

MINUTES

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

JANUARY 29, 2014 (CLOSED SESSION)

Call to Order: The Chair, Dr. John N. Williams, called a regular meeting of the Commission on Dental Accreditation (CODA) to order at 1:00 P.M. on Wednesday, January 29, 2014, in the Executive Board Room of the ADA Headquarters Building, Chicago, in closed session for the purpose of reviewing educational programs.

Roll Call: Dr. Byron “Pete” Benson, (Dr. Debra Gander substitute for Dr. Benson), Ms. Kristi Schmitt Burr, Dr. Stephen Campbell, Dr. Thomas Cangialosi, Dr. William Dodge, Dr. Kevin Donly, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Milton Glicksman, Dr. Henry Greenwell, Dr. Richard Kahn, Dr. Denise Kassebaum, Mr. James Kolstad, Mr. Dennis Lanier, Dr. William Leffler, Dr. Harold “Mark” Livingston, Dr. Ana Karina Mascarenhas, Dr. Brad Neville, Dr. Charlotte Royeen, Dr. William Schindler, Ms. Kathi Shepherd, Dr. Robert Sherman, Dr. James Sherrard, Dr. Steven Schonfeld (vice-chair), Dr. Stanley Surabian, Dr. B.D. Tiner, Dr. Ivan Torres-Nazario, Dr. Perry Tuneberg, Dr. Karen West, and Dr. John N. Williams (chair).

Dr. Henry Greenwell, was unable to attend. Ms. Kristi Schmitt Burr, Dr. Harold “Mark” Livingston, Dr. Brad Neville, and Mr. Dennis Lanier participated by telephone.

Trustee Liaison: Dr. Joseph Hagenbruch, ADA Trustee Liaison, Eighth District.

CODA Staff: Dr. Sherin Tooks, *ex-officio*, and Ms. Alyson Ackerman, Ms. Cathy Baumann, Dr. Catherine Horan, Ms. Patrice Renfrow, Ms. Peggy Soeldner and Ms. Jennifer Snow were in attendance.

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

Commissioner Fiduciary Duties, Professional Conduct Policy, and Conflict of Interest

Obligations: Ms. Cathryn Albrecht, ADA/CODA Senior Associate General Counsel, reminded the Commission of its fiduciary responsibilities, the Conflict of Interest policy, and the Professional Conduct policy.

Policy Reminder of Confidentiality: Dr. John Williams, CODA Chair, read the Commission’s Reminder of Confidentiality, noting the confidential nature of the Commission’s materials and deliberations related to the accreditation of programs.

Accreditation Mail Ballots Since Last Commission Meeting: The Commission approved for the record twelve (12) mail ballots related to program accreditation actions, which had been considered since the Summer 2014 Commission meeting.

Consideration of Consultant Nominations: Consultants are appointed annually for one-year terms but for no more than six (6) consecutive years. Members of the Commission's Review Committees are also considered consultants; they serve one four-year term. The Commission considered the names of individuals recommended by the fourteen (14) Review Committees for a one-year appointment as consultants for 2014-2015.

The Commissioners also discussed whether a Commissioner who was identified on a particular discipline list could vote to approve that discipline list or whether this would be considered a conflict of interest. Noting that the Review Committees have thoroughly vetted the consultant appointments, and to streamline the process moving forward and avoid conflicts of interest, the Commission believed it would be helpful to place the consultant nominations on the consent agenda and discuss only those consultants for which there are questions or comments.

Commission Action: The Commission approves the education consultant appointments for 2014-2015 (Appendix 1).

Consideration of Matters Relating to Accreditation Actions: The Commission reviewed site visit evaluations, progress reports, and other requested reports on predoctoral dental education programs, advanced general dental education programs, advanced specialty education programs, and allied dental education programs.

The Commission discussed ways to improve the process of reviewing the confidential accreditation actions. It was noted that since technology enhancements now exist which allow for transmission of materials in a secure format, Commissioners would benefit from advance receipt of the accreditation action reports. The Commission staff will investigate the available technology to provide the accreditation action reports to the Commissioners in a secure format in advance of the next meeting.

Commission Action: Accreditation status was granted to programs evaluated since the Winter 2013 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 7:15 P.M.

MINUTES

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

JANUARY 30, 2014 (OPEN SESSION)

Call to Order: The Chair, Dr. John N. Williams, called a regular meeting of the Commission on Dental Accreditation (CODA) to order at 8:00 A.M. on Thursday, January 30, 2014, in the Executive Board Room of the ADA Headquarters Building, Chicago, in open session for the purpose of reviewing educational programs.

Roll Call: Dr. Byron “Pete” Benson, (Dr. Debra Gander substitute for Dr. Benson), Ms. Kristi Schmitt Burr, Dr. Stephen Campbell, Dr. Thomas Cangialosi, Dr. William Dodge, Dr. Kevin Donly, Dr. Lorraine Gagliardi, Mr. Robert Giasolli, Dr. Milton Glicksman, Dr. Henry Greenwell, Dr. Richard Kahn, Dr. Denise Kassebaum, Mr. James Kolstad, Mr. Dennis Lanier, Dr. William Leffler, Dr. Harold “Mark” Livingston, Dr. Ana Karina Mascarenhas, Dr. Brad Neville, Dr. Charlotte Royeen, Dr. William Schindler, Ms. Kathi Shepherd, Dr. Robert Sherman, Dr. James Sherrard, Dr. Steven Schonfeld (vice-chair), Dr. Stanley Surabian, Dr. B.D. Tiner, Dr. Ivan Torres-Nazario, Dr. Perry Tuneberg, Dr. Karen West, and Dr. John N. Williams (chair).

Ms. Kristi Schmitt Burr, Dr. Harold “Mark” Livingston, Dr. Brad Neville, and Mr. Dennis Lanier participated by telephone.

Trustee Liaison: Dr. Joseph Hagenbruch, ADA Trustee Liaison, Eighth District.

CODA Staff: Dr. Sherin Tooks, *ex-officio*, and Ms. Alyson Ackerman, Ms. Cathy Baumann, Dr. Catherine Horan, Ms. Patrice Renfrow, Ms. Peggy Soeldner and Ms. Jennifer Snow were in attendance.

Adoption of Agenda: A motion was made without objection to move the Consideration of Development of a Policy on Assignment of Peers to Review Committees Due to Recusals to the section on Report of the Standing Committee on Documentation and Policy Review, since the Documentation and Policy Committee considered the review committee input on this matter and has made a final recommendation to the Commission.

Following the discussion and action to reposition on the agenda the Consideration of Development of a Policy on Assignment of Peers to Review Committees Due to Recusals, the Commission voted to adopt the agenda as amended.

Conflict of Interest Statement, Fiduciary Reminder and Reminder of Professional Conduct Policy and Prohibition Against Harassment: Ms. Cathryn Albrecht, CODA Senior Associate General Counsel, reminded the Commissioners of their fiduciary responsibilities, the CODA Conflict of Interest policy, and Professional Conduct policy.

