

MINUTES

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

February 4, 2011

Call To Order: The Chair, Dr. Don Joondeph, called a regular meeting of the Commission on Dental Accreditation to order at 8:00 A.M. on Friday, February 4, 2011, 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, Ms. Kristi Burr, Dr. Eric Carlson, Dr. Paul Casamassimo, Ms. Elizabeth Curran, Mr. Ryan Dulde, Dr. Lorraine Gagliardi (substituting for Ms. Anna Nelson), Mr. Robert Giasolli, Dr. Henry Greenwell, Dr. W. Stan Hardesty, Dr. Mel Kantor, Dr. Karen Kershenstein, Dr. Kent Knoernschild, Dr. Judith Messura, Dr. Laura Mueller-Joseph, Dr. Brad Neville, Dr. Reuben Pelot, Dr. Robert Ray, Dr. Yilda Rivera-Nazario, Dr. Steven Schonfeld, Dr. Paul Sims, Dr. Steven Tonelli (vice-chair), Dr. Christopher Wenckus, Dr. Karen West, Dr. Alexander White and Dr. John Williams

Dr. Lee Koppelman and Dr. Charles Marinelli 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) and the Mexican National Council on Dental Education (MNCDE) were unable to attend.

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

Prohibition Against Harrassment: Ms. Catherine Albrecht, ADA staff attorney, reviewed the ADA Prohibition Against Harassment Policy.

Reminder of Confidentiality: The Commission reviewed the Confidentiality Policy related to accreditation decisions.

Consideration of Consultant Appointments:

Consultants are appointed annually for one-year terms but for no more than six consecutive years. Members of the Commission's Review Committees are also considered consultants; they serve one four-year term.

The Commission considered the names of individuals recommended by all Review Committees for a 1 year appointment and reappointment as consultants for 2011-2012.

Commission Action: The Commission approved all consultant appointments for 2011-2012 (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 August 2010 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 9:32 A.M.

Call To Order: The Chair, Dr. Don Joondeph, called the regular open meeting of the Commission on Dental Accreditation to order at 11:00 A.M. on Friday, February 4, 2011, in the 22nd Floor Board room of the ADA Headquarters Building, Chicago.

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

Dr. Lee Koppelman and Dr. Charles Marinelli 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) and the Mexican National Council on Dental Education (MNCDE) were unable to attend.

Tribute to Ms. Anna Nelson: The Commission recognized Commissioner Anna Nelson who passed away suddenly on January 19, 2011. Dr. Gagliardi spoke to Ms. Nelson’s life and dedication to education, which was followed by a moment of silence.

American Dental Association (ADA) Conflict of Interest Statement: Dr. Joondeph read the ADA conflict of Interest statement as required by ADA House of Delegates resolution 99-H-2010.

Approval of Minutes from August 2010 Meeting: The minutes of the August 2010 meeting of the Commission were approved as written.

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 Assisting Education (Appendix 3)
- Report of the Review Committee on Dental Laboratory Technology Education (Appendix 4)
- Report of the Review Committee on Dental Public Health Education (Appendix 5)
- Report of the Review Committee on Endodontics Education (Appendix 6)
- Report on the Review Committee on Oral and Maxillofacial Pathology Education (Appendix 7)
- Report on the Review Committee on Oral and Maxillofacial Radiology Education (Appendix 8)
- Report of the Review Committee on Orthodontics and Dentofacial Orthopedics Education (Appendix 9)
- Report of the Review Committee on Periodontics Education (Appendix 10)
- Report of the Review Committee on Prosthodontic Education (Appendix 11)
- Report of Resolutions Adopted by the ADA House of Delegates Related to the Commission on Dental Accreditation and Dental Education (Appendix 12)
- Approval of Mail Ballot since last Commission Meeting: #597 Affirmation of Public Member Nominees (Appendix 13)

Report of the Review Committee on Predoctoral Dental Education: Committee Chair: Dr. John Williams. Committee Members: Dr. Steven Campbell, Dr. Cecile Feldman, 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, American Dental Education Association was present for the policy portion of the meeting.

Dr. Gerald Ferretti was unable to attend the meeting.

The meeting of the Review Committee on Predoctoral Dental Education was held via telephone conference call on January 10, 2011.

Response to a Letter Received from the ADA Council on Scientific Affairs: The Predoctoral Dental Education Review Committee considered a letter from the ADA Council on Scientific

Affairs (CSA) related to the Accreditation Standards for Dental Education Programs which will be required of all predoctoral programs beginning July 1, 2013. The letter addressed the Council's concern regarding the apparent declining emphasis on dental research in dental education generally, and outlined actions taken at the Council's July 7 to 9, 2010 meeting. At their July meeting, CSA adopted resolutions to communicate to CODA its recommendation that the guidelines for Standard 6, Research Program, include specific outcomes, and to form an ad hoc subcommittee of Council members to draft specific outcomes and communicate these to CODA.

