

MINUTES

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

February 4 and 5, 2010

Call To Order: The Chair, Dr. Bryan Edgar, called a regular meeting of the Commission on Dental Accreditation to order at 1:00 P.M. on Thursday, February 4, 2010, in the 22nd Floor Board room of the ADA Headquarters Building, Chicago, in closed session for the purpose of reviewing educational programs.

Roll Call: Dr. Michael Biermann, Dr. Richard Buchanan, Dr. Eric Carlson, Dr. Paul Casamassimo, Ms. Elizabeth Curran, Dr. Andy Elliott, Ms. Susan Ellis (for Ms. Kathleen Leonard), Mr. Corwyn Hopke, Dr. Vincent J. Iacono, Dr. Donald R. Joondeph, Dr. Mel L. Kantor, Dr. Karen Kershenstein, Dr. Kent Knoernschild, Dr. Judith Messura, Ms. Anna Nelson, Dr. Reuben N. Pelot III, Dr. Robert Ray, Dr. Michael Reed, Ms. Mary K. Richter, Dr. Leo Rouse, Mr. Kenneth C. Thomalla, Dr. J. Steven Tonelli, Dr. Sharon Turner, Dr. Christopher Wenckus, Dr. B. Alexander White, and Dr. John M. Wright.

Dr. Lee Koppelman, Dr. Charles Marinelli, and Dr. Logan Nalley were unable to attend.

In addition to the staff of the Commission, Dr. Russ Webb, ADA Trustee Liaison, attended.

Representatives of the Commission on Dental Accreditation of Canada (CDAC) and the Mexican National Council on Dental Education (MNCDE) were unable to attend.

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

Consideration of Consultant Appointments: Chapter XIV. Section 50.A of the ADA *Bylaws* states:

The Commission on Dental Accreditation shall have the power to appoint consultants to assist in developing requirements and guidelines for the conducting of accreditation evaluations, including site visitations of predoctoral, advanced dental education and dental auxiliary education programs.

Consultants are appointed annually for one-year terms but for no more than six consecutive years. Members of the Commission's Review Committees are also considered consultants; they serve one four-year term. Consultant selection for 2010-2011 must be considered at this time since all appointments are made annually; appointments will take place following the fall 2010 ADA Annual Session.

Prior to the Commission meeting, the respective review committees reviewed the lists of current consultants and nominees; Appendix 1 represents the Review Committees' recommendations for reappointment, additions and terminations.

In consideration of these nominees, a balance of geographic distribution and representatives of the various types of educational settings is taken into account. Further, consultants should possess expertise and other qualifications deemed essential to the accreditation program.

In accordance with current policy, each newly appointed consultant would be directed to the web-based consultant-training program and required to successfully complete the site visitor assessment. In addition, new consultants attend a two-day formal workshop, which follows the format of an actual site visit. When consultants cannot attend this formal workshop, they attend a site visit as trainees, accompanied by a Commission staff member or staff representative and a comparable experienced consultant who provides ongoing training and guidance.

The Commission considered the names of individuals recommended by all Review Committees for a 1 year appointment and reappointment as consultants for 2010-2011.

Commission Action: The Commission approved all consultant appointments for 2010-2011 (Appendix 1).

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

Commission Action: Accreditation status was granted to programs evaluated since the July 2009 meeting. Accreditation actions are summarized in the "Report on the Accreditation Statuses of Educational Programs" (Appendix 2).

Adjournment: The Commission adjourned the closed session at 3:30 P.M.

Call To Order: The Chair, Dr. Bryan Edgar, called the regular open meeting of the Commission on Dental Accreditation to order at 8:30 A.M. on Friday, February 5, 2010, in the 22nd Floor Board room of the ADA Headquarters Building, Chicago.

Roll Call: Dr. Michael Biermann, Dr. Richard Buchanan, Dr. Eric Carlson, Dr. Paul Casamassimo, Ms. Elizabeth Curran, Dr. Andy Elliot, Ms. Susan Ellis (for Ms. Kathleen Leonard), Mr. Corwyn Hopke, Dr. Vincent J. Iacono, Dr. Donald R. Joondeph, Dr. Mel L. Kantor, Dr. Kent Knoernschild, Dr. Judith Messura, Ms. Anna Nelson, Dr. Reuben N. Pelot III, Dr. Michael Reed, Ms. Mary K. Richter, , Mr. Kenneth C. Thomalla, Dr. J. Steven Tonelli, Dr. Sharon Turner, Dr. Christopher Wenckus, Dr. B. Alexander White, and Dr. John M. Wright.

Dr. Karen Kershenstein, Dr. Lee Koppelman, Dr. Charles Marinelli, Dr. Logan Nalley, Dr. Robert Ray, and Dr. Leo Rouse were unable to attend.

In addition to the staff of the Commission, Dr. Russ Webb, ADA Trustee Liaison, attended.

Representatives of the Commission on Dental Accreditation of Canada (CDAC) and the Mexican National Council on Dental Education (MNCDE) were unable to attend.

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

Approval of Minutes from July 2009 Meeting: The minutes of the July 2009 Commission meeting were amended and adopted.

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

- Mail Ballots Approved since the July 2009 Meeting (Appendix 3)
- Report of the Review Committee on Predoctoral Dental Education (Appendix 4)
- Report of the Review Committee on Dental Assisting Education (Appendix 5)
- Report of the Review Committee on Dental Hygiene Education (Appendix 6)
- Report of the Review Committee on Dental Laboratory Technology Education (Appendix 7)
- Report of the Review Committee on Dental Public Health Education (Appendix 8)
- Report on the Review Committee on Oral and Maxillofacial Pathology Education (Appendix 9)
- Report on the Review Committee on Oral and Maxillofacial Radiology Education (Appendix 10)
- Report of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (Appendix 11)
- Report of the Review Committee on Pediatric Dentistry Education (Appendix 12)
- Report of the Review Committee on Periodontics Education (Appendix 13)
- Report of the Review Committee on Prosthodontic Education (Appendix 14)
- Report of the Joint Advisory Committee on International Accreditation (Appendix 15)

Report of the Review Committee on Postdoctoral Dental Education: Committee chair: Dr. Judith Messura. Committee members: Dr. Tracy Dellinger, Dr. Steven Ganzberg, Dr. H. Garland Hershey, Dr. Jeffery Hicks, Dr. Agnes Lau, Dr. Dara Rosenberg, Ms. Mary Richter, Dr. Miriam Robbins, and Dr. Michael Siegel. CODA Staff Members: Dr. Anthony J. Ziebert, director and Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA. Guest: Dr. Tom Sollecito, representative of the American Academy of Oral Medicine, via conference call.