Accept for the Record the Minutes of the Summer 2013 Meeting: The minutes of the Summer 2013 Commission meeting were accepted for the record. Since the last meeting, the minutes had been approved via mail ballot of the Commission.

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

Review Committee Reports

- Report of the Review Committee on Dental Laboratory Technology Education (Appendix 3)
- Report of the Review Committee on Oral and Maxillofacial Pathology Education (Appendix 4)
- Report of the Review Committee on Oral and Maxillofacial Radiology Education (Appendix 5)
- Report of the Review Committee on Orthodontics and Dentofacial Orthopedics (Appendix 6)
- Report of the Review Committee on Pediatric Dentistry Education (Appendix 7)
- Report of the Review Committee on Periodontics Education (Appendix 8)

Mail Ballot

- Mail Ballot since last Commission Meeting for Approval of the Summer 2013 Meeting Minutes (Appendix 9)

Report of the Review Committee on Predoctoral Dental Education (PREDOC

RC): **Committee Chair:** Dr. John Williams. **Committee Members:** Dr. Joseph, D' Ambrosio, Dr. Nicolaas Geurs, Dr. Titus Marshall, Dr. Sally Mauriello, Dr. Stephanie Oberhaus, and Dr. Charlotte Royeen. **Guests (Open Session only):** Dr. Eugene Anderson, chief policy officer and managing vice-president; Dr. Gwen Garrison, Senior Vice President for Educational Research & Analysis; and Dr. Anthony Palatta, senior director, Educational Program Development, American Dental Education Association (ADEA); Dr. Bill Knight, the Liaison Committee on Surveys and Reports; and Dr. Anthony Ziebert, senior vice-president, Education and Professional Affairs. **CODA Staff:** Dr. Catherine Horan, manager, Predoctoral Dental Education and Dr. Sherin Tooks, director, CODA. The meeting of the Predoctoral Dental Education Review Committee was held January 6-7, 2014 in the Association Headquarters Building.

Consideration of Proposed Revisions to the Accreditation Standards for Dental Education

Programs and Related Documents: The Commission considered the report of the Predoctoral Dental Education Review Committee (PREDOC RC), noting that proposed changes to the Accreditation Standards had been submitted through American Dental Association (ADA) Resolution 57H-2013 and in a separate letter from Dr. Faiella, then ADA president. It was noted that the PREDOC RC believed it may be premature to review suggested modifications at this time, since these Accreditation Standards have only recently been implemented and limited data is available on outcomes of the new Standards.

Commission action: The Commission directs review of Dr. Faiella's letter in conjunction with discussion of ADA Resolution 57H-2013, at the Predoctoral Dental Education Review Committee's and Commission's next meetings, in Summer 2014.

Review of Commission Policies and Procedures Related to International Accreditation of Predoctoral Dental Education Programs: The Commission noted that the PREDOC RC reviewed two items related to international accreditation carried over from the last Commission meeting. The first item related to whether a phased-in implementation would apply to international programs seeking CODA accreditation. The Commission noted that the application process is different for fully-operational programs versus those programs that are developing. International applications may be submitted for fully-operational programs only; applications from international programs that are in the developmental stage are not accepted. Following discussion, the Commission determined that international programs applying for accreditation by the Commission must use the same accreditation standards and forms as U.S. dental programs applying for accreditation; further, the same accreditation policies and procedures are applied to the international programs. On a related matter, the Commission noted that the PREDOC RC was supportive of the recommendations made by the Standing Committee on Finance on an international accreditation fee structure.

Commission action: The Commission directs that fully operational international dental education programs utilize the same application process, without modification, as U.S.-based dental education programs. Further, the Commission directs that for fully operational international dental education programs, one site visit would occur upon application and, if successful, subsequent visits would occur on the seven-year cycle established for U.S. predoctoral dental education programs.

Consideration of the Use of Private Practices for Community-Based Education: The Commission was reminded that in Summer 2013, the PREDOC RC and CODA discussed the use of private practices in predoctoral dental education programs. At that time, approximately six (6) states permitted the usage of these facilities for the training of fourth-year dental students and only four (4) of these states had a predoctoral dental education program.

The Commission received an update from the PREDOC RC, noting that the Review Committee believed private practices could be used; however, certain monitoring mechanisms and criteria should be based upon Accreditation Standards. The PREDOC RC reviewed the Commission's Policy and Guidelines on Off-Campus Sites and accreditation standards of other disciplines under the Commission's purview and noted that there is no requirement regarding affiliated institutions, including private offices, in the Accreditation Standards for Dental Education Programs. The PREDOC RC believed that additional work was needed to identify requirements for predoctoral dental education, which might include: a definition of off-campus sites for predoctoral dental education programs (to include review of the definition of "community-based learning experience" in the new Standards document); faculty qualifications; calibration of assessments; supervision; types of affiliation agreements; and active and inactive sites. The PREDOC RC suggested a subcommittee of its members – Drs. Sally Mauriello; Stephanie Oberhaus; and Marshall Titus – review this topic with a report to the PREDOC RC in Summer 2014.

Commission action: The Commission directs a subcommittee of current members of the PREDOC RC be formed to draft Accreditation Standard(s) that would include the

monitoring of the use of private practices for community-based education for consideration by the Review Committee and Commission in Summer 2014.

Consideration of Guidelines for Reporting Enrollment Increase in Predoctoral Dental Education Programs: The Commission was reminded that since Summer 2013, the PREDOC RC had reviewed proposed *Guidelines for Reporting Enrollment Increase in Predoctoral Dental Education Programs*, which had been circulated to the relevant communities of interest, including the American Dental Education Association (ADEA) Council of Deans. In reviewing the one comment that had been received, the PREDOC RC struck the words “significant” and “substantial” in the proposed *Guidelines* to lend clarity, since there were no definitions of these words. It was identified that the proposed *Guidelines* were intended to focus upon adequacy of programmatic resources in support of additional student enrollees. There was no intent to regulate any enrollment or workforce issue. The intent of monitoring enrollment increase was not to “authorize” enrollment but rather, to monitor longitudinal enrollment increases over time (per year) that could result in an enrollment increase exceeding the resources of the program.

The Commission learned that the PREDOC RC spent a considerable amount of time attempting to quantify and create a reasonable threshold for reporting this type of program change. The Commission discussed the PREDOC RC’s recommended threshold of 5% or greater enrollment increase in predoctoral programs that would be reportable, noting the PREDOC RC recommended retaining the proposed threshold at 5% of total predoctoral student enrollment (non-aggregated). The *Guidelines* would indicate required approval of per class increases of 5% or greater, noting the term “non-aggregated” would restrict increases of less than 5% per class, which collectively increases total enrollment to a value greater than 5%. Enrollment of advanced standing and/or transfer students would be included when calculating total enrollment increases. The Commission discussed the implications of a 10% rather than 5% increase might have on programs, noting in some cases a 5-10% increases per class could result in a substantial increase in students. The Commission believed that the percentage increase being proposed was unclear relative to whether the increase was assessed by class or by total enrollment. This could create difficulty for some programs related to state support for student enrollment. Further, programs could continuously increase enrollment slightly below the threshold for reporting which, over time, might result in an overall cumulative increase in enrollment that is beyond the resources of the program. The Commission determined that the PREDOC RC should continue to work on the *Guidelines* to ensure clarity in reporting requirements and appropriate CODA oversight of this type of program change.

