission action:** The Commission appoints the individuals, nominated by sponsoring organizations and/or boards in Appendix 15 to the relevant review committees to fill discipline-specific vacancies:

*Report of the Standing Committee on Quality Assurance and Strategic Planning:* Dr. Biermann reported that at its August 6, 2010 meeting, the Commission on Dental Accreditation adopted a revised Standing Committee structure and charge for each committee. The Standing Committee on Quality Assurance and Strategic Planning (QASP) charge is to:

- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;

- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations i.e. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

Evaluation and Impact of the New Review Committee Structure, CODA Review Committee Survey Report: At its Winter 2007 meeting, the Commission implemented the revised Review Committee (RC) composition, and directed that the new structures be evaluated to assess the impact on the RC process. At its June 1, 2011 conference call, the Committee reviewed a summary of the 2010 survey data and an analysis of the longitudinal data obtained to date. The Committee noted that the survey data reveals that review committee members remain generally satisfied with the new review committee structure.

Operational Effectiveness Assessment Plan (OEAP): The Committee reviewed the OEAP, evaluated the 2010 results, and determined that all Commission goals had been met in 2010. There was no Commission discussion of the OEAP.

**Commission action:** The Commission adopts the 2010 Operational Effectiveness Assessment Plan (OEAP) as presented in Appendix 16.

Review of Strategic Planning: To fulfill its charge to develop and implement an ongoing strategic planning process, the QASP Committee reviewed examples of current strategic plans of the American Dental Association (ADA); the Middle States Commission on Higher Education; the Accreditation Council for Pharmacy Education (ACPE); and the Accreditation Council for Graduate Medical Education (ACGME). The Committee noted that the strategic plans reviewed were all readable, concise and more ‘user-friendly’ than the Commission’s OEAP. The Committee felt that the essential elements of a strategic plan for the Commission should include background information, such as a statement of core purposes, mission, vision, values, and/or core competencies and should be consistent with the ADA’s strategic plan. Additionally, the Committee felt that the Commission’s communities of interest should be included in the development and evaluation of the plan, similar to the involvement of external constituencies in the development of the Middle States Commission on Higher Education, and the ACPE plans.

The Committee determined that the current OEAP is an operational assessment plan that allows the Commission to determine if it is meeting its day-to-day operational goals. The OEAP does not provide strategic guidance or a vision for the future direction of the Commission; however, both a plan to determine operational effectiveness and one that

provides strategic direction are needed. The Committee determined that the operational plan should be linked to the strategic plan.

At the Committee's August 4, 2011 meeting, strategic planning activities of other accrediting agencies, along with the process used to conduct strategic planning, was reviewed. The Committee determined that the process of strategic planning would best be implemented if an outside facilitator was used. The Committee considered attempting to strategic plan without outside facilitation; however, after further discussion, the committee came to the consensus that there was insufficient expertise among current Commission staff and volunteers to meet the intent of the ADA Task Force on CODA recommendation #28 on strategic planning. As strategic planning processes are the same across disciplines and institutions, hiring an outside facilitator would efficiently allow the committee to focus its expertise on a strategic plan with measurable outcomes specifically for the Commission. The Committee recommends the Commission request financial support and resources from ADA House of Delegates to hire an outside facilitator for strategic planning. There was no further Commission discussion of the recommendation.

**Commission action:** As outlined in the ADA Task Force on CODA recommendation #28, the Commission will request the financial resources from the 2011 ADA House of Delegates to hire outside facilitation to assist the Commission in developing a strategic plan.

The Committee also discussed ADA Task Force on CODA recommendation # 12 on unannounced site visits. The committee determined that additional information was needed before a recommendation on implementation can be made to the Commission. The Committee directed staff to contact those agencies that use unannounced visits for information on the criteria for conducting an unannounced visit, policies related to unannounced visits, and the agencies' experience in conducting those visits.