The meeting of the Postdoctoral General Dentistry Review Committee (PGD RC) was held January 14-15, 2010 in the Association Headquarters Building.

Consideration of Proposed Revision to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology: The Review Committee on Postdoctoral General Dentistry (PGD RC) received a request regarding Standard 3-2 of the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology. Standard 3-2 reads:

3-2 The program director **must** have completed a two-year anesthesiology residency for dentists consistent with or equivalent to the training program described in Standard 2 and have had at least two years of relevant experience following the formal training in anesthesiology. A one-year anesthesiology residency for dentists completed prior to July 1993 is acceptable provided that continuous significant practice of general anesthesia in the previous two years is documented.

Intent: *The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology.*

The request related specifically to the clause “two years of relevant experience following the formal training in anesthesiology.” The PGD RC was asked to consider whether someone who gained the required two years of relevant dental anesthesiology experience *prior* to the formal training would meet the relevant experience requirement and could be considered qualified to be a program director, according to the Accreditation Standards.

Following careful consideration, the PGD RC determined that the two years of experience prior to formal training does meet the intent of the Accreditation Standard and recommended that Standard 3-2 of the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology be revised to reflect this and to ensure that future reviewers interpret this as such. Further discussion at the Commission meeting centered around strengthening the standard by clarifying the “relevant experience.” The Commission amended the proposed revised standard by adding the word “additional” in front of “relevant experience” (Appendix 16).

In addition, the Commission concurred with the PGD RC that the proposed revision should be circulated to the communities of interest for review and comment through May 15, 2010 and that an open hearing be conducted at the February-March 2010 American Dental Education

Association (ADEA) Annual Session. Comments received could be reviewed at the July 2010 meeting of the PGD RC and the August 2010 meeting of the Commission.

Commission action: The Commission directed that Standard 3-2 of the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology be revised as reflected in Appendix 16. In addition, it is recommended that the proposed revision be circulated to the communities of interest for review and comment through May 15, 2010 and that an opening hearing be conducted at the February-March 2010 American Dental Education Association Annual Session. Comments received will be reviewed at the July 2010 meeting of the PGD RC and the August 2010 meeting of the Commission.

Report of the Review Committee on Endodontics Education: Committee chairman: Dr. Christopher Wenckus. Committee members: Drs. Stephen Clark, Benjamin P. Graham, M. Lamar Hicks, Keith Krell, and. James R. Sherrard. Guests: Beverly Albert, assistant executive director, Education, American Association of Endodontists (AAE). Staff: Dr. Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Endodontics Education was held at the ADA Headquarters Building on January 11, 2010.

Consideration of Proposed 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 Endodontic Education (ENDO RC) carefully considered a modification to the statement of intent to Endodontic Standard 2-4.1, proposed by the American Association of Endodontists (AAE), regarding the attending faculty responsible for clinical activities in an advanced specialty education program in endodontics. The Committee noted that the AAE also proposed substantial wording to the actual standard, addressing the issue of faculty qualifications for clinic supervision at both the primary teaching institution and at a remote clinical site. Upon consideration of the AAE proposals, the ENDO RC recommends to the Commission that Standard 2-4.1 remain as written, with the following language from the July 2009 meeting as a revised statement of intent, to be adopted with immediate implementation rather than circulation to the communities of interest for review and comment, due to the clarifying nature of the proposal:

- 2-4 There must be attending faculty responsible for all clinical activities.**
- 2-4.1 Attending faculty must have specific and regularly scheduled clinic assignments to provide direct supervision appropriate to a student's/resident's level of training in all patient care.**

The intent is to ensure the patient's well being by having an ~~educationally-qualified~~ endodontist responsible for supervision during all clinical activities.

The Committee believed that the issue of determining equivalent qualifications for an endodontist by the program director and institution, responsible for supervision was problematic. The Commission concurred with the ENDO RC.

Commission action: The Commission directed that the following revision of the intent statement to Standard 2-4.1 of the Accreditation Standards for Advanced Specialty Education Programs in Endodontics, be adopted with immediate implementation due to the clarifying nature of the proposal:

The intent is to ensure the patient's well being by having an ~~educationally-qualified~~ endodontist responsible for supervision during all clinical activities.

Report of the Review Committee on Oral and Maxillofacial Surgery Education: Committee chairman: Dr. Eric R. Carlson. Committee members: Drs. Richard Burton, Bryan Edgar, chair, Commission on Dental Accreditation, and Ghali E. Ghali, Mr. Paul Lemont, Esquire, and Dr. Paul S. Tiwana. Guests: Drs. Arthur C. Jee, vice-president, Lynn R. White, immediate past-president, and Ms. Randi V. Andresen, associate executive director, Advanced Education and Professional Affairs, American Association of Oral and Maxillofacial Surgeons (AAOMS); and Dr. Stuart E. Lieblich, president and Ms. Cheryl Mounts, executive director, American Board of Oral and Maxillofacial Surgery (ABOMS), Guests. Staff: Dr. Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education was held at ADA Headquarters Building on January 12, 2010.

Consideration of Proposals for Revision to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery : At its January 2009 meeting, the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered proposals for revision to residency standards from the parent organization, the American Association of Oral and Maxillofacial Surgeons (AAOMS). The Review Committee noted that one proposal addresses a frequently cited oral and maxillofacial surgery (OMS)-specific area of noncompliance (Standard 4-9.3). Additionally two proposals (for Standards 4-15.1 and 4-16.3) reflect updates of Oral and Maxillofacial Surgery (OMS) practice in the major surgical areas of orthognathic surgery and cosmetic surgery, respectively.

After careful consideration, the Review Committee recommended and the Commission concurred that the proposals for revision to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery should be circulated to the communities of interest for review and comment.