Commission action: The Commission directs the Predoctoral Dental Education Review Committee further review the proposed *Guidelines for Reporting Enrollment Increase in Predoctoral Dental Education Programs* related to the threshold for reporting such changes and provide a report to the Commission for consideration in Summer 2014.

Report of the ADA/ADEA/CODA/JCNDE Liaison Committee on Surveys and Reports: The Commission reviewed a comprehensive report of the ADA/ADEA/CODA/JCNDE Liaison Committee on Surveys and Reports which was focused on the Curriculum Survey revisions. The Commission noted the piloted, proposed, revised curriculum survey will provide programs with an internal benchmarking tool, leading to “best practices.” Further, the revised curriculum

survey will provide a mechanism for CODA and programs to continually monitor compliance with the Accreditation Standards for Dental Education Programs and prepare the programs for future site visits. Finally, the revised curriculum survey will serve as an external benchmarking tool for CODA to track areas of noncompliance.

The Commission noted that while the PREDOC RC agreed with the Liaison Committee report that collecting clock hours of instruction in its current form is no longer meaningful data, the Review Committee believed some institutional reporting of curriculum clock hours should be retained, since this data may be useful for other purposes, such as internal benchmarking or comparison of clock hours in predoctoral education compared to other disciplines.

Commission action: The Commission directs the updated Curriculum Survey (with the revisions to Part I) be implemented in 2014 and conducted on an annual basis.

The Commission further directs that the Liaison Committee be informed of the Predoctoral Review Committee's discussion on clock hours as to current usefulness and to retain institutional reporting of curriculum clock hours, as appropriate.

The Commission further directs that the communities of interest be notified of the implementation of the revised survey instrument.

New Business: Consideration of On-Going Calibration Training on New Accreditation Standards: The Commission considered the new business item submitted by the PREDOC RC related to on-going calibration training on the Accreditation Standards for Dental Education Programs, which were implemented July 1, 2013.

The Commission was reminded of its commitment to on-going calibration training of Commission-appointed consultants, noting that a workshop was held in January 2013, in anticipation of implementation of Predoctoral Standards on July 1, 2013. At that time, consultant participants and academic dean attendees were informed that a follow-up session(s) will occur at a future date. The Commission has received several inquiries related to follow-up training sessions on the dental education accreditation standards.

A motion was approved to amend the PREDOC RC's original recommendation to include dental assisting in the ongoing calibration training workshop activities, based upon a recent revision of the dental assisting standards. It was suggested that in-person training should occur prior to ongoing webinar trainings. Acknowledging the cost of consultant training, the Commission discussed whether there was a method by which training can occur in a cost-effective manner. One Commissioner identified that other accreditors have mandatory online training for site visit consultants prior to participation on each site visit, including topics on review of standards, report writing, and site visit logistics.

Commission action: The Commission directs staff to plan a CODA-sponsored workshop on calibration training for consultants during 2015 on new and revised Accreditation Standards, which will be reviewed at the Summer 2015 meeting.

The Commission directs consideration of financial implications of supporting the above calibration effort, to include, but not be limited to, the Commission's new R&D Fund and the annual operating budget.

The Commission further directs that consideration be given to alternative education delivery modalities to the extent possible, given the limitations (e.g., webinars, on-line instruction and update formats), in concert with the Commission's Communication Plan.

Report of the Review Committee on Postdoctoral General Dentistry Education (PGD

RC) Committee chair: Dr. Harold "Mark" Livingston. Committee members: Dr. Michael Brennan, Dr. Sebastian Ciancio, Dr. John Coke, Dr. Kenneth Fedor, Ms. Marlene Futterman, Dr. Henry Gremillion, Dr. Timothy Halligan, Dr. Jeffrey Hicks, Dr. James Tom, Dr. Allen Wong, and Dr. Stephen Young. Guest (Open Session only): Dr. Anthony Palatta, senior director for educational program development, American Dental Education Association (via telephone), and Dr. Anthony Ziebert, senior vice president education and professional affairs, American Dental Association. CODA Staff: Ms. Peggy Soeldner, manager, Postdoctoral General Dentistry Education, Commission on Dental Accreditation (CODA). Dr. Sherin Tooks, director, CODA and Ms. Cathryn Albrecht, legal staff, CODA, attended a portion of the meeting. The meeting of the Postdoctoral General Dentistry Review Committee was held January 9-10, 2014 in the ADA Headquarters Building.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Education Programs in General Dentistry and General Practice Residency Programs: The Commission noted that since Winter 2012, the PGD RC has reviewed the results of the Validity and Reliability Study for the Advanced Education in General Dentistry (AEGD) and Advanced Education in General Practice Residency (GPR) Accreditation Standards, as well as written comments. At the January 2013 meeting, the Commission directed circulation of the proposed revisions to the AEGD and GPR Standards, with open hearings conducted in 2013. In July 2013, the PGD RC proposed an additional change to the standards, noting that advanced cardiovascular life support (ACLS) could not substitute for basic life support (BLS) as required in the accreditation standards. This change was included in the proposed revisions under circulation at that time.

At this meeting, the Commission considered the report of the PGD RC related to comments received and final recommendations for adoption of the AEGD and GPR Accreditation Standards. The Commission noted that the PGD RC had an in-depth discussion related to one of the comments received, which requested that CODA modify AEGD Standard 1-1 to add the Accreditation Council for Graduate Medical Education (ACGME) as an accreditation organization that could serve as the institutional accreditor of a sponsoring institution that offers an advanced general dentistry education program accredited by the Commission on Dental Accreditation. Currently, the ACGME is not identified in the Commission's requirement for institutional accreditation of a program's sponsoring organization. The Commission's Accreditation Standards for AEGD require that the sponsoring institution be accredited by an agency recognized by the United States Department of Education (USDE) or accredited by an accreditation organization approved by the Centers for Medicare and Medicaid Services (CMS), which ensure appropriate oversight necessary to fulfill the institutional accreditation

requirement. Since no documentation was submitted to demonstrate the equivalency of the ACGME accreditation process compared to those agencies recognized by the USDE or CMS, the PGD RC concluded that Accreditation Standard 1-1 should not be modified at this time to include the ACGME.

The Commission also noted that the PGD RC had a robust discussion related to the “must” statement and the “intent” statement of Standard 1-1 of the AEGD Standards, noting potential confusion related to the expectation of institutional accreditation of the sponsor or co-sponsors of the program, particularly whether only one sponsor or all sponsors of the program must meet Standard 1-1. In order to clarify the standard and reflect the intent of the standard, the PGD RC determined that it, as well as Standard 1-1 of the GPR Standards, should be revised to clarify that all sponsors or co-sponsors must satisfy the requirement of Standard 1-1. In addition, through review of the proposed revisions, the PGD RC determined that the proposed AEGD Standard 2-12 and proposed GPR Standard 2-16 should be revised to clarify qualifications for second-year applicants.