*Report of the Task Force on Joint Commission Equivalency:* Dr. Messura reported that the Taskforce on Joint Commission Equivalency met at ADA Headquarters on August 4, 2011 and discussed the advanced education Accreditation Standard 1 that requires accreditation of hospital-based programs by The Joint Commission or its equivalent. Supporting materials related to a number of healthcare accrediting agencies were also discussed, including information related to the Accreditation Association for Ambulatory Health Care (AAAHC), the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), the Healthcare Facilities Accreditation Program (HFAP), Det Norske Veritas Health Care (DNVHC), an international agency that is now in US, and The Joint Commission (JC). In addition material from the Center for Medicaid and Medicare Services (CMS) was also reviewed.

Following review of the information from other accrediting organizations, the Task Force noted that one commonality of them is that they have all been granted "deeming authority" status or recognition, by the Centers for Medicaid and Medicare Services,

giving them authority to inspect healthcare organizations to determine whether they comply with the minimum CMS national standards. Due to this “deeming authority,” it was suggested that any accreditation organization recognized by CMS could be equivalent to accreditation by The Joint Commission.

The Task Force discussed the implications, if any, to making this determination and concluded that instead of restricting the options for sponsoring institution accreditation, this decision could, in fact, result in increased opportunities for advanced education programs sponsored by organizations not necessarily accredited by The Joint Commission, such as community health centers. The Task Force concluded that accreditation by an accreditation organization recognized by the CMS is equivalent to accreditation by The Joint Commission and believed the appropriate accreditation standard for all advanced education disciplines should be revised to reflect this equivalency. The Task Force believed the proposed revisions should be circulated to the communities of interest for review and comment until December 1, 2011 and that the Commission should formally inform the sponsoring organizations that the proposed revision is being circulated for public comment. Further, the Task Force believed that open hearings should be held at the 2011 annual meeting of the American Dental Association (ADA), the 2011 American Dental Education Association (ADEA) Summit on Advanced Education, and the 2011 annual meeting of the American Association of Oral and Maxillofacial Surgeons (AAOMS). Comments received could be considered at the Winter 2012 meetings of the Task Force and Commission. There was no further Commission discussion of any of the Task Force recommendations.

**Commission action:** The Commission directs the revision to the appropriate accreditation standards related to sponsoring institution accreditation in all advanced dental education disciplines to reflect that accreditation by an accreditation organization recognized by the Centers for Medicaid and Medicare Services is equivalent to accreditation by The Joint Commission.

**Commission action:** The Commission directs circulation of the proposed revision to the communities of interest for review and comment until December 1, 2011. In addition, sponsoring organizations for the advanced education disciplines should be formally informed that the revision is out for public comment. Comments received will be considered at the Winter 2012 meetings of the Task Force and Commission.

**Commission action:** The Commission will conduct open hearings at the 2011 annual meeting of the American Dental Association, the 2011 American Dental Education Association Advanced Education Summit, and the 2011 annual meeting of the American Association of Oral and Maxillofacial Surgeons. Comments received will be considered at the Summer 2012 meetings of the Task Force and Commission.

Report of the Subcommittee on the ADA Task Force on CODA Report and

Recommendations: Dr. Joondeph reported that at the January, 29, 2009 Commission megaissue discussion, the Commission received the ADA Task Force on the Commission on Dental Accreditation Report and Recommendations. The ADA report has been discussed at great length at numerous Commission meetings, with the Commission considering the report in the spirit of improving the structure, governance, policies, operating procedures, functionality and use of best practices. The CODA Subcommittee In addition, the Subcommittee has been working closely with the ADA Monitoring Committee established by the House of Delegates through Resolution 37H-2008 at the 2008 ADA Annual session.