In considering the CSA's letter, the Committee noted that Communities of Interest provided valuable input during the two (2) years that the proposed predoctoral standards were available for comment. As a result, research has been incorporated throughout the new predoctoral dental education standards. Standard 6-3 was added which requires that dental education programs must provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty. Standard 2-9 was added that requires graduates to demonstrate competence in scientific inquiry and research methodology and the new Standard 2-21 revises existing Standard 2-23 to require that graduates demonstrate competence in accessing, critically appraising, applying and communicating scientific literature to provide evidence-based patient care. Additionally, the new section on Educational Environment emphasizes the importance of developing the capacity of graduates to think scientifically and to apply the scientific method to analyze and solve oral health problems, understand research, and practice evidence-based dentistry.

The Predoc RC determined that a letter should be drafted in response to the ADA Council on Scientific Affairs letter of July 21, 2010. The letter should thank the CSA for their input, summarize the process used to generate the new standards and provide clarification of the ways in which research is incorporated throughout the new predoctoral dental education standards.

Commission Action: The Commission directs that a letter, incorporating information outlined in Appendix 14, be sent to the ADA's Council on Scientific Affairs in response to the Council's letter of July 21, 2010.

Report of the Review Committee on Postdoctoral Dental Education: Committee 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. Staff Members: Dr. Anthony J. Ziebert, director and Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, CODA. Guests: Dr. Karen Novak, American Dental Education Association; Dr. L. Stanley Brysh and Ms. Meghan Carey, American Association of Hospital Dentists, Ms. Jane Kantor, American Academy of Oral Medicine, and Ms. Rebecca Murray, Academy of General Dentistry. The meeting of the Postdoctoral General Dentistry Review Committee (PGD RC) was held January 13-14, 2011 in the Association Headquarters Building.

Consideration of Proposed Revision to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology: At its January 2010 meeting, the Review Committee on Postdoctoral General Dentistry Education (PGD RC) reviewed a request

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 of the Standards and could be considered qualified to be a program director, according to Accreditation Standard 3-2. Following careful consideration, the PGD RC recommended, and the Commission agreed, that Standard 3-2 of the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology should be revised to accurately reflect the intent of the standard and to ensure that programs and CODA consultants understand the requirement of Standard 3-2. The proposed revision was circulated to the communities of interest for review and comment.

At its July 2010 meeting, the PGD RC reviewed the comments received on the proposed revision to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology and determined that the standard should be further revised to allow more flexibility which could result in an expanded pool of qualified program directors. At its August 2010 meeting, the Commission concurred and directed that the proposed revision be circulated to the communities of interest with comments accepted until October 1, 2010. Comments received could be considered at the Winter meetings of the PGD RC and Commission.

No comments were received during the comment period that ended October 1, 2010. Following discussion, the PGD RC determined that the proposed revision to the Accreditation Standards for Advanced General Dentistry Education programs in Dental Anesthesiology (Appendix 15) should be adopted for immediate implementation.

Commission action: The Commission adopts the revision to the Accreditation Standards for Advanced General Dentistry Education programs in Dental Anesthesiology (Appendix 15) for immediate implementation.

Consideration of Proposed Standard Addition o the Accreditation Standards for Postdoctoral General Dentistry Education Programs: At the August 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.

During discussion, 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 found in Appendix 16 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 found in Appendix 16.

The PGD RC believed that the proposed accreditation standard for all postdoctoral general dentistry education disciplines should be circulated to the communities of interest for review and comment until May 1, 2011 and that an open hearing should be conducted at the March 2011 American Dental Education Association (ADEA) Annual Session. Comments received could be considered at the July 2011 meeting of the Review Committee on Postdoctoral General Dentistry Education and the August 2011 meeting of the Commission.

Commission action: The Commission directs that the proposed standard for the Accreditation Standards for Advanced Education Programs in General Practice Residency, the Accreditation Standards for Advanced General Dentistry Education Programs and the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology found in Appendix 16 be added to Standard 4 (Educational Support Services) of the each discipline's Accreditation Standards and the Accreditation Standard related to eligibility requirements found in the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine and Orofacial Pain be revised to reflect the same language also found in Appendix 16. In addition, the Commission directs the proposed accreditation standards be circulated to the communities of interest for review and comment until May 1, 2011 and that an open hearing be conducted at the March 2011 American Dental Education Association Annual Session. Comments received will be considered at the July 2011 meeting of the Review Committee on Postdoctoral General Dentistry Education and the August 2011 meeting of the Commission.

Consideration of Proposed Revisions 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 from the Dental Anesthesiology Program Directors to consider the proposed revisions to Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology found in Appendix 17.

Following a lengthy discussion of the proposed revisions and the rationale behind them, 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 believed the request should not be 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.

Commission action: The Commission directs that proposed revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Dental Anesthesiology be returned to the Dental Anesthesiology Program Directors for further clarification of the purpose and need for the proposed revisions.

Report of the Review Committee on Dental Hygiene Education: Committee chair: Dr. Laura Joseph Committee members: Dr. Lynn Austin, Ms. Barbara Dixon, Dr. Paula Friedman, Dr. Reuben Pelot and Dr. Melanie Peterson. Dr. Susan Crim and Dr. Susan Duley were unable to

attend the meeting. Staff member: Ms. Gwen Welling, manager, Dental Hygiene Education. Dr. Anthony Ziebert, director, Commission on Dental Accreditation, attended a portion of the meeting. Guests: Ms. Cathy Elliott, American Dental Hygienists' Association and Dr. Karen F. Novak, American Dental Education Association, attended the policy portion of the meeting.