Commission action: The Commission adopts the revisions to the AEGD and GPR Standards (Appendix 10 and 11) with an implementation date of July 1, 2014.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine: The Commission noted that since Winter 2013, the PGD RC has reviewed the Validity and Reliability Study of Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine. In Summer 2013, the PGD RC continued the review of the Accreditation Standards noting that a few standards warrant revision, including some common to all postdoctoral general dentistry disciplines. Additionally, the PGD RC believed that, like in the other postdoctoral general dentistry accreditation standards, the use of the term “proficient” and “proficiencies” should be replaced with “competent” and “competencies.” Again the PGD RC determined that ACLS is not a substitute for BLS because the training for ACLS is not the same as BLS. The Commission directed circulation of the proposed standards until December 1, 2013.

At this meeting, the Commission considered the report of the PGD RC, noting that no additional revisions were warranted following the period of circulation of the oral medicine standards. The PGD RC recommended an implementation date of July 1, 2014.

Commission action: The Commission adopts the revisions to the Accreditation Standards for Advanced General Dentistry Education Programs in Oral Medicine (Appendix 12), with an implementation date of July 1, 2014.

New Business: Digitization of Site Visit Documentation: The Commission considered a new business item brought forward by the PGD RC. The PGD RC suggested there is a continued need for all accreditation site visit documents to be updated. Further, these documents should be provided to site visitors and programs in a digitized manner conducive to completion using a computer. Specifically, the PGD RC discussed the challenges some site visitors face when attempting to complete documents on a computer when these documents were developed when completing forms by hand was the norm.

Commission action: The Commission directs that the Standing Committee on Communications and Technology continue to explore ways to update and digitize accreditation site visit documents.

Report of the Review Committee on Dental Assisting Education (DA RC): Committee chair: Dr. Lorraine Gagliardi. Committee members: Ms. Ethel Campbell, Ms. Cynthia Cronick, Dr. Fady Faddoul, Dr. Paula Friedman, Dr. Gene Kelber, Ms. Connie Kracher, Ms. Donna Lepkoski, Ms. Cathy Roberts, and Ms. Deanna Stentiford. Guests (Open Portion Only): Ms. Jennifer Blake, director, Education and Professional Relations, American Dental Assistants Association, Ms. Cynthia Durley, executive director, Dental Assisting National Board, Ms. Tami Grzesikowski, senior director, Allied Dental Education, American Dental Education Association. Commission Staff: Ms. Patrice Renfrow, manager, Allied Dental Education, Ms. Alyson Ackerman, coordinator, Allied Program Reviews. Dr. Sherin Took, director attended a portion of the meeting. The meeting of the Review Committee on Dental Assisting Education was held on January 9-10, 2014 at the ADA Headquarters Building.

Consideration of DANB Proposed CELDA Certification: The Commission noted that the DA RC considered a request by the Dental Assisting National Board (DANB) to provide comment on its proposed “Certified Entry Level Dental Assistant” (CELDA) certification. The DA RC determined comment is beyond its purview and is not prepared to address the CELDA certification in terms of intrinsic value. Rather, the DA RC commented that its position is one in support of CODA-accredited dental assisting education. There was expressed concern over the use of the word “certified” within the “CELDA” acronym, due to a high potential for confusion with the “Certified Dental Assistant” credential required for compliance with DA Standards 3-3, and 3-7. Additionally, concern was expressed with use of the term “Entry Level Dental Assistant” because its acronym, “ELDA” could easily be mistaken for “EFDA,” Expanded Function Dental Assistant, a designation that applies to individuals with advanced dental assisting education and skill and referenced in DA Standard 2-10.

Commission action: The Commission directs a letter be written to the Dental Assisting National Board related to the CELDA certification indicating that the Commission supports accredited education for dental assistants. The Commission further directs that the letter to DANB express concern over the proposed use of “certified” within the “CELDA” acronym, due to the potential for confusion with the “Certified Dental Assistant” credential required for compliance with DA Standards 3-3 and 3-7, as well as concern over the use of the term “Entry Level Dental Assistant,” as the acronym “ELDA” has the potential for confusion with “EFDA” or “Expanded Functions Dental Assistant,” a term that applies to individuals with advanced education and skill referenced within the DA Standard 2-10.

New Business: 2014 Standards Implementation and Consultant Training: The Commission considered a new business item submitted by the DA RC related to consultant training on the 2014 Accreditation Standards for Dental Assisting Education Programs. The DA RC expressed concern over the potential for inconsistent understanding and application of the new Standards by programs completing self-studies, Commission volunteers, and DA RC members assessing

those programs. Although the revised standards have been available during the implementation year (2013), the DA RC expressed concern that due to the extent of the revisions, site visit consultants may require additional preparation and enhanced understanding of the revised standards for the effective utilization of accreditation support documents and program-provided information when reviewing programs. Site visitors may be unfamiliar with the application of the revised Standards and may not be prepared to reconcile self-study information submitted by programs with revised supportive documents, such as the Self-Study Guide (SSG), Site Visitor Evaluation Report (SVER) and applications for accreditation.

The DA RC requested that CODA staff attend up to six (6) spring 2014 site visits to provide assistance and support in managing various site visit documents, serve as a reference when reconciling old and new standards and support documents, and ensure consistency in the site visit process for both the programs and volunteers. The DA RC acknowledged an unplanned financial impact due to unbudgeted cost for staff travel on additional site visits; however, DA RC anticipated the benefit of early staff support on a limited number of site visits, in combination with a training webinar, will off-set the cost of managing problems caused by inconsistency in the understanding and application of the revised standards. The DA RC determined an interactive webinar would be expeditious, cost and time-effective and proposes Commission staff design the webinar based on knowledge and experience gained from managing common concerns and issues encountered during the staff-attended up to six (6) spring 2014 site visits.

The Commission discussed the financial impact of the DA RC's request, noting that the request for staff to attend six (6) site visits and provide an additional training program for dental assisting site visitors and review committee members was not included in the 2014 budget. It was also identified that CODA staff does not typically attend single discipline visits; therefore, the staff expense related to this request was not budgeted. The financial impact to CODA was approximately \$7,200 to \$9,000. Further, the Commission noted that the standards had been circulated to the programs and site visitors for the past year, providing these individuals ample notice of the revised requirements. Following discussion, the recommendation brought forward by the DA RC to permit CODA staff to attend six (6) spring 2014 site visits was not adopted. In a separate motion, the Commission considered a modification of the DA RC's second recommendation, requesting that a webinar be conducted for all dental assisting consultants on the new standards.

Commission action: The Commission directs CODA staff to design and present to all dental assisting consultants a webinar on the revised Accreditation Standards for Dental Assisting Education Programs.