February 5, 2011 Commission Meeting: The Commission reviewed the verbal report of the CODA Subcommittee, including the progress to date in implementing the 34 recommendation. In addition, the Commission reviewed a summary of the actions of the 2010 ADA House of Delegates relating to the ADA Task Force on CODA Report and Recommendations. The Commission took the following actions in response to ADA Task Force on CODA Report and Recommendations and in response to the resolutions adopted by the 2010 ADA HOD:

- The Commission adopted a six-month training period in 2012 for all new Commissioners whose appointments begin in 2013, which will include attendance at a Commission meeting, at the discipline-specific review committee meeting, and at an appropriate site visit. The Commission further directed that the effectiveness of the training period be evaluated at the end of the first cycle to determine if the length is sufficient to accomplish intended goals.
- The Commission directed that all expenses associated with the six-month training period for new Commissioners be included in the Commission's annual budget.
- The Commission directed the annual accreditation fees and application fees for 2012 be increased 5.75%. This is less than the 7.2% increase proposed to meet the equitable split in expenses between the ADA and the Commission by 2016. This is due to an anticipated decrease in expenses from 2011 and an increase in revenue from initial accreditation applications over 2011.

Implementation progress as of August 2011: The Commission has implemented or is in the process of implementing 31 out of the 34 ADA recommendations. Of the three recommendations that have not been addressed, one recommendation concerns the hiring of an additional Commission staff person and one recommendation concerns the hiring of a consultation firm to facilitate strategic planning. Both of these recommendations have significant financial implications and there are not the resources available in the Commission budget for 2011 and 2012 to implement them. The Standing Committee on Quality Assurance and Strategic Planning will consider policy and procedures regarding site visit flexibility, including a review of logistics and the implications on both the Commission and the educational programs, of unannounced site visits (recommendation #12). The Committee will present a recommendation for Commission consideration at the February 2012 meeting.

**Commission action:** This report was informational only, no action was taken.

*ADA Strategic Plan and CODA Progress on Meeting Goals for 2011:* Dr. Ziebert reported that the Commission has met three of five of its goals for 2011: implementation of “Ethics and Professionalism” Standard for all disciplines; increasing the use of technology in aspects of the accreditation process; and decreasing the percentage of the ADA contribution to the 2012 CODA annual budget. Continued progress is being made to meet two other goals for 2011: development of a communications and public relations plan with assistance from ADA Division of Communications and be the trusted resource for information about the quality of dental and allied dental education programs through re-recognition by the USDE.

**Commission action:** This report is informational only, no action was taken.

*Report of Customized Survey Center and Commission Data Requests:* Dr. Ziebert reported that on July 8, 2011, the Commission received a request from the American Dental Education Association for non-aggregated, confidential survey data (non-de minimis). As the educational surveys are used primarily for accreditation, the Commission’s determination of the significance of the request is the first step in the procedure for considering these types of requests. The Commission currently does not have a policy on either de minimis or non-de minimis requests nor a mechanism for evaluating the merits of a request to make an informed recommendation to the ADA Officers or Board of Trustees. Prior to adoption of Resolution 48H-2010, all survey data requests were handled as outlined above in the Survey Center protocol. The Commission is requested to consider elements of a proposed policy regarding the granting of permission for requests for data collected in conjunction with the annual surveys of dental education. There was no further Commission discussion on the proposed policy on survey data requests.

**Commission action:** The Commission adopts the proposed Policy on Customized Survey Data Requests (Appendix 17).

*HIPAA Update:* Dr. Ziebert reported that the HIPAA Risk Assessment Compliance Report was updated on May 12, 2011 by the CODA Security Official in consultation with the ADA legal staff and the ADA information technology staff. In addition to the update to the Risk Assessment Compliance Report, the Commission’s HIPAA Compliance Policies and Procedures Manual; the Commission’s HIPAA Training Manual; and the Commission’s Training Program/Online Quiz were also updated. HIPAA regulations require that compliance be reviewed and modified periodically to continue provision of reasonable and appropriate protection of protected health information. Commissioners were informed that they will be receiving periodic HIPAA security updates from the Commission office, as these are now required under the HIPAA regulations.