The meeting of the Review Committee on Dental Hygiene Education (DH RC) was held on January 11-12, 2011 at the ADA Headquarters Building.

Consideration of Revisions to the Accreditation Standards for Dental Hygiene Education Programs: At its July 2010 meeting, the Review Committee on Dental Hygiene Education reviewed suggested changes to the Accreditation Standards for Dental Hygiene Education Programs submitted by the American Dental Hygienists' Association (ADHA) and an accredited dental hygiene program in Alabama. The Committee also reviewed a suggestion that applications from institutions developing new dental hygiene programs include outcomes from a formal needs assessment survey. Due to the scope of the suggested changes and the timing of the submission of the letters, the DH RC proposed that the suggested changes be referred to the January 2011 meetings to allow a better opportunity for study and analysis of the request.

At this meeting, the DHRC considered the proposed revisions of the Accreditation Standards for Dental Hygiene Education Programs. Following discussion and review of the information provided for changes in Standard 2, Educational Program, Standard 3, Administration, Faculty and Staff, and Standard 4, Educational Support Services, the DH RC has prepared proposed revisions to the dental hygiene Initial Application document (Appendix 18) and the Accreditation Standards for Dental Hygiene Education (Appendix 19) for the Commission's consideration.

The DH RC recommends circulation of the proposed revisions to the communities of interest for review and comment, with open hearings conducted at the March 2011 ADEA Annual Session, the June 2011 ADEA Allied Directors' Conference, the June 2011 ADHA Annual Session, and the October 2011 ADA Annual Session, for review and recommendation to the Commission at its February 2012 meeting.

Commission action: The Commission directs that the proposed revisions to the Initial Application document (Appendix 18) and the Accreditation Standards for Dental Hygiene Education Programs (Appendix 19) be circulated to communities of interest for review and comment, with open hearings conducted at the March 2011 ADEA Annual Session, the June 2011 ADEA Allied Directors' Conference, the June 2011 ADHA Annual Session and the October 2011 ADA Annual Session, for review at the Commission's February 2012 meeting.

Report of the Review Committee on Oral and Maxillofacial Surgery Education: Committee chairman: Dr. Eric R. Carlson. Committee members: Drs. Richard Burton and Mary Ellen Cuccaro, Mr. Robert Giasolli, and Drs. Ghali E. Ghali and Paul S. Tiwana. Staff: Dr. Catherine A. Horan, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). Guests: Drs. Larry Moore, president, Arthur C. Jee, president-elect, Miro A. Pavelka, vice-president, Ira Cheifetz, immediate past-president; and Ms. Randi V. Andresen, associate

executive director, Advanced Education and Professional Affairs and Ms. Mary Allaire-Schnitzer, manager, Advanced Education and Resident Affairs, the American Association of Oral and Maxillofacial Surgeons (AAOMS). Dr. Mark Wong, president and Ms. Cheryl Mounts, executive director, American Board of Oral and Maxillofacial Surgery (ABOMS).

The meeting of the Review Committee on Oral and Maxillofacial Surgery Education was held at ADA Headquarters Building on January 11, 2011.

Consideration of Proposals for Revision to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery: At its January 2011 meeting, the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered proposals for revision to residency standards from the American Association of Oral and Maxillofacial Surgeons (AAOMS). The Review Committee noted that, while most of the proposals for revisions to the Standards are discipline-specific, proposals for the second subsection under Standard 5 on Evaluation is based upon the recently adopted language common to all specialties.

After careful consideration of the proposals, the Review Committee recommended that the proprietary language of proposed Standard 4-20 be moved from the actual language of the Standard to the examples of evidence area, complementing the Standard. The Committee noted that there is precedence for this adjustment, as presented in proposed Standard 5-2. Further, the Committee clarified wording of the second of two sentences of the proposed Standard 5-1 to accurately reflect that the Commission accredits dental education programs within dental schools and not the dental school itself. The Committee recognized that the OMS accreditation standards will need further review to further incorporate language common to all specialties, adopted at the August 2010 Commission meeting.

During further discussion of the standards revisions, Dr. Knoernschild proposed a re-ordering of the descriptors of comprehensive management of the implant patient, Standard 4-8.1, second paragraph, so that “interdisciplinary consultation” comes first and that the Standards concludes with “...biological basis of the implant patient.”

Commission action: The Commission directs that the proposals for revision to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery (Appendix 20), with amendment as noted above, be circulated to the communities of interest for review and comment, with open hearings conducted at the annual meetings of the ADEA, AAOMS, and ADA, with comments reviewed at the Commission’s February 2012 meetings.

Consideration of Proposals for Revision to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery: At its January 2011 meeting, the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered proposals for revision to fellowship standards from the AAOMS. The Review Committee noted that proposed changes in large part relate to the names of the focused areas, which are proposed to more accurately reflect the practice and scope of these fellowship experiences.

After careful consideration of the proposals, the Review Committee recommended several amendments to OMS fellowship standards, to include: (a) clarification of the proposed addition of “level of participation” to Standard 4-5, with a parenthetical statement of “(surgeon or first assistant)”; (b) deletion of proprietary language in proposed Standard 6-4.1, to be consistent with proposed Standard 6-4.3.3; and (c) more inclusive language prescribing service rotations under proposed Standard 6-4.3.1.