Report of the Review Committee on Dental Hygiene Education (DH RC): Committee chair: Ms. Kathi Shepherd. Committee members: Ms. Barbara Dixon, Ms. Karen Haldemann, Dr. Melanie Peterson, Dr. Perry Tuneberg. Dr. Lynn Austin, Dr. Carolyn Breen, Dr. Susan Duley, Dr. Ellen Grimes, Dr. James Jones and Mr. Alan Rogalski attended the meeting via conference call. Guests (Open Portion Only): Ms. Michelle Smith, manager, Dental Hygiene Education and Ms. Pamela Steinbach, director, Education and Research, American Dental Hygienists' Association, and Ms. Tami Grzesikowski, senior director, Allied Dental Education, American Dental Education Association attended the policy portion of the meeting. Commission Staff: Ms.

Patrice Renfrow, manager, Allied Dental Education, Ms. Alyson Ackerman, coordinator, Allied Dental Education, CODA. Dr. Sherin Tooks, director, CODA, attended portions of the meeting. The meeting of the Review Committee on Dental Hygiene Education was held on January 7-8, 2014 at the ADA Headquarters Building and via conference call.

New Business: Ad Hoc Committee to Study DH Standards 2-7 through 2-11: The Commission considered a new business item from the DH RC, which identified inconsistency in interpretation and application of DH Standards 2-7 through 2-11 by programs. The Commission identified that the dental hygiene standards require content in a number of subject areas; however, content level is not specified. In addition, the DH RC noted content may be 1. Presented within the program as a stand-alone course, 2. Embedded within various courses in the curriculum, 3. Prerequisite for entry into the program, and/or 4. Accepted for advanced standing. The Commission learned that the DH RC noted variation in interpretation of Standards 2-7 through 2-11 by site visit consultants and RC members when determining program compliance. Therefore, the DH RC believes that an ad hoc committee of its members should study DH Standards 2-7 through 2-11 and identify associated problems. The ad hoc committee would present a report to the DH RC and Commission in Summer 2014. The Commission noted there are no financial implications associated with this activity, since the meeting would occur via conference call.

Commission action: The Commission directs the formation of an ad hoc committee of the Dental Hygiene Review Committee to study issues associated with the interpretation and application of Dental Hygiene Standards 2-7 through 2-11. The Commission further directs that the ad hoc committee meet via conference call and present a summary report of its findings for consideration by the Dental Hygiene Review Committee and Commission at their Summer 2014 meetings.

Report of the Review Committee on Dental Public Health Education (DPH RC): **Committee Chair:** Dr. Ana Karina Mascarenhas. **Committee Members:** Dr. Raymond Kuthy, Dr. James Leonard, Dr. Lauren Patton, and Dr. Scott Tomar. **Guests (Open Portion Only):** Dr. Anthony Palatta, senior director for educational program development, American Dental Education Association (ADEA). **Staff Members:** Ms. Catherine Baumann, manager, Advanced Specialty Education, CODA and Ms. Sheron Parkman, senior project assistant. The meeting of the Review Committee on Dental Public Health Education was held via telephone conference call on Friday, January 10, 2014.

New Business: Policy on Off-Campus Sites: The Commission considered a new business item presented by the DPH RC related to the August 2013 revised Policy Statement on Accreditation of Off-Campus Sites. The DPH RC noted that the current policy requires programs to report in advance, and receive advance approval, for all locations where students/residents gain required educational experiences designed to meet accreditation or program requirements.

The DPH RC identified that the Commission exempts from this policy dental assisting programs that utilize numerous extramural sites. The Commission does not make an exception for the dental public health supervised field experience, which requires students/residents to visit multiple locations to help achieve one or more of the dental public health competencies. The DPH RC believed that the policy as written places an undue burden on the dental public health

programs, which are required by the Standards to send each student to a location to conduct the supervised field experience. The DPH RC noted that each program director maintains a list of locations that may be willing to accept students/residents for field experience; however, this list must be revised continually to address factors such as availability, funding, and willingness to comply with evolving program objectives and policies, student/resident proximity, and the individualized training plan of a specific student/resident based on his/her experiences and career objectives. The DPH RC requested the Commission to exclude dental public health programs from advance reporting and prior approval of off-campus field experience sites, noting that during the time of a site visit, the program will provide a list of all currently used sites in the self-study document. The DPH RC proposed wording to be added to the off-campus site policy for consideration by the Commission.

The Commission discussed that most dental public health programs are one-year in length and the student's/resident's curriculum plan is designed on an individualized basis upon entry into the program. Due to the timing of CODA review of off-campus sites at its biannual meetings, the requirement placed a logistical burden on the program to get approval prior to the student's/resident's use of the site. The Commission discussed the intent of the off-campus site policy, noting the policy was in place to ensure appropriate Commission oversight of sites used to meet accreditation standards or meet a program requirement. The Commission was reminded that dental public health's request was similar to dental assisting's at a prior meeting, which resulted in an exception even though both disciplines utilize off-campus sites related to accreditation requirements.

Commission action: The Commission adopts the revision of the Policy Statement on Accreditation of Off-Campus Sites, to include the following additional wording, effective immediately: "The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting committee will randomly select and visit several facilities during the site visit to the program to evaluate compliance with CODA accreditation standards. Prior Commission approval of these supervised field experience sites will not be required."

Report of the Review Committee on Endodontics Education (ENDO RC): Committee Chair: Dr. William Schindler. Committee Members: Drs. Jane Casada, John Hatton, Brian Bergeron and John Ludington; and Ms. Diane Neefe. Guests (Open Session only): Ms. Beverly Albert, assistant executive director, Education, American Association of Endodontists (AAE) and Dr. Anthony Palatta, senior director for educational program development, American Dental Education Association (ADEA). Staff Member: Ms. Jennifer Snow, manager, Advanced Specialty Education, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Endodontics Education was held via telephone conference call on January 6, 2014.

Consideration of Including Apprentice/Preceptor/Internship Programs in Policy on Reporting Program Changes in Accredited Programs: The Commission considered a report from the Review Committee on Endodontics Education (ENDO RC) related to the impact that the addition of an unaccredited Apprentice/Preceptor/Internship at an institution which sponsors Commission-

accredited programs could have on the Commission-accredited program. The ENDO RC believed these programs may have the potential to dilute the educational experience of the current students/residents in the accredited advanced specialty education programs in endodontics. The ENDO RC considered whether there should be a mechanism requiring Commission-accredited programs to report, through the Policy on Reporting Program Changes in Accredited Programs, the addition of an unaccredited Apprentice/Preceptor/Internship program as a change that may have the potential to affect the accredited program. If required, the accredited program would inform the Commission that an Apprentice/Preceptor/Internship program has been established in the relevant discipline and provide documentation to demonstrate that the Apprentice/Preceptor/Internship program does not have a negative impact on the accredited program.