**Commission action:** This report is informational only, no action was taken.

*Reminder of CODA Dates:* Ms. Burr reminded Commission of future Commission and Review Committee meeting dates:

	Winter 2012	Summer 2012	Winter 2013	Summer 2013
Predoc RC	Jan 9	July 16	Jan 7	July 8
Postdoc RC	Jan 12-13	July 19-20	Jan 10-11	July 11-12
DA RC	Jan 10-11	July 17-18	Jan 8-9	July 9-10
DH RC	Jan 10-11	July 17-18	Jan 8-9	July 9-10
DLT RC	Jan 12	July 19	Jan 10	July 11
DPH RC	Jan 13	July 20	Jan 11	July 12
ENDO RC	Jan 9	July 16	Jan 7	July 8
OMP RC	Jan 12	July 19	Jan 10	July 11
OMR RC	Jan 9	July 16	Jan 7	July 8
OMS RC	Jan 10	July 17	Jan 8	July 9
ORTHO RC	Jan 13	July 13	Jan 11	July 12
PED RC	Jan 10	July 17	Jan 8	July 9
PERIO RC	Jan 12	July 19	Jan 10	July 11
PROS RC	Jan 11	July 18	Jan 9	July 10
Closed Session Commission	Feb 2	Aug 9	Jan 31	Aug 1**
Open Session Commission	Feb 3	Aug 10	Feb 1*	Aug 2**

\* Auditorium

\*\* Dates Changed

**Commission action:** This report is informational only, no action was taken.

*Report on Progress on USDE Recognition Petition:* Dr. Ziebert reported that the due date for the Commission's petition for renewal of USDE recognition is January 9, 2012. The petition will be reviewed at the June 2012 meeting of the National Advisory Committee on Institutional Quality and Integrity (NACIQI).

**Commission action:** This report is informational only, no action was taken.

*Report on ADA Connect (Sitescape replacement):* Ms. Tooks reported that Sitescape, the web-based document software which the Commission uses to post all documents associated with Commission meetings will be replaced with ADA Connect. ADA Connect is more user friendly and has the look and feel of Facebook. Commissioners will be able to network with groups, and materials can be posted in a more easily accessible fashion. For instance, the agenda book can be downloaded as one document. Training sessions for Commissioners and Review Committee members will be held sometime in early 2012.

**Commission action:** This report is informational only, no action was taken.

*Report of Commission Action Taken during the Closed Session:* Dr. Joondeph reported that following a discussion in yesterday's closed session, the Commission took the following action:

**Commission action:** The Commission directs the Commission Chair to appoint consultants to the Standing Committee on Documentation and Policy Review with experience in review of programs with distance sites to assist in the review and refinement of the Policy on Off-campus Sites in light of the discussion regarding emerging trends in educational processes, administration, and methods of delivery.

*Report of a Resignation from the Commission:* Dr. Lee Koppelman resigned as a public member of the Commission on July 25, 2011. There is one year left on Dr. Koppelman's term; therefore, per Commission policy, the new public member appointee to the Commission will be eligible for a full, four-year term after serving for the remainder of Dr. Koppelman's term. The Standing Committee on Nominations will meet subsequent to the August 2011 Commission meeting to review nominations and forward recommendations for a new public member appointee to the Commission.

**Commission action:** This report is informational only, no action was taken.

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

**Commission action:** This report is informational only, no action was taken.

*Election of Chair and Vice Chair of the Commission:* Dr. Steven Tonelli was elected Chair for 2011-2012; Dr. Kent Knoernschild was elected Vice-chair for 2011-2012.

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

Dr. Paul Casamassimo  
Dr. Ryan Dulde  
Dr. Donald Joondeph  
Dr. Mel Kantor  
Dr. Karen Kershenstein  
Dr. Laura Joseph  
Dr. Reuben Pelot, III  
Dr. Karen West

### **New Business**

Proposed Revision of Predoctoral Dental Education Standards: Dr. West made the following motion regarding faculty training across all disciplines: The Standing Committee on Documentation and Policy Review is directed to review and consider the need for standardization of faculty training in educational methodology to include pedagogical methods, assessment techniques, working with adult learners, and teaching with technology throughout all dental education programs. There was no Commission discussion regarding this motion.

**Commission action:** The Commission directs the Standing Committee on Documentation and Policy Review review and consider the need for standardization of faculty training in educational methodology to include pedagogical methods, assessment techniques, working with adult learners, and teaching with technology throughout all dental education programs.

**Adjourn:** The meeting adjourned at 1:00 PM