Additionally, the Committee noted that, for one of the three revised fellowship areas, proposed as “Pediatric Craniomaxillofacial Surgery,” Standard 6-4.2 (procedural [currently case] breakdown) of the cleft and craniofacial fellowship is still under discussion by the AAOMS, and remains unchanged in the attached Appendix 21.

Commission action: The Commission directs that the proposals for revision to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, as amended and presented in Appendix 21, be circulated to the communities of interest for review and comment, with open hearings conducted at the annual meetings of the ADEA, AAOMS, and ADA with comments reviewed at the Commission’s February 2012 meetings.

Report of the Review Committee on Pediatric Dentistry Education: Committee Chair: Dr. Paul Casamassimo. Committee Members: Drs. Jeffrey Hochstein, Janice Jackson, Amr Moursi, Rosie Roldan, and Ms. Linda Tarrson. Staff Member: Ms. Sherin Toops, manager, Advanced Specialty Education, CODA. Guests: Mr. Scott Dalhouse, manager, Education, American Academy of Pediatric Dentistry (AAPD) attended the policy portion of the meeting.

The meeting of the Review Committee on Pediatric Dentistry Education was held via telephone conference call on Wednesday, January 5, 2011.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry: From January 2006 through July 2008, a study to assess the validity and reliability of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry was conducted. At its July 2008 meeting, the Pediatric Dentistry Education Review Committee (PED RC) reviewed the comments that had been received during the validity and reliability study. Noting that numerous comments were presented, the PED RC believed that further study of the proposed revisions was warranted. The Committee felt that the Accreditation Standards should reflect the current trends in pediatric dentistry education and practice. Accordingly, the PED RC recommended that an ad hoc committee of the American Academy of Pediatric Dentistry (AAPD) should be formed to continue the review and revision of the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry. At its July 2008 Meeting, the Commission concurred with the PED RC recommendation and directed referral of the review of the Accreditation Standards to the American Academy of Pediatric Dentistry.

At this meeting the PED RC considered the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry submitted by the AAPD. The Review Committee discussed each of the proposed changes and the potential impact on pediatric

dentistry education. Some modifications were made to ensure that the proposed standards were formatted according to the Commission's guidelines. Following review and modification, the PED RC determined that the proposed Accreditation Standards (Appendix 22) should be circulated to the communities of interest for review and comment. The Committee recommends open hearings be conducted at the 2011 annual meetings of the American Dental Education Association, American Academy of Pediatric Dentistry, and American Dental Association. Comments received from the open hearings could be reviewed by the PED RC and Commission at the Winter 2012 meetings.

Commission action: The Commission directs the proposed Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry (Appendix 22), be circulated to the communities of interest for review and comment, with open hearings conducted at the annual meetings of the ADEA, AAPD, and ADA with comments reviewed at the Commission's February 2012 meeting.

Consideration of Matters Relating to More Than One Review Committee

Reminder of Review Committee and Commission Meeting Dates: The Commission reviewed meeting dates for the Review Committees and the Commission for 2011-2013. The PROS RC requested that its January 2012 meeting be held at ADA Headquarters, instead of via conference call, as the PROS RC will be considering a significant revision to the accreditation standards for advanced specialty education programs in prosthodontics.

Commission action: The Commission accepted the meeting dates for the Commission and the Review Committees for 2011 through 2013, with provisions made in the Commission's budget to accommodate an in-house meeting of the PROS RC in January 2012 (Appendix 23).

Re-consideration of an Accreditation Standard on Ethics and Professionalism: At its August 2010 meeting, the Commission directed the 14 education review committees to reconsider the proposed standard and comments by the review committees at the Winter 2011 meetings and develop a discipline-specific standard on Ethics and Professionalism for review at the Commission's February 2011 meeting. The Commission further directed that if a review committee chooses not to develop a new standard on Ethics and Professionalism, the Commission must be provided a rationale for this decision. At the January 2011 Review Committee meetings, each RC considered an Accreditation Standard on Ethics and Professionalism, including the language of the proposed new accreditation standard; placement of the proposed new accreditation standard with the existing standards for each discipline; and a timeline for implementation of the new standard, following adoption by the Commission. Dr. Wenckus proposed an amendment to the recommended date of implementation for the proposed standard in Endodontics, Orthodontics and Dentofacial Orthopedics, and Periodontics, to have the date coincide with the implementation date for the disciplines' revision to their accreditation standards, as a result of inclusion of language common to all specialties, adopted Summer 2010. A summary of each Review Committees recommendations can be found in Appendix 24.

Commission action: The Commission adopts language on the topic of Ethics and Professionalism, cited in Appendix 24, for each discipline under the Commission's purview, as a new discipline-specific accreditation standard on the topic. In addition, the Commission directs that the proposed standard be placed within accreditation standards as indicated by each Review Committee, as outlined in Appendix 24. Finally, the Commission directs that the standard be implemented as determined by the Review Committees, which may be accomplished in conjunction with implementation of other standards revisions.