The Commission first discussed the alternate recommendation submitted by the ENDO RC, which suggested that the Standing Committee on Documentation and Policy Review further consider this issue with input from the other advanced education review committees. The Commission believed that other review committees need to provide input on this issue before the Commission considers adoption of a proposed change to policy. The Commission identified that while CODA has no purview over unaccredited programs, it does have a duty to ensure sufficient support for the programs that are accredited by the Commission; therefore, the focus is on the impact of apprentice/preceptor/internship programs on accredited programs. Following discussion, the motion to refer was adopted and the initial recommendation to immediately adopt a policy change was withdrawn. In final consideration of this issue, the Commission discussed gathering information from the American Association of Endodontists (AAE) related to this topic for further consideration by the Commission.

Commission action: The Commission directs that the Standing Committee on Documentation and Policy Review, and through this Committee, the other advanced education Review Committees, review the impact that the addition of an unaccredited Apprentice/Preceptor/Internship at an institution which sponsors Commission-accredited programs could have on the Commission-accredited program. The Commission further directs that CODA staff gather information from the American Association of Endodontists (AAE) regarding the prevalence of Apprentice/Preceptor/Internship programs among accredited advanced specialty education programs in endodontics.

Report of the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC): Committee Chair: Dr. B.D. Tiner. Committee Members: Mr. Robert Giasolli and Drs. Alan Herford and Vincent Perciaccante. Drs. Jeffery Bennett and Mary Ellen Cuccaro participated via conference call. Guests (Open Session Only): Dr. William Nelson and Ms. Mary E. Allaire- Schnitzer, American Association of Oral and Maxillofacial Surgeons (AAOMS); and Mr. Lance Hoxie, American Board of Oral and Maxillofacial Surgery (ABOMS). Drs. Eric Geist and Louis Rafetto, AAOMS; Dr. G.E. Ghali and Ms. Erin Elizabeth Killeen, ABOMS; and Dr. Anthony Palatta, American Dental Education Association (ADEA) participated via conference call. Staff Members: Ms. Jennifer E. Snow, manager, Advanced Specialty Education, and Dr. Sherin Took, director, Commission on Dental Accreditation (CODA). The meeting of the Review Committee on Oral and Maxillofacial Surgery Education was held at the ADA Headquarters Building on January 7, 2014.

Consideration of Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery: The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) submitted to the Commission proposed revised Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery, which had been circulated to the communities of interest for a period of one year. The proposed changes related to OMS definitions of “month” and “Board Certified,” as well as the proposed changes to Standards 2-1.3, 4-3 and 4-9.

The OMS RC considered comments received, noting that the current pediatric requirement and definition were not included in the proposed revisions for this comment period. Nevertheless, the Committee discussed the comments and acknowledged differences between 18-year-old, 12-year old and 2-year-old patients. The OMS RC discussed the fact that the OMS Standards currently require a one-month pediatric anesthesia rotation. The Committee also reviewed the Council on Dental Education and Licensure’s (CDEL) letter indicating approval of all the proposed revisions to the OMS standards. After careful consideration of all comments, the OMS RC determined that the proposed standards are appropriate.

Commission action: The Commission adopts the revisions to Standards 2-1.3, 4-3 and 4-9 and proposed definitions of “month” and “Board Certified” of the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery (Appendix 13), with an implementation date of July 1, 2014.

Consideration of Revisions to the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery: The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) submitted to the Commission proposed revisions to Standard 1, Affiliations, which is common to all specialties, and OMS Standard 4-8, Minimum Clinical Requirements Outpatient Oral and Maxillofacial Surgery Experience and deletion of OMS Standard 4-8.2 regarding minimum number of outpatient visits per year for each authorized final year position within the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery.

Members of the OMS RC discussed the addition of “OMS practice facility” as an example of “another entity,” as found in the definition of “institution (or organizational unit of an institution)” within the intent statement for OMS Standard 1, Affiliations. The Committee concluded that although this standard is common to all specialties, this OMS-specific addition to the intent statement would not alter the “must” statement in any way and would serve as a point of clarification for OMS programs. The Committee also determined that the deletion of the 3,000 outpatient visits per final year resident position requirement of Standard 4-8.2 is warranted. The OMS RC approved the addition of an intent statement to Standard 4-8, which states that residents are to participate in outpatient care activities and provides examples of evidence of compliance. Addition of a clarifying statement regarding faculty case contribution to resident experience was also recommended, along with minor reordering of the wording of Standard 4-8.

Commission action: The Commission directs the proposed revisions to Standard 1, Affiliations; revision to OMS Standard 4-8 Minimum Clinical Requirements Outpatient

Oral and Maxillofacial Surgery Experience; and deletion of OMS Standard 4-8.2 of the Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery (Appendix 14) be circulated to the communities of interest for review and comment, with Open Hearings conducted at the 2014 annual meetings of the American Dental Education Association (ADEA) and the American Dental Association (ADA), with comments reviewed at the Commission's Winter 2015 meetings.

Consideration of Revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery: The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) submitted to the Commission proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (OMS-CF); specifically, proposed new standards regarding microvascular reconstructive surgery and endoscopic maxillofacial surgery, and a revision to Standard 6-4.3.2 related to the Pediatric Advanced Life Support (PALS) requirement.

Commission action: The Commission directs the proposed new standards for microvascular reconstructive surgery (Standards 6-3.4, 6-3.5, and 6-5) and endoscopic maxillofacial surgery (Standard 6-6) and proposed revision to Standard 6-4.3.2 related to the Pediatric Advanced Life Support (PALS) requirement of the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (Appendix 15) be circulated to the communities of interest for review and comment, with Open Hearings conducted at the 2014 annual meetings of the American Dental Education Association (ADEA) and the American Dental Association (ADA), with comments reviewed at the Commission's Winter 2015 meetings.

Report of the Review Committee on Prosthodontics Education (PROS RC): Committee Chair: Dr. Stephen Campbell. Committee Members: Dr. David Felton, Dr. Lily Garcia, Dr. Julie Holloway, Dr. Martin Rutt, and Dr. James Sherrard. Guests: (Open Portion Only) Dr. John Agar, president, American College of Prosthodontists (ACP), Ms. Nancy Deal Chandler, executive director, American College of Prosthodontists (ACP), and Dr. Anthony Palatta, senior director for educational program development, American Dental Education Association (ADEA). Staff Members: Ms. Catherine Baumann, manager, Advanced Specialty Education, CODA, Ms. Sheron Parkman, senior project assistant, CODA and Dr. Sherin Tooks, director, CODA. The meeting of the Review Committee on Prosthodontic Education was held via telephone conference call on Wednesday, January 8, 2014.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Specialty Education in Prosthodontics: At its last meeting, the Commission directed the proposed revisions to the accreditation standards for programs in prosthodontics be referred back to the PROS RC for further review and development. At this meeting, the Commission reviewed the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics. The PROS RC had received comment from the American College of Prosthodontists (ACP) in response to the Commission action to refer the proposed Standards back to the PROS RC. The ACP also shared the written endorsement by 53 individuals representing 50 of the 51 accredited prosthodontic programs. The ACP also shared the process of reviewing and editing the proposed standards over four meetings that involved 50 Directors of

prosthodontic programs. Additionally, on December 3, 2013, the Commission received a letter in opposition to the proposals of the ACP.