Accordingly, the proposals were circulated for review and comment. Open Hearings were conducted at the March 2009 American Dental Education Association (ADEA) Annual Session, the September 2009 Annual Session of the American Academy of Periodontology (AAP), and the October 2009 Annual Sessions of the American Dental Association (ADA) and the AAOMS. While no comment was received at Open Hearings, comment was received from the American Dental Association's Council on Dental Education and Licensure (CDEL), which was supportive of the proposals, including the addition of sleep apnea into the Accreditation Standards, as expanded scope of orthognathic surgery.

At its January 12, 2010 meeting, the OMS RC reviewed the favorable comment received and considered for final approval the proposed discipline-specific revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery. Subsequent to the meeting, the Committee reviewed a late letter of comment regarding the proposal on requiring a sleep medicine team, and modified the relevant proposal (for 4-15.1) by proposing that a sleep medicine team be tied to a “should” rather than to a “must” statement, as presented in Appendix 17.

Commission action: The Commission adopted the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery, as presented in Appendix 17, with an implementation date of July 1, 2010.

Consideration of Matters Relating to More Than One Review Committee

Reminder of Professional Conduct Policy and Prohibition Against Harassment: The Commission deferred review the Association’s policy on professional conduct until the July 2010 Commission meeting.

Reminder of Review Committee and Commission Meeting Dates: The Commission reviewed meeting dates for the Review Committees and the Commission for 2010-2011. The ORTHO RC noted a conflict with an Orthodontic professional meeting and its meeting in July 2010, and requested a change from Friday, July 16, 2010 to Friday, July 9, 2010. Likewise, at the time of the Commission meeting, the chair of the PERIO RC noted a conflict with a Periodontic professional meeting and its meeting in July 2010, and requested a change from Thursday, July 15, 2010 to Thursday, July 8, 2010.

Commission action: The Commission accepted the meeting dates for the Commission and the Review Committees for 2010 and 2011, with a change of the meeting date for the ORTHO and PERIO RCs to Friday, July 9, 2010 and Thursday, July 8, 2010, respectively (Appendix 18).

Consideration of Resolutions Adopted by the ADA House of Delegates Related to the Commission on Dental Accreditation and Dental Education: The American Dental Association’s House of Delegates met on October 2-6 in Honolulu, HI. Several of the resolutions adopted by the House of Delegates are related to education, accreditation and the Commission on Dental Accreditation. A summary of those resolutions is provided in Appendix 19. Two resolutions required Commission action. The first was the adoption of “Resolution 54H-Outside Expertise for Development and Implementation of CODA Communications and Public Relations Plan.” The Commission noted that \$61,000 was added to the ADA’s 2010 budget to support the Commission on Dental Accreditation’s implementation of 2008 ADA Task Force on CODA recommendation #23: the use of outside expertise to assess its current communications efforts and assist in the development and implementation of a detailed communications and public relations plan.

Commission action: Commission directed the hiring of outside expertise to assess current communications efforts and assist in the development and implementation of a detailed communications and public relations plan.

The House of Delegates referred “Resolution 55-Dedicated Staff to Sustain Implementation of CODA Communications Plan” to the Commission for further study and report to the 2010 House of Delegates. The Commission agreed that a more realistic timeframe for the hiring of a new Commission staff person dedicated to implementing the communications and strategic plan (recommendation #24) would be after the Commission has plans in place. As the planning will most likely take place during 2010, a budget request for an additional Commission staff person would have a better likelihood of success of being approved by the HOD in 2011.

Commission action: The Commission directed resubmission of the budget request for staff position dedicated to implementation of ADA task Force on CODA recommendation #24 to the 2011 ADA HOD.

The PERIO RC recommended that the Commission support Board of Trustees Resolution 52, the referral of the proposed amendment to the ADA Bylaws that would add “recognition of non-specialty interest areas in general dentistry” to the council duties of CDEL, for further study to the CDEL. The Commission concurred with the PERIO RC recommendation.

Commission action: The Commission supported the referral of BOT Resolution 52 to the CDEL for further study.

Consideration of Commission’s Policy Statement on Accreditation of Off-Campus Sites: The Standing Committee on Outcomes Assessment determined that a review was needed of the requirement that on-site visits are conducted when 20% or more of each student’s/resident’s clinical instruction occurs at an off-campus site in the Policy Statement on Accreditation of Off-Campus Sites. In particular, the Committee discussed whether 20% was the proper threshold to trigger a site visit to an off-campus site. The Committee noted the trend that more programs are using community based clinical sites, and also noted that the 2009 survey of Dental Education will begin to collect data on programs using community-based clinical sites. This may significantly increase the number of special focused site visits required to evaluate the distance sites and may increase the time and expense to conduct regular site visits if there are multiple distance sites to be evaluated. The OA Committee recommended that the Commission conduct a review of the 20% benchmark level contained in the off-campus sites policy. The Commission concurred with the Committee’s recommendation and directed that all Review Committees conduct a review of the requirement that on-site visits are conducted when 20% or more of each student/resident’s clinical instruction occurs at an off-campus site in the Policy Statement on Accreditation of Off-Campus Sites.

The PROS RC recommended that if the entire off-campus clinical experience exceeds 20% for any student/resident, the Commission should visit as many off-campus sites as it deems appropriate. The selection of the off-campus sites visited should be at the discretion of the Commission. The Review Committee on Dental Laboratory Technology Education considered the intent of the policy and determined that the 20% benchmark level may not address specific

educational needs in each discipline. The following RC's favored a revision of the policy statement on Accreditation of Off-campus Sites to provide the Commission greater flexibility to conduct an on-site review of any training site where a significant portion of each student's /residents educational experience is provided, based on the specifics of the program, Accreditation Standards and Commission policies and procedures, even if the 20% threshold is not met: PGD, DA, DLT, PROS, and ORTHO (lower threshold to ten percent).