Miscellaneous Affairs-Matters for the Commission as a Whole

ADA Strategic Plan Update: Dr. Kiesling reviewed the ADA strategic goals for 2011-2014: Goal 1-Provide support to dentists so they may succeed and excel throughout their careers; Goal 2- Be the trusted resource for oral health information that will help people be good stewards of their own oral health; Goal 3-Improve public health outcomes through a strong collaborative profession, and through effective collaboration across the spectrum of our external stakeholders; and Goal 4-Ensure that the ADA is a financially stable organization that provides appropriate resources to enable strategic and operational initiatives. Dr. Kiesling noted that in the list of ADA belief statements, there are two particularly related to the Commission: a properly educated, diverse, adequately sized and distributed dental workforce is critical to the delivery of quality oral health care, and excellence in dental education, research and lifelong learning is critical to the future of the profession. He stated that this is an active strategic plan, and that implementation will be reviewed quarterly by the Board of Trustees. The strategic plan is a tool to keep the ADA "house in order" and it also contributes to operating the ADA more effectively. Finally, Dr. Kiesling complimented the Commission on the work it has done to implement ADA Task Force on CODA recommendations.

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

Commission on Dental Accreditation 2011 Goals Update: Dr. Ziebert updated the Commission on its goals for 2011 and reminded the Commission that the due date for the United States Department of Education petition for re-recognition as the approved accrediting agency for dental and dentally-related educational programs is December 2011. The Commission Chair and director will appear before the National Advisory Committee on Institutional Quality and Integrity (NACIQI) in June 2012 in Washington DC to defend the Commission's petition.

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

Report of the Standing Committee on Finance: Committee chairman: Dr. Don Joondeph. Committee members: Ms. Kristi Burr, Dr. Mel L. Kantor, 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 21, 2011.

Dr. Joondeph reported that 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 Committee discussed their charge and the background and history of the Finance Committee. In addition, there was a brief discussion of trends in the CODA budget and the logistics of the ADA budgeting process. The Committee then reviewed the materials developed by staff (Appendix 25) on the Commission's 2012 Proposed Operating Budget. The committee noted that in regard to expenses:

- The number of site visits to be conducted in 2012 will be comparable to 2011. There will be two more comprehensive dental school site-visits in 2012 as compared to 2011. There will be a comparable number of site visits in 2012 to 2011 for allied education programs and specialties, but a slightly higher number of site visits in 2012 compared to 2011 for general dentistry programs.
- It is anticipated there will be a slight increase due to inflation in 2012 expenses for Commission meeting expenses, including Review Committee meetings; Standing Committee meetings; staff attendance at the ADEA Annual Session; and staff and Commissioner preparation and attendance at the CODA re-recognition petition hearing in Washington DC.

The Committee then discussed budgetary issues related to the "redshirt year" for new Commissioners. The Committee noted that at the August 2010 Commission meeting, the Commission directed that a year of training through attendance at Commission meetings, review committee meetings, and a site visit be initiated for all new Commissioner starting in 2012, with the Commission paying for all expenses. Both the CODA Subcommittee and the ADA Monitoring Committee had recommended to the Commission that expenses associated with the "redshirt year" be borne by the sponsoring organizations. In light of the Commission action on this issue at the August 2010 meeting, the CODA Subcommittee asked staff to formulate a cost-analysis of the expenses associated with the extra training, estimating expenses for a full year verses six months of extra training. In addition, expenses to the Commission, the sponsoring organizations, and the ADA were also to be estimated (Appendix 26). Subsequently, the ADA House of Delegates passed a resolution during the 2010 Annual Session in Orlando, recommending that the sponsoring organizations pay the expenses for a year of training for their appointees, with the ADA paying for the expenses of their appointees, the student, and the public members.

At the Finance Committee meeting, Dr. Kantor spoke in favor of a one year training period, as he noted that the Commission's time-frame and pace tends to be slow, and it is important to see the entire process play out on certain issues. The consensus of the Committee; however, was that attendance at one Commission meeting, one review committee meeting and one site visit may be sufficient to provide the understanding of Commission philosophy, policy and procedures necessary to function effectively once the new Commissioner's term begins. Other factors that led the Finance Committee to conclude that a six month training period would be preferable to a full-year training period included the significant enhancement of even six months of training compared to the current training of new Commissioners; incoming Commissioners tend to

already have some experience serving as either site visitors and/or RC members; and finally, modest cost-savings. It was noted that a key to the success of this extra training would be for the outgoing Commissioner to act as a mentor for the incoming Commissioner. The Finance Committee recommended an evaluation of the effectiveness of six months of training after the first group of Commissioners cycled through the training period to determine whether a full-year of training would be needed.

In regards to the responsibility for paying the travel expenses associated with six months of training, the Committee acknowledged that if the expenses are borne by the Commission, in essence, the educational programs and the ADA will be paying part of the expenses. At the Finance Committee meeting, Dr. Kantor noted that the Commission has made great strides in emphasizing that Commissioners serve the interest of CODA without personal or member organization profiles or agendas. He felt that by having the sponsoring organizations pay for the additional training, it would undermine this achievement and possibly undermine the goodwill between the Commission and the sponsoring organizations. Ms. Burr stated that the sponsoring organizations should have a stake in this training process and she felt that by having the sponsoring organizations contribute a certain percentage to the overall expense, Commissioner objectivity would not be compromised. Noting that the expenses to the Commission, based on the cost-analysis, comprised a very small portion of the entire Commission budget, the Committee voted to recommend that the expenses associated with the six-month training period for new Commissioners be included in the Commission's annual budget.