The Commission noted that the PROS RC made additional modifications to the proposed standards in an effort to address the Commission's concerns of the last meeting. The PROS RC modified Standard 4-11, 4-12, 4-13, and 4-22. The PROS RC deleted the previously proposed Standard 4-35 because it is replaced with a modified version that is incorporated into Standard 4-22. Further discussion centered on the training length of the prosthodontic program and it was determined that current program length of 33-months is adequate to ensure competent practitioners upon graduation. The available time for this and other programmatic changes have been realized through a significant reduction in classical/conventional dental laboratory procedures and reduction in fabrication of dental prostheses by students/residents. The PROS RC believed that the proposed standards reflected the current nature of the advanced prosthodontic learning and patient care experiences. Following extensive review, the PROS RC believed that the revised proposed standards should be adopted with an implementation date of January 1, 2015.

The Commission engaged in a lengthy discussion related to the proposed revised standards for prosthodontics programs. Several Commissioners suggested that the PROS RC made significant changes following the last Commission meeting, but had also failed to make other important changes. For example, it was identified that in the Clinical Program section of the standards "comprehensive care" was retained as a responsibility of prosthodontics. It was noted that during the last Commission meeting, concern had been raised related to the level of didactic training and the program length. It was suggested that there were deficiencies related to appropriate levels of instruction in surgical anatomy, surgical principles, wound healing and surgical complications. Further, it was noted that these areas of instruction remain at the understanding level, not in-depth, and surgical principles are in an intent statement only. Finally, the program length had not changed, which was viewed as a concern by some Commissioners.

The Commissioners were reminded that during the summer 2013 meeting, the Commission directed the PROS RC to further review and develop the accreditation standards. The Commissioners were also reminded that the proposed revised standards had been under review and revision for the past three and one-half (3.5) years, as this was a comprehensive re-write of the standards. Some believed that the PROS RC had responded to the Commission's requests of summer 2013; for example, insertion of "competence" was at the insistence of the Commission. It was noted by one Commissioner at the meeting that 90% of prosthodontic programs are placing implants and the Commission should monitor this activity to ensure training occurs at an appropriate level. Related to program length, the Commission was informed that the prosthodontic education community had considered the topic of program length and determined that the current length of prosthodontic programs is sufficient; programs are already teaching the surgical placement of implants in the three-year curriculum. Additionally, the Commissioners were reminded that prosthodontics has changed over the years with the elimination of laboratory-based procedures, which was 20-25% of the time spent clinically and provided more time for other clinical activities and didactic instruction.

Upon further discussion, it was suggested that the proposed standards should be recirculated for review and comment by the Commission's communities of interest, in accord with the Commission's process for development and revision of accreditation standards, which states that standards should be recirculated for comment if the changes are significant.

While the PROS RC had made a recommendation that the Commission adopt the proposed revised accreditation standards, a motion to amend by substitution was made to recirculate the draft to the communities of interest; the motion to amend by substitution carried. Further, the Commission approved the substituted motion to recirculate the proposed revised standards. Finally, the Commission approved a motion for expedited review for six (6) months with an open hearing at the annual session of the American Dental Education Association and written comment collected until early June 2014, for consideration by the PROS RC and Commission at the Summer 2014 meetings.

Commission action: The Commission directs the proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Prosthodontics (Appendix 16) be circulated to the communities of interest for six (6) months until June 2014, with an open hearing at the American Dental Education Association's 2014 Annual Meeting and consideration by the Prosthodontic Review Committee and Commission in Summer 2014.

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

Reminder of Review Committee and Commission Meeting Dates: The Commission reviewed the meeting dates of the 2014 to 2016 meetings.

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

Reminder of Professional Conduct Policy and Prohibition Against Harassment: The Commission reviewed the Association's policy on professional conduct and prohibition against harassment.

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

Consideration of Resolutions Adopted by the ADA House of Delegates and the ADA Board of Trustees Related to the Commission on Dental Accreditation and Dental Education: The Commission reviewed the American Dental Association's (ADA) House of Delegates resolutions related to education and the Commission. Of interest to the Commission was Resolution 1H-2013 directing that each council and commission undertake a thorough self-assessment based on a topical outline developed by the ADA Board of Trustees, with a report to the 2014 House of Delegates. The second item of interest was Resolution 57H-2013, which urged CODA to revise the Accreditation Standards for Dental Education Programs related to practice management to include instruction on personal debt management and financial planning. It was noted that the Predoctoral Dental Education Review Committee had considered this resolution and intended to review this request at the Summer 2014 meeting.

Commission action: The Commission directs the CODA Chair to appoint an ad hoc committee to conduct a self-assessment (Resolution 1H-2013) January through May 2014, with a report to the ADA Board of Trustees for its June 2014 meeting. The Commission further directs Resolution 57H-2013 to the Predoctoral Dental Education Review Committee with a report for the Summer 2014 meeting of the Commission.

Consideration of Development of a Policy on Assignment of Peers to Review Committees

Due to Recusals: The report was considered by the Commission's Review Committees with a final recommendation by the Standing Committee on Documentation and Policy Reviews. The Commission's action on this item is noted elsewhere in this report.

Miscellaneous Affairs- Matters for the Commission as a Whole

Consideration of the American College of Prosthodontists Complaint Against the CODA

Regarding Policy and Procedure: The Commission continued its review of the formal complaint against the Commission from the American College of Prosthodontists (ACP). At the Summer 2013 Commission meeting, CODA considered the formal complaint letter dated March 14, 2013 from the ACP. The CODA identified that the letter expressed concern about how the Commission addressed a previous ACP formal complaint against the Commission (December 13, 2012 ACP communication) at the January 31, 2013 CODA meeting. The key issues raised within the complaint were: 1) explicit guidelines on responsibility for accurate versions of documents, 2) a clear process by which all external organizations must abide and follow, 3) delineation of due process, and 4) enforcement of Conflict of Interest Policy violations. In Summer 2013, the Commission directed the Standing Committee on Documentation and Policy Review to review the Commission's policy on versioning of documents, with recommendations to the Commission at a future meeting; the Documentation and Policy Committee's report on this matter is noted elsewhere in this report. The Commission also directed staff to seek clarification from the American College of Prosthodontists of the intent and allegations regarding the following, as outlined in the ACP formal complaint: a clear process by which all external organizations must abide and follow; a delineation of due process; and enforcement of Conflict of Interest Policy violations.