If students/residents receive all training on a particular procedure at an off-campus site, it may be important to visit the site, regardless of the percentage of time a student/resident spends at the site. The PED RC believed that the Commission should maintain quality assurance oversight of the students'/residents' clinical experiences at all off-campus clinical training sites. Oversight should include appropriate checks and balances to evaluate the off-campus site faculty, facilities, quality control of patient care, and the appropriateness of the educational experiences gained at all clinical training sites used by a program. The OMR RC recommended that the Commission gather data related to the 20% benchmark so that an evidence-based approach can be used to address potential revisions to this policy. The OMR RC believed that any portion of training at an off-campus site should be considered a valuable component of the students/residents educational program and should be closely monitored by the Commission. The following RC's recommended that the Commission appoint an ad-hoc committee with representation from all areas of dental education to conduct a comprehensive evaluation of the Policy Statement on Accreditation of Off-Campus Sites or study the issue further: PREDOC, DH, DPH, OMR, and PED. The following RCs recommended reaffirmation of current policy: ENDO, OMP, OMS and PERIO.

At the Commission meeting, concern was expressed that the term "clinical instruction" in the current policy is not well defined. There was consensus that programs are increasing the number of distance sites and a significant portion of training is taking place at these sites.

Commission action: The Commission referred consideration of whether 20% is the proper threshold to trigger a site visit to an off-campus site in the Policy Statement on Accreditation of Off-Campus Sites to the Outcomes Assessment Committee for report and recommendation at the August 2010 Commission meeting.

Consideration of the Commission's Policy on Enrollment Increases in Dental Specialty Programs: The advanced specialty education review committees considered the Policy on Enrollment Increases in Dental Specialty Programs (Appendix 20) as directed by the Commission at the July 2009 meeting. The purpose of the policy was to assess program resources prior to enrollment of additional students/residents to verify that adequate resources are available for each approved, enrolled student/resident. However, in *retroactive* requests, the Commission is placed in a position of considering program resources after students/residents are enrolled in positions, which are not part of the accredited authorized enrollment. The DPH, ENDO, OMP, OMR, OMS, ORTHO, PED and PROS Review Committees were in agreement that the current policy may not provide enough direction to programs related to the expectation of prior approval of a request to increase enrollment. The ORTHO RC maintained that enrollment increase would need to be approved prior to commencement of the process for the selection of students/residents.

The DPH, ENDO, OMP, OMS, PED, PERIO and PROS Review Committees also noted that some flexibility should be afforded programs under extenuating circumstances. To that end, several review committees have proposed additional or alternate language (see recommendations in Appendix 21). The PERIO RC believed that the current policy allows for flexibility and recommended that the current policy be reaffirmed. The ENDO RC recommended penalties of “intent to withdraw” and/or a special focused site visit to programs that enroll students/residents without prior approval by the Commission. The OMP RC also discussed penalties and recommended that the Commission consider the practical implications of the last sentence of the policy.

Commission action: The Commission directed the Outcomes Assessment Committee to review and consider all the proposed changes by the Specialty Review Committees in the Policy on Authorized Enrollment. The Outcomes Assessment Committee is directed to strongly consider revisions to the Policy on Authorized Enrollment that:

- eliminates the possibility of Commission approval of retroactive increases in enrollment;
- matches deadlines in the policy to Commission meeting deadlines;
- clearly defines when CODA approval must occur prior to implementation of the enrollment increase; and
- considers logical and practical consequences to violation of policy. Specifically, the Outcomes Assessment Committee should consider what could happen to the student and what could happen to the programs when an unauthorized enrollment increase is reported.

The proposed revisions are to be considered by the Commission at the August 2010 meeting.

Commission action: The Commission directed all Specialty Review Committees to assess the number, and the potential reasons for retroactive requests for enrollment increases.

Miscellaneous Affairs-Matters for the Commission as a Whole

Verbal Report of the Standing Committee on Outcomes Assessment: **Committee Chair:** Dr. Sharon Turner. **Committee members:** Dr. Donald Joondeph, Dr. Karen Kershenstein, Dr. Robert Ray, and Dr. J. Steven Tonelli. Dr. Bryan Edgar, chair, Commission on Dental Accreditation (CODA) participated as an ex-officio member. Ms. Kathleen Leonard was unable to attend the meeting. **Staff:** Dr. Anthony J. Ziebert, director CODA, Dr. Lorraine C. Lewis, secretary to the OA committee, and CODA staff participated as available. The OA committee met on Thursday, February 4, 2010, ADA Headquarters Building.

The OA committee reviewed the Operational Effectiveness Plan (OEAP), and determined that that the Commission had met all of its goals in 2009. The Committee then reviewed the 2009 results of the survey to evaluate the impact of the new review committee structure. The

Committee noted that the Commission adopted a resolution to repeat the survey in 2010 and 2011 with the results to be reviewed by the OA Committee. During discussion of OEAP and survey results, the Committee discussed current training of Review Committee (RC) members and Commissioners. The Committee observed that efforts to enhance training of new RC members and Commissioners continues to be pursued, especially enhancing information provided during the nomination process. The Committee discussed a possible additional year where nominated RC members and Commissioners would serve as a 'trainee' or 'designate' and attend meetings, observe a site visit and receive additional training prior to beginning their term.

In 2009 discussion occurred between the OA Committee members and staff regarding reorganization of the Operational Policies and Procedures (OPP) and Evaluation Policies and Procedures (EPP) manuals into a single manual. Currently, only the EPP is on the Commission web site, and the OA Committee agreed that it would be beneficial to have a combined manual where all Commission policies and procedures would be available to the public and communities of interest. There are numerous redundancies throughout the two manuals, and the current organization of the manuals makes it difficult to locate specific policies and/or procedures. The Committee directed staff to continue to refine the combined manual and present it to the Committee for their review in 2010.

The Committee reviewed the new combined manual in its entirety at the February 4, 2010 meeting, making revisions based on clarity of information, elimination of redundancy and uniformity of policy and procedures. In addition, policy and procedures were evaluated to determine whether they reflected established ADA policy and USDE requirements. The Committee determined that the new combined manual, to be called **Evaluation and Operational Policies and Procedures**, will be available to Commissioners beginning March 1. Commissioners will be asked to provide comment until May 1 at which time the Committee will meet to review comments and provide a revised manual to the Commission for consideration at its August 2010 meeting. The rationale for this timeline is to have a completed document available to be published on the ADA web site prior to CODA's application for continued recognition with USDE.