Commission action: The Commission adopts 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 directs 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;

Further, the Commission requests that the relevant outgoing Commissioner be requested to act as a mentor for the in-coming Commissioner; and

Finally, the Commission directs that all expenses associated with the six-month training period for new Commissioners be included in the Commission's annual budget.

Dr. Joondeph explained the Finance Committee's rationale for recommending a 5.75% increase in the annual fees and the application fees in 2012. In the past, increases in fees were based on both anticipated increases in costs due to inflation and an anticipation of the number of programs site visited. In recent years, this resulted in an increase in fees by 4% on an annual basis. For 2012, the Commission has agreed to begin the process of achieving a 50%-50% split with ADA for all direct and indirect expenses by 2016. This plan to share expenses with the ADA was in response to the financial recommendations in the ADA Task Force on CODA. The goal of a 50%-50% split in expenses was endorsed by both the ADA Monitoring Committee and the ADA

House of Delegates. Dr. Williams inquired about the reason for a difference in annual fees between the Oral Surgery programs, allied dental programs, and the other specialty and post-doctoral general dentistry programs. Dr. Ziebert replied that the Oral Surgery program accreditation cycle is every five years instead of every seven years, which incurs additional costs for the Commission, as the Commission is not reimbursed for travel expenses related to the site visit. Fees are higher for allied dental education programs because in many instances, these programs are housed in community colleges and technical colleges in smaller towns, where travel expenses tend to be higher. Dr. Schonfeld asked why the proposed increase in 2012 annual fees was lower than original 7.2% increase needed to reach the 50%-50% expense split with the ADA by 2016 that was outlined in the 2010 CODA Supplemental Report #3 to the House of Delegates. Dr. Ziebert responded that subsequent to the Commission approving the 2011 budget, the ADA requested all divisions reduce expenses and look for ways to increase revenue. In response, the Commission increased annual fees beyond the originally determined 4%, so revenue in 2011 is projected to be higher than the anticipated revenue used at the time of the original budget analysis. In addition, the Commission and the ADA budgets are now zero-based, and as the number of site visits for 2012 is anticipated to increase only very slightly compared to 2011, the expenses for site visits in 2012 is anticipated to be comparable to 2011. Future increases in annual fees may vary from the originally proposed 7.2% increase per year due to the zero-based budgeting system now in place and the fact that the 7.2% amount should be viewed only as an estimate based on available data and assumptions at the time of the original analysis.

Commission action: The Commission directs the annual accreditation fees and application fees for 2012 be increased 5.75%.

Commission action: The Commission approves the proposed 2012 Operating Budget.

Commission action: The Commission directs the CODA Subcommittee on the ADA Task Force on CODA Recommendations investigate potential development opportunities, including endowments and grants, to enhance Commission revenues.

Report of the Task Force on Resident Duty-Hours: Task Force Chair: Dr. Eric Carlson.
Committee members: Dr. Paul Casamassimo; Dr. Judith Messura; Dr. Henry Greenwell; Mr. Robert Giasolli; Dr. Kent Knoernschild and Dr. Steve Tonelli, vice-chair of the Commission, *ex-officio*. *Staff:* Dr. Catherine Horan, Ms. Peggy Soeldner, Ms. Sherin Tooks, and Dr. Anthony Ziebert.

The Task Force met on December 16, 2010, via telephone conference call.

Dr. Carlson gave a brief background on the development of resident duty-hour restrictions by the Accreditation Council for Graduate Medical Education (ACGME), the accrediting agency for graduate medical education and hospitals. He reported that on July 1, 2003, the following guidelines on resident duty-hours took effect for medical residents in hospital settings: 1. duty-hours must not exceed an 80 hour week average over a four week period of time; 2. duty-hours must not exceed a 30 hour call period of time, for 24 hours of duty time, only an additional six hours of time for academic activities are allowed; 3. residents must observe one day off in seven, and; 4. residents must be provided a full weekend off per month. In the seven years following

adoption of guidelines, Dr. Carlson maintained that many medical and dental residencies have found great difficulty with compliance. In June 2010, new guidelines were proposed that are expected to be fully implemented on July 1, 2011. He expressed significant concern about two of the new guidelines. The first new guideline of concern requires direct supervision of first year residents. The old guidelines did not take the supervision issue into account, direct or otherwise. Under the old guidelines, supervision of residents was based on a number of different criteria, including the level of training of all of the residents and their performance in the program. The second new guideline of concern is the “strategic napping” guideline. In essence, the new “strategic napping” requirement states that residents cannot exceed 16 hours of call duty without a five hour “strategic nap.” According to the old guidelines, residents were permitted to be on call for 24 hours, with six additional hours beyond their on-call duty so they could provide continuity of care. Under the new guidelines, residents can work only an additional 4 hours. The new guidelines reduce the total number of hours permitted to work without a break from 30 hours to 20 hours.