The Commission reviewed the summary of a September 16, 2013 conference call between CODA leadership and ACP leadership and a subsequent November 15, 2013 letter from the ACP. The Commission discussed whether there was a specific process or criteria by which the non-specialty organizations submit Commissioner appointments. Specifically, CODA discussed the criteria by which the 12 Commissioners (four per organization) appointed by the American Dental Education Association (ADEA), American Dental Association (ADA), and American Association of Dental Boards (AADB) are appointed to the Commission. It was noted that none of these organizations have a specific requirement to appoint general dentists or specialists. The Commission identified that even if all 12 Commissioners were specific to one discipline, these individuals would not constitute a majority of membership on the Commission; however, the Commission was mindful of perceptions. The Commission discussed whether the ADA *Bylaws* and CODA *Rules* should be amended to limit representation of any one discipline to two or three members; however, it was identified that such changes would require approval by the ADA

House of Delegates. Following discussion, the Commission believed it should communicate with ADEA, ADA, and AADB, urging these organizations to consider a balance in composition of the Commission when making appointments to CODA and closed its investigation of the complaint.

Commission action: The Commission directs staff to communicate with the ADA, ADEA, and AADB and urge these organizations to consider a balance in the composition of the Commission when appointing Commissioners. The Commission directs closure of its investigation of the ACP complaint against CODA.

Report of the Standing Committee on Quality Assurance and Strategic Planning: The Commission considered the report of the Standing Committee on Quality Assurance and Strategic Planning (QASP). The first item discussed was a request by the American Society of Dentist Anesthesiologists (ASDA) to have a discipline-specific Review Committee and Commissioner for dental anesthesiology, which had been forwarded to the Standing Committee following the Commission's Summer 2013 meeting. The Commission reviewed the report of QASP recommending that the ASDA request be denied, noting that under the current review committee and Commission structure, there is sufficient content expertise in dental anesthesiology.

Commission action: The Commission denies the request from the American Society of Dentist Anesthesiologists (ASDA) to have a discipline-specific review committee and Commissioner for dental anesthesiology. The Commission directs that CODA staff notify the ASDA of the Commission's action on the ASDA request.

The Commission noted that QASP was directed to consider policy implications, specifically related to the request of ASDA to establish a Review Committee and Commissioner position. The QASP reported that it has begun to develop a policy statement on CODA's establishment of new review committees and Commissioner positions. The QASP requested CODA staff to provide additional resources to include information on Commission action related to balancing discipline-specific and non-discipline-specific experts; an update to a 2008 study on the restructuring of the Commission; and an update to a 2010 benchmarking study on structure models and cost implications to the Commission.

Commission action: The Commission directs CODA staff to collect resources on CODA actions related to balancing discipline-specific and non-discipline-specific experts; an update to a 2008 study on the restructuring of the Commission; and an update to a 2010 benchmarking study on structure models and cost implications to the Commission, for review and development of a policy on initiation of new review committees and Commissioner positions, with an update and recommendations by QASP for consideration by the Commission in Summer 2014.

The Commission discussed QASP's activities on continued review of the strategic plan. In particular, the QASP formulated ideas in support of a White Paper that will outline the rationale for moving to an operational structure where the CODA has independent authority to meet its mission. QASP believes that the CODA needs greater autonomy to manage its on-going

operations, especially in the areas of budget, staffing, governance and technology. The Committee noted that a change in operational structure could range from an arrangement with more flexibility within the *ADA Bylaws*, to that of self-incorporation. The Committee agreed that risk and benefits for greater independence of authority needs to be documented; and a viable business plan developed.

Commission action: The Commission directs the continued development of a White Paper by the QASP, with an update for the Summer 2014 CODA meetings.

Report of the Task Force on Development of Accreditation Standards for Dental Therapy Education Programs:

The Commission considered the report of the Task Force on Development of Accreditation Standards for Dental Therapy Education Programs. In January 2013, the Commission directed that the proposed Accreditation Standards for Dental Therapy Education Programs be circulated, with open hearings during the 2013 annual meetings of the American Dental Education Association (ADEA), American Dental Hygienists' Association (ADHA), American Dental Assistants Association (ADAA), and American Dental Association (ADA). The Task Force considered the numerous comments received in 2013, noting several themes focused on degree tracks and program length, the scope of training, the level of supervision, the program director requirements, and advanced standing. The Task Force conducted a detailed analysis of the comments and provided to the Commission a comprehensive review of its findings and recommendations.

The Commission reviewed, in detail, the specific changes made to the proposed Accreditation Standards presented in the Task Force report and concluded that several additional revisions should be made to the proposed standards document. The Commission took action approving the following additional changes to the proposed standards:

- Revision to Standard 2-1 to state: "The curriculum must include at least three academic years of full-time instruction or its equivalent at the post-secondary college level."
- Modification to Standards 2-12 to include "p. orthodontics" and "q. prosthodontics"
- Revision of the intent statement of Standard 2-9 to state: "General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level"
- Modify the Definition of Terms for Advanced Standing to state: "...career laddering (e.g., between dental therapy education programs and dental hygiene or dental assisting education programs)."

Following consideration of the draft document and modifications directed at the time of the Commission meeting, and based upon the substantive nature of the revisions made, the Commission determined that the proposed Accreditation Standards for Dental Therapy Education Programs be circulated to the communities of interest during 2014.

Commission action: The Commission directs circulation of the proposed Accreditation Standards for Dental Therapy Education Programs as amended (Appendix 17), for a period of public comment through 2014, including Open Hearings at the Annual Sessions of the American Dental Education Association, American Dental Hygienists'

Association, American Dental Assistants Association and American Dental Association, with further review by the Task Force and a report to the Commission at its Winter 2015 meeting.

Report of the Standing Committee on Documentation and Policy Review: The Commission considered the report of the Standing Committee on Documentation and Policy Review.

Consideration of Development of a Policy on Assignment of Peers to Review Committee Due to Recusals: In January 2014, the Standing Committee considered comment from all review committees on whether the recusal of peers (content experts) during a review committee meeting is problematic. The Committee also reviewed information gathered from other accrediting agencies about how these agencies manage recusals. The Standing Committee noted that the review committees believed that having review committee members serve as site visitors is beneficial. However, most agreed that they should serve only when necessary to diminish the chance for recusals. The Committee believed that the two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list of consultants, or 2) when the review committee believes a member should attend a visit for consistency in the review process. The Committee also noted that when an inadequate number of discipline-specific experts are available to constitute a quorum for a review committee meeting, for specific agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. Further, more than 50% of the discipline-specific members must be present to evaluate the consent agenda.

The Commission reviewed this item and determined that it is important to recognize, in advance, whether there will be a sufficient number of discipline-specific individuals available at the time of the meeting for each agenda item. The Commission believed the Chair of the Review Committee should be counted when determining the number of discipline-specific experts available for the meeting. Further, when considering a committee with multiple disciplines represented, the 50% benchmark relates to the discipline at issue in each review, not all disciplines collectively represented on the committee. Upon further discussion of the issue related to presence of discipline-specific experts at the time of a review committee meeting, the Commission modified the proposed policy to state:

- “In the case of less than 50% of discipline-specific experts available for a review committee meeting, for specified agenda items or for the entire meeting....”

The Commission further discussed the importance that Commissioners not serve as site visitors due to the potential issues associated with recusals.

Upon discussion of the appropriateness of review committee members serving as site visitors, the Commission noted that a majority of review committees believe this is a valuable activity. The Commission identified that this topic relates to the Policy on Conflict of Interest (noted