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

Task Force on Specialty Standards Report: Committee chairman: Dr. Vincent Iacono. Committee members: Dr. Eric Carlson, Dr. Paul Casamassimo, Dr. Donald R. Joondeph, Dr. Mel L. Kantor, Dr. Kent Knoernschild, Dr. B. Alexander White, Dr. John M. Wright. Staff: Dr. Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA) and Ms. Sherin Tooks, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). Ms. Sharon McPherron and Dr. Christopher Wenkus were unable to attend. The meeting of the Task Force on Specialty Standards was held via webinar on January 26, 2010.

In addressing its charge in January 2009 to review how proficiency and competency are measured in advanced specialty education programs, the Task Force on Specialty Standards

noted that the terms for the levels of skill and knowledge, as defined by the Commission, are not being used uniformly (i.e., in the same manner) across all specialties within the discipline-specific standards. The Task Force reviewed assessment methods and the possibility of proposing a standard on assessment. The Task Force further noted that each institution/program currently defines the assessment of its students/residents related to levels of skill and knowledge. The Task Force identified great variability in the extent, methods, and quality of student/resident assessment across programs.

At its last meeting (July 2009), the Task Force began discussion of a new standard specifically on evaluation to complement the proposed new definitions. The Task Force accepted its charge to study how assessment of competency occurs in specialty education programs, but also realized the complexities of this assignment. The Task Force concurred that more information regarding best practices of formative and summative assessment methods in dental and medical education was needed to conduct a knowledge-based discussion on this topic.

At the January 26, 2010 meeting, the Task Force considered the need for and placement of a standard on the assessment of students/residents, common to all specialties. After lengthy discussion, the Task Force came to a consensus that if there were to be an assessment standard common to all the specialties, it should be placed in Standard 5.Evaluation, which requires a system of ongoing evaluation and advancement of students/residents through the program director and faculty. Accordingly, the Task Force proposes revision to the first part of the four-part evaluation standard that is boilerplate language, and that would support the proposed revised definitions of levels of skill and knowledge, for evaluation of students'/residents' achievement in the relevant curricular areas of Standard 4. In doing so, the Task Force notes that there is the need for formalization of evaluation methods that may currently be less than formal or well-defined, resulting in great variability in the extent, methods, and quality of student/resident assessment across programs. At the same time, the Task Force maintains that the programs would still have the flexibility in developing, implementing, and maintaining evaluation methods. The Task Force also reviewed definitions of "formative" and "summative" evaluation and carefully considered their inclusion in the proposed revised language of the Standard. The Task Force chose this terminology over words such as, "valid," "reliable," "objective" and "measurable." Finally, the Task Force discussed complementary wording to enhance the meaning and application of a common assessment standard, and recommends the proposed statement of intent as outlined in Appendix 22.

Commission action: The Commission directed the proposed revised statement with complementary statements of intent on the evaluation of students/residents (Appendix 22), be common for all specialties, and circulated to the communities of interest, with an Open Hearing during the annual session of the American Dental Education Association, in February 2010. Comment on this proposal will be reviewed at the August 2010 Commission meeting.

Report of the Subcommittee on the ADA Task Force Report and Recommendations: Task Force chairman: Dr. Bryan Edgar. Task Force members: Dr. Heidi Crow, Mr. Gary Gann, Dr. Karen Kershenstein, Dr. Larry Nissen, Dr. Sharon Turner, and Dr. Alex White. Guests: Dr. Kathy Kell, Chair, ADA Monitoring Committee, Dr. Russ Webb, Trustee, 13th district and BOT Liaison to

CODA. In attendance: Dr. Laura Neumann, Senior Vice President, Education/Professional Affairs, American Dental Association; Dr. Anthony Ziebert, director, CODA; CODA managers: Dr. Catherine Horan, Dr. Lorraine Lewis, Ms. Peggy Soeldner, Ms. Sherin Took, and Ms. Gwen Welling. Dr. Vincent Iacono and Dr. James Koelbl were unable to attend the meeting. The meeting of the Subcommittee on the ADA Task Force Report and Recommendations was held on Thursday, February 4, 2010, ADA Headquarters Building.

The Subcommittee reviewed a summary of the progress to date in implementing the thirty-four (34) recommendations. Eighteen (18) out of the thirty-four (34) recommendations have been implemented or are in the process of being implemented. Dr. Nissen and Dr. Kershenstein summarized the four conference calls of the Joint Restructure Workgroup which is looking at recommendations number 1, 2, and 3 which deal with the structure and finances of the Commission. The Workgroup is seeking input from the CODA Subcommittee and the ADA Monitoring Committee on proposed structure and financial models before making a final recommendation. The Workgroup considered several different structural models, including a stovepipe model and models with a reduced number of Commissioners. The criteria that guide the process of analysis include: representation of the various COI's, avoidance of undue influence from any one group, promoting continuity and communication within CODA and across its Review Committees and education programs, efficient use of financial resources, maintenance of the dental team concept, minimizing the impact on staff and on the workload of commissioners, maintenance of a practitioner/educator balance in light of USDE requirements, and maintenance of a specialist/generalist balance. Both the Workgroup and the CODA Subcommittee came to the consensus that the stovepipe model may not be the best for maintaining the dental team concept. In addition, there are very few other accrediting agencies set up in a stove-pipe type of arrangement. Reduction of the current size of the Commission by reducing the ADA, ADEA, AADB and public membership also has drawbacks, including, less experienced Commissioners on an ongoing basis, a skewing to educators at the expense of practitioners, a possible decrease in perceived transparency of Commission actions and decisions with a reduction of public members, and an increased workload for Commissioners for carrying on committee-work. There was discussion on terms of Commissioner service and the relationship of the terms to the structure. Currently, Commissioners serve one four-year term; however, the ADA Task Force Report and Recommendations calls for the Commission to investigate the possibility of Commissioners serving two consecutive, three-year terms (recommendation # 11). Requiring new Commission appointees to "train" for a year prior to starting their service as a Commissioner was viewed as possibly solving the issue of changing the bylaws to allow for multiple terms instead of one four-year term. Several subcommittee members mentioned that the learning curve for being a Commissioner was steep, and experiences at the review committee and site visit level, along with observation of at least one Commission meeting, may address several issues related to communication and understanding of Commission activities.