Dr. Carlson reported that the OMS RC believes that the Commission should develop a policy regarding the potential impact, both educationally and fiscally, of the adopted resident duty-hour restrictions on CODA-accredited oral and maxillofacial surgery programs. In particular, the OMS RC believes the ACGME requirements may not serve the best interests of oral and maxillofacial surgery and other hospital-based dental residency programs. From an educational perspective, for example, training of oral and maxillofacial surgeons may have to be extended as a result of implementation of the adopted resident duty hour restrictions. The OMS RC recommended and the Commission concurred that a Task Force composed of stakeholders be formed to study the educational and financial impact that the resident duty-hour restrictions, adopted by the ACGME, may have on Commission-accredited oral and maxillofacial surgery and other hospital-based dental residency programs, with the intent of developing a policy for Commission endorsement. Dr. Carlson then read a summary of the discussion of the Task Force Meeting. (Appendix 27)

The Commission’s Task Force on Resident Duty-Hours Restrictions came to the conclusion that there could be adverse effects on hospital-based dental education residencies if these programs were forced to comply with adopted ACGME requirements. These effects could range from shorter days demanding shifts that would be counter to the continuity of care enjoyed by current residencies, to manpower issues that could protract the duration of the training program and have a prohibitive financial impact on the institution/program in providing and maintaining requisite teaching staff.

Dr. Carlson read the proposed Commission policy statement that was drafted by the Task Force, with a recommendation that the policy statement be circulated to the Commission’s advanced dental education review committees for review and comment at their Summer 2011 meetings.

Policy statement for Task Force 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.

There was no further discussion on the proposed policy statement.

Commission action: The Commission directs the proposed policy statement on Resident Duty-Hours Restrictions be circulated to the Commission's advanced dental education review committees for review and comment at their Summer 2011 meetings.

Review of the CODA Supplemental Report to the House of Delegates #3, regarding the ADA Task Force Report and Recommendations: Dr. Joondeph reviewed the CODA Supplemental Report to the House of Delegates #3, regarding the ADA Task Force Report and Recommendations. He reported the following highlights of the Commission's progress on implementation of ADA Task Force recommendations during the past year:

- A Joint Workgroup on Commission Structure and Finances, made up of members of both the ADA Monitoring Committee and the Commission's Subcommittee on the ADA Task Force on CODA Recommendations, conducted an in-depth analysis of potential alternative Commission structures and funding mechanisms. (ADA Task Force on CODA Report recommendations #1, #2 and #3). This Joint Workgroup met five times via conference call over the past year and made recommendations on Commission structure and financing that were considered by both the ADA Monitoring Committee and the Commission. The result of this analysis were resolutions to the ADA House of Delegates to retain the current structure of the Commission and to slightly modify the funding mechanism, with the ADA and the Commission splitting expenses 50%-50% by 2016. These resolutions were passed by the House of Delegates.
- The CODA Subcommittee met twice at the ADA Headquarters Building in 2010. At the first meeting on February 4, 2010, the CODA Subcommittee provided input to the Joint Workgroup on Commission Structure and Finances. In addition, implementation status of the ADA recommendations was reviewed. At its second meeting on August 5, 2010, the CODA Subcommittee made recommendations to the Commission on implementation of the following ADA Task Force on CODA recommendations: 1, 2, 3, 6, 10, 13, 17, 19 and 23.
- At its August 6, 2010 meeting, the Commission directed that the implementation strategies proposed by the CODA Subcommittee be adopted.

- The CODA Subcommittee met jointly with the ADA Monitoring Committee following the August 6, 2010 Commission meeting. CODA agrees that there will be an ongoing need for guidance and communication with ADA and supports the continuation of a small ADA Monitoring Committee.
- To date, of the 34 ADA recommendations, 28 have been implemented or are in the process of being implemented. Several ADA recommendations require ongoing Commission review and evaluation. The majority of the remaining six ADA recommendations that have not been implemented require funding that is currently not available or will be available in the future.

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

Review of Principles and Criteria in the Commission Policy: Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation: Dr. Kantor stated that, at the Commission's August 2010 meeting, there were many issues related to the CODA Task Force on New Dental Team Members. One of the items that was discussed and approved was the Policy on Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation, which included five broad criteria for considering a request for accreditation. As a result, the Commission referred the document to the Documentation Committee with a request to provide specific criteria in order to provide further guidance to programs wanting to establish an accredited educational program in the allied dental area. While the Commission is being asked to adopt the specific criteria under each of the five principles (labeled "A" through "E"), Dr. Kantor expressed reservations regarding principle "E" and suggested that the Commission reconsider its inclusion as a general principle because it has more to do with workforce issues than educational issues. He gave the examples of the required documentation that asks for potential salaries of graduates, potential for gainful employment of graduates and employability of graduates. He was not convinced that this falls under the purview of the Commission, given the Commission's mission: "The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs." Dr. Kantor noted that nothing in the mission statement talks about workforce issues. The specific criteria for "E" begs the question: "Is criterion 'E' really one that fits within the Commission's purview at all?" He recommended referral back to Documentation Committee for re-evaluation of criterion "E," in light of the fact that it falls outside of the Commission's purview of accrediting dental education programs. He maintained that criterion "E" is a workforce issue that should be properly addressed by the ADA. Dr. Kantor used the analogy of an accrediting agency that is looking at a college or a program related to being an English major or a potter, and asked whether it would be appropriate to consider the employability of an English major or a fine artist on making decisions on the educational quality of a program. He expressed concern that this embroils the Commission in a political issue, when the Commission must remain above the fray and maintain focus on accreditation and quality education.