There was significant discussion of the Commission finances, and several different models were reviewed, including CODA becoming self-sufficient by raising program annual fees 20% per year until 2016; raising annual fees modestly (7.2%) until the Commission and the ADA split expenses 50/50 by 2016; and changing the accreditation cycle from seven years to eight years. There was not support for charging the programs the actual cost of the site visits and concern

was expressed that if the annual fees were raised too high, the increased fees may push some programs to close, or to no longer seek accreditation, or to seek accreditation with another agency. The consensus of the CODA Subcommittee was that a 50/50 split with the ADA may alleviate the concerns of the HOD about its financial support of the Commission. The Subcommittee suggested that the Workgroup, look at a model where direct costs are covered by the Commission, with the ADA covering the indirect costs. The Subcommittee directed the Workgroup to put together additional financial models. The workgroup will meet again in March to make final recommendations to the CODA Subcommittee and the ADA Monitoring Committee.

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

Report on Appointment of a Commissioner: Dr. Les Tarver (ADA) resigned his position on the Commission for health reasons in December 2009. Dr. Zack Studstill was named to complete Dr. Tarver's term by ADA President Dr. Ron Tankersley. Dr. Studstill resigned his position on the Commission in January 2010 after being named *ad interim* Executive Director of the Alabama Dental Association. Dr. Tankersley subsequently appointed Dr. O. Andy Elliot to complete Dr. Studstill's term on the Commission. The Commission concurred with the suggestion to send a plaque of appreciation to Dr. Tarver for his service on the Commission.

Commission action: The Commission directed that a plaque of appreciation be sent to Dr. Les Tarver, thanking him for his service on the Commission.

Discussion of the ADA Strategic Plan: Dr. Russ Webb, ADA Trustee Liaison, presented the new ADA process for strategic planning. He reported the new strategic plan will be presented for approval to the House of Delegates in October 2010.

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

Update on USDE: Dr. Ziebert reported that new United States Department of Education regulations will go into effect in July 2010. Changes in the Secretary's criteria may require Bylaws changes in the Commission's Appeals process policies and procedures, including possible changes in the composition of the Appeal Board.

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

Finance Committee Report: Committee chairman: Dr. Bryan Edgar. Committee members: Dr. Mel L. Kantor, Ms. Anna Nelson, Mr. Ken Thomalla, and Dr. Steven Tonelli. Staff: Mr. Thomas Berger, Dr. Laura Neumann, and Dr. Anthony Ziebert. The meeting of the Finance Committee was held via conference call on January 19, 2010.

In January 2001, the Commission on Dental Accreditation established a Standing Committee on Finance to assist the Chair in planning the Commission's annual budget. The Committee's charge is, to annually review the Commission's budget, including past and anticipated revenues

and expenses, to review Commission activities and other factors related to the funding needs of the Commission, and to make recommendations to the Commission regarding the Commission's budget proposal to the American Dental Association in accordance with the ADA budgeting process. The Finance Committee reviewed the history and past considerations related to funding/fees, along with the actual budget amounts for the 2009 budget (Appendix 23), noting that 2010 figures should be similar, with increases in costs due to inflation. The Committee then reviewed the materials developed by staff (Appendix 24) on the Commission's 2011 Proposed Operating Budget. The Committee noted that in regard to expenses, the total number of site visits to be conducted in 2011 will be comparable to 2009 and 2010. There will be three less comprehensive dental school site-visits in 2011 as compared to 2010. There will be an increase of eleven site visits in 2011 for specialties and general dentistry programs compared to 2010; however the number of allied site visits will be approximately the same for 2011 compared to 2010. Projected site visit costs in 2011 should be comparable to 2010 budgeted expenses and final 2009 actual expenses.

The Committee discussed charging late fees for tardy reports from programs as a way to encourage program compliance with due dates. While charging late fees would not be considered a reliable source of revenue, it was noted that staff spends a significant amount of time reminding programs about, and following up with, late reports. Other possible fees considered by the Committee included charging actual expenses for site visits; instituting a flat fee for Appeals; and charging a fee for changing the site visit date. After further discussion, the Committee came to the consensus that these additional fees should not be implemented at this time. Finally, the Committee was informed that the ADA will be going to a "zero-based" budgeting procedure in the near future, which may require a modification of Commission's 2011 budget. After considering all budgetary factors, including general inflationary costs and planned Commission activities the Committee believed that revenue for 2011 should be budgeted at a slightly increased level from 2010 figures to correlate with anticipated higher operating expenses in 2011. Further, the Committee concluded that the annual accreditation fees, as well as application fees, should be increased by 4%.

Commission Action: The Commission directed that the annual accreditation fees and application fees for 2011 be increased by 4%.

Commission Action: The Commission approved the 2011 Operating Budget (Appendix 24).

Report of the Ad Hoc Committee on Alternative Site Visit Methods: **Committee Chair:** Dr. Judith Messura. **Committee members:** Dr. Michael Biermann, Dr. Eric Carlson, Dr. Paul Casamassimo, Dr. Bryan Edgar, and Dr. Sharon Turner. Dr. Russell Webb, Trustee Liaison, participated in an *ex officio* capacity. **Staff:** Ms. Peggy Soeldner. The meeting of the *ad hoc* Committee on Alternative Site Visit Methods was held via conference call on January 5, 2010.

The Committee reviewed its charge, as well as the background information, including the demonstration provided by Lutheran Medical Center in July 2009. The Committee members

who saw the demonstration described the quality of the demonstration and discussed whether particular activities of a site visit, if conducted via videoconference, would be comparable to an on-site evaluation. The Committee members who viewed the demonstration agreed that the interviews conducted via videoconference may be comparable to those conducted in-person. However, maintaining confidentiality during interviews continued to be a concern. In addition, they believed that reviewing documentation was better than expected, although, fine print was difficult to view. One area of concern that remained after the demonstration was conducting a tour of the facility. The Committee concluded that even with the concerns, a pilot project should be developed.

The Committee also discussed ways that the entire site visit process, both before and during the site visit, could be restructured to make it more conducive to the use of the technology available, specifically, web-based technology. In doing so, the Committee believed that the length of site visits could be reduced. Through further discussion, the Committee agreed there may be ways to streamline and focus the process, particularly the self-study, to allow for a more thorough review of documentation prior to the on-site evaluation. Suggestions included developing a self-study that could be completed by programs using a web-based application.

The charge to the Committee also included exploring ways that technology could be utilized more widely in the accreditation process. Suggestions included exploring ways to electronically track completion of clinical experiences by students/residents, as well as the possibility of utilizing technology, particularly web-based technology, to allow for continuous monitoring of the accredited programs' compliance with the Accreditation Standards. At the Commission meeting, there was a suggestion that a control group be utilized in the pilot project to more accurately compare an "on-site" site visit to a site visit conducted through electronic methods. It was noted that the Joint Commission, the hospital accrediting agency, does not announce site visits in advance. Programs can be evaluated in hospital settings at any time, and the opinion was expressed that this is where the Commission may be going. The Commission was urged to think of on-going data collection as part of the future of accreditation, and this could result in less-involved site visits. It was also suggested the *ad hoc* Committee needs to collect data on the expenses of technology versus the costs associated with an on-site visit and that the Commission should be looking at a mixed model, with some aspects of the site visit conducted electronically, while other aspects performed on-site.

Commission action: The Commission directed the *ad hoc* Committee on Alternative Site Visit Methods to develop a proposed pilot project for conducting site visits via videoconferencing; explore the possibility of standardizing the self-study for all disciplines for the purpose of better streamlining the site visit process; and explore the use of technology, such as web-based applications, for use in the accreditation process, including site visit preparation and continuous monitoring of accredited programs' compliance with the Accreditation Standards. The *ad hoc* Committee on Alternative Site Visit Methods is directed to report to the Commission on its progress at the August 2010 meeting of the Commission.

Bylaws Update, Chair Succession: The two vacancies created this past year when the chairs of the Commission on Dental Accreditation and Council on Dental Practice resigned due to health

reasons have led to Bylaws questions. While the ADA Bylaws are clear on addressing the appointment caused by a vacancy of a member of the Commission, in the case where the vacancy occurs in the Chair position, the ADA Bylaws are less specific and appear to be in conflict with how the Chair is selected by Commissions. The Bylaws state that the President "...shall have the power to appoint an *ad interim* chair, except as otherwise provided in these *Bylaws*." As both the Chair and Vice-chair of the Commission are elected by the Commission, the suggestion was made that it would be more appropriate and efficient to clearly state in the ADA Bylaws to automatically move the Vice-chair of the Commission into the Chair position when a vacancy in this position occurs. This procedure would apply to advance the Vice-chair to the Chair position, with a vote by the Commission on a new Vice-chair at the next regularly scheduled meeting. The appointment of the vacated position by the appointing organization would remain unchanged.

Commission action: The Commission requested the ADA Board of Trustees, in conjunction with the Council on Ethics, Bylaws and Judicial Affairs, propose a Bylaws change to the House of Delegates in regards to the succession plan for a Commission Chair when an unexpected vacancy occurs. The Bylaws change would outline the process for appointing the duly-elected Vice-chair of the Commission to succeed to the Chair of the Commission when an unexpected vacancy occurs in the Chair position. In addition, a new Vice-chair would be elected by the Commission at the next regularly scheduled Commission meeting.

Update on Changes to HIPAA: The Commission received a report on the passage last year, of the Health Information Technology for Economic and Clinical Health Act. Changes in the law will impact Commission policy and procedure regarding site visitor review of patient charts during site visits, and patient information requested in progress reports. This new law expands on the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and promulgates new regulations in the following areas: HIPAA security administrative safeguards for electronic Protected Health Information (ePHI); HIPAA security physical safeguards for ePHI; HIPAA security technical safeguards for ePHI; HIPAA breach notification policies and procedures for PHI; and HIPAA privacy policies and procedures for PHI. The new regulations go into effect February 17, 2010. Under the new law, business associates (i.e., the Commission) have the same responsibilities as the "covered entities" (i.e., the institutions/programs being site visited) when it comes to HIPAA policy and procedures regarding security, privacy, and breach notification. In the past, business associates were not held to the same standards as the covered entities.

In order to meet the requirements of the law, ADA legal staff, ADA information technology staff, and the Commission staff conducted a risk analysis, which is an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of the ePHI that the Commission holds. The law also calls for annual training, and documentation of the training, of all consultants, RC members, Commissioners, Commission staff, and IT staff who have access to ePHI. This training will take place as follows: during the annual training sessions for new consultants, Review Committee members, and Commissioners; in conjunction with Commission updates for consultants at ADEA Annual session and through on-line program and self-evaluation on the ADA website. In addition, new policies and procedures will be developed and implemented in the following areas: transmittal of ePHI;

“breaches” of ePHI; sanctions for individuals who violate ePHI policy; data back-up and disaster recovery plan; and guarding against, detecting, and reporting malicious software on ADA computers. The law requires the naming of a designated “Security Officer” who is responsible for development and implementation of HIPAA security policies and procedures. The risk analysis was completed on February 2, 2010 by ADA legal, ADA IT staff, and Commission staff. Implementation of new policies and procedures will take place on February 17, 2010.

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

Request for Accreditation of Dental Therapy and Advanced Dental Therapy Programs in Minnesota: 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 (Sept. 15, 2009); the University of Minnesota (Dental Therapy Program-baccalaureate degree) (Nov. 2, 2009); the Minnesota Dental Association (Nov. 4, 2009); and the Metropolitan State University of the Minnesota and State Colleges and Universities System (Advanced Dental Therapy Program-master’s degree) (Dec. 2, 2009). 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.”

As the Commission’s mission is to serve the public by ensuring quality education and patient safety, accreditation review of programs in areas other than predoctoral dental and dental specialties is feasible and within its purview as evidenced by its review of programs in advanced general dentistry, dental hygiene, dental assisting and dental laboratory technology. The Commission noted that Resolution 31-H, adopted at the 2009 ADA Annual Session in Honolulu by the House of Delegates, may address this issue. In particular, the last resolving clause of Resolution 31-H states: “Resolved, that the ADA recommends that any new member of the dental team be supervised by a dentist and be based upon a determination of need, sufficient education and training through a CODA accredited program, and a scope of practice that ensure the protection of the public’s oral health.”