Dr. Gagliardi stated that in allied education, programs that submit applications for accreditation should be required to submit evidence from feasibility studies to demonstrate there is an employment need in the area. The Commission should consider this information before granting accreditation to programs in areas that are saturated with allied programs. Dr. Tonelli agreed, pointing out that in Standard 1-1 under Institution Effectiveness, Examples of Evidence letter “c” quotes “job placement rates”. These should be evaluated prior to granting initial accreditation and should be considered documentary support to show that programs can meet this standard. Further, the Commission has a responsibility to students to ensure employability and agrees that the Commission should look at employment need.

Dr. Neumann shared information about why some of these elements of documentation would be required. She stated that in the *Chronicle of Higher Education* and other news media, one of the hottest issues is gainful employment and the role of educational programs and accreditors. Some of this is triggered by recent rapid increase in for-profit educational programs, and the concerns about student’s ability to repay student loans. If taxpayer money is provided for very expensive education, those individuals need to be able to get jobs and be productive citizens. While in the past, the federal government did not rely on these types of educational outcomes, the recent regulations are much more specific in this regard. With the Commission’s re-recognition petition coming up next year, CODA staff has a concern that the Commission will have to document how it complies with these new regulations. While the federal government’s focus currently is on the for-profit programs and institutions, especially in the distance learning and occupational training areas, the number of dental assisting and dental hygiene programs have grown rapidly in the last few years, and some of those new programs are for-profits. So the Commission is involved in this issue of having to determine whether the outcome of a student’s education provides potential to gain employment, and whether the student has the ability to pay off loans. It is anticipated this will happen for all disciplines, with the Commission requiring programs to document that all graduates within its purview can get jobs and pay back loans, even for predoctoral education, where students have significant debt. Dr. Neumann maintained that this is not a workforce issue; rather it is required documentation that accrediting agencies are going to request of educational programs to demonstrate educational outcomes.

Dr. Kershenstein agreed with Dr. Neumann and stated that CODA is being proactive in this regard. Dr. White asked whether programs can even provide this information before the first class graduates. Dr. Hardesty responded that this is possible and is similar to new dentist starting out in practice and putting together documentation in order to get a loan. The dentist must show the lending institution a pro forma of what the business will be like, and project the amount of income that will be anticipated. In the same way, the body that wants to get accredited is going to have to assist CODA with coming up with that pro forma evidence to meet the criteria.

Dr. Kantor reiterated that while one of the obligations of a program or school is to inform students about opportunities after graduation, that is very different from saying that the programs have to document these specific numbers. He maintained that asking for post graduate statistics before the first class graduates is establishing an insurmountable criteria. It would be acceptable for schools and programs to have a responsibility for providing some prospectus to the incoming students, but to say that the programs have to have these standards of evidence before the Commission even accredits seems to be putting cart before the horse.

Mr. Giasolli stated that from a public perspective, criteria are of great value. He believed that the majority of schools are already doing this, however, they may not be documenting in a method that is standardized. Schools need to show that students are enrolling in the programs, and the only way they will be enrolling is that if there are jobs at the end of the day. He stated that he believes schools are already looking at average salary and student debt. He did not see these criteria as overburdening, stating that the requirement of evidence is a paperwork issue.

Dr. Joseph stated that if the Commission is going in this direction for new allied dental disciplines, there needs to be consistency with current disciplines when requiring initial applications for individual programs.

Dr. Schonfeld felt that the criteria are necessary to determine whether there is something worth accrediting. The criteria help the Commission determine if there a sufficient mass of educational institutions to warrant accreditation and if these programs are going to be sustainable throughout time. He acknowledged that the Commission is the body that needs to do accreditation of any program in dentistry, but that does not mean that every time there is a proposal for a new type of dental discipline that it automatically qualifies for accreditation. Dr. Williams agreed that accreditation should be above the political fray and he encouraged the Documentation Committee to also consider predoctoral dental education. He stated that there is a concern about sustainability of academic programs, especially with withdrawal of state support for schools and increases in tuition and fee costs.

Dr. Buchanan stated that it should not be the business of the Commission to suppress innovation, and novel programs cannot predict outcomes. He wondered if there was a way to rephrase this criteria.

Dr. Neumann reminded the Commission that the purpose of the specific criteria is to give the Commission something to base a decision on if a group comes to the Commission and requests an accreditation program. There are two existing programs in Minnesota, and the only criteria that might be a problem is employment placement rate. Dr. Neumann stated that the programs in Minnesota could get appropriate data for all the other criteria listed under principle "E." Dr. Joondeph reminded the Commission that it already approved the major principles at the August 2010 meeting after a significant amount of discussion.

Dr. Kantor made a motion to refer criterion "E" back to the Documentation Committee for further evaluation, in light of CODA's mission and the discussion at the Winter 2011 meeting. The motion passed.

Commission action: In light of the Commission's mission, as well as the discussion that ensued at the Winter 2011 meeting, the Commission directs the Documentation Committee to re-evaluate criterion "E" of the Policy on Eligibility of Allied Dental Programs for Accreditation by the Commission on Dental Accreditation and report its findings to the Commission at the Summer 2011 meeting.

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.

Adjournment: The Commission adjourned at 1:30 P.M.