The requests ask the Commission to develop a document that defines educational standards for dental therapy and advanced dental therapy. Dr. Iacono stated that in this case, there is not a national sponsoring organization, as there have been with previous requests for accreditation in other new areas. He suggested the Predoctoral Review Committee may be the only group inside and outside the Commission that has the necessary expertise to develop standards in this area. Dr. Joondeph stated that clarification may be needed from the ADA regarding the intent of Resolution 31H-2009. Dr. Webb responded that the ADA has already met with ADEA to discuss educational issues related to new dental team members, and the ADA Board of Trustees is interested in knowing what the Commission’s concerns may be regarding this issue. He suggested that the Commission consider seeking direction from the ADA House of Delegates. Concerns from the Board of Trustees perspective include the mechanism for setting the scope of practice and the number of variations of these types of programs that may be developed by the

individual states. There was an additional suggestion that the Commission request that the Board of Trustees collaborate on evaluating the requests. Ms. Richter expressed the view that this is an issue because there are underserved people in most communities. She suggested that the Commission could either be in front of this issue or could find that these programs seek accreditation from another agency, or that programs could evolve with no quality assurance. Ms. Richter urged rapid action so that the Commission can address the issue proactively. Along the same lines, Dr. Buchanan stated that the Commission should embrace and guide this process and involve the groups in Minnesota that have made the accreditation request. Finally, Ms. Curran stated there is wealth of information globally on these types of programs and she urged the Commission to include an allied dental representative on any task force that may be formed.

Commission action: 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 should report its findings at the Commission's August 2010 meeting.

Vice-chair Election: The resignation of Dr. Tarver as Chair of the Commission in December 2009, and the appointment of Dr. Edgar as Chair, has left the position of Vice-Chair open. In accord with the *Rules of the Commission on Dental Accreditation* and the *Bylaws* of the American Dental Association, the Commission elects its own Vice-Chair.

Commission action: The Commission elected Dr. Sharon Turner as vice-chair for 2009-2010.

Commission Self-Assessment: The Commission learned that Resolution 119H-2002 requires each ADA council and commission to conduct a self study to determine its relevance and address its efficiency, productivity, and examine its mission and duties. The result of these studies is to be reported to the House of Delegates, with the Board of Trustees establishing a five-year cycle for agencies to conduct this review. As this self-study was not prepared by any of the ADA Councils or Commissions by the 2008 due date, the ADA Board of Trustees is requiring all ADA Councils and Commissions to prepare and submit a self study for submission to the 2010 House of Delegates. Commission members will be receiving a survey asking for input on the Commission efficiency, productivity, mission and duties in the spring. Commission staff will prepare the self-study for Commission review and approval at the August 2010 meeting.

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

Survey of Meeting: The Commission learned that the ADA executive director has requested that all ADA Councils and Commission members be surveyed following each meeting to solicit input on whether the meetings are serving the members' needs and to determine whether improvements can be made, especially in the area of communication. The surveys will be uniform across all councils and commissions and will be distributed electronically, with results to be reported directly to the executive director. The survey will be anonymous, and all Commission members were encouraged to complete it.

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

New Business

Quantitative Differences Versus Qualitative Differences in the Standards: Dr. Kantor requested the Commission review its policy on granting an accreditation status to a program based solely on whether the program has recommendations or no recommendations. In particular, he expressed concern that a program could have multiple recommendations on standards that are “not critical” (i.e., paperwork documentation) versus a program that has only one or two “critical” recommendations (i.e., not meeting faculty supervision/qualifications standards or asepsis standards); yet, each program would be granted the same status: “approval with reporting requirements.” He proposed the Commission determine those standards that are “critical” and those standards that are “not critical” as a guide for the review committees when they make accreditation status recommendations to the Commission. Stated another way, he suggested global policies need to be in place to distinguish between quantitative differences versus qualitative differences. He related this to the discussion at the July 2009 Commission meeting on the monitoring of educational programs, particularly those programs with an unusually high number of recommendations or those programs that have severe deficiencies. At that time, it was suggested the Commission investigate possible “triggers” that would require programs to report more often, or more in depth. The Commission directed the Outcomes Assessment Committee to review the Major Change policy regarding possible triggers that would require interim reporting by programs. While the Outcomes Assessment Committee was to report the results of this review at the February 2010 meeting, this item was not put on the last Outcomes Assessment meeting agenda due to the significant amount of agenda time required to reorganize the Operational Policies and Procedures (OPP) and Evaluation Policies and Procedures (EPP) manuals into a single manual. Several Commissioners pointed out that the Commission and Review Committees already have mechanisms to deal with the issues raised by Dr. Kantor. The Review Committees can recommend a program be put on “approval with reporting requirements-intent to withdraw” at any time if it deems the deficiencies severe. The Commission, during its review of programs, can likewise place a program on “approval with reporting requirements-intent to withdraw,” even if the Review Committee has recommended a different accreditation status. It was suggested that Commissioners who are Review Committee Chairs provide more background about the rationale for the Review Committee accreditation status recommendations, especially for those programs that have multiple recommendations, or have recommendations in areas that impact patient care or teaching. The Commission considered a motion to refer the question regarding quantitative differences versus qualitative differences in the standards to the Outcomes Assessment Committee; however, the motion did not carry.

Faculty Shortages and Accreditation Standards: Dr. Elliott requested the Commission review the standards on faculty, especially the predoctoral general dentistry standards. He expressed concern that there are no faculty-student ratios in the standards and in particular, there are no minimum required numbers for full-time faculty. The current, well-documented faculty shortage may result in poor supervision of dental students performing clinical dentistry. He suggested that there should be requirements for adjunct, part-time, full-time, on-site, and community-based faculty outlined in the standards to ensure that all dental students have proper supervision. Full-

time faculty equivalents must also be defined. Several Commissioners pointed out that the standards are written to provide program flexibility, and having minimum required numbers for full-time faculty or defined faculty-student ratios may actually exacerbate the faculty-shortage problem. The Commission considered a motion to consider adding a full-time faculty equivalent requirement to the current faculty accreditation standards; however, the motion did not carry.

Adjournment: The Commission adjourned at 12:45 P.M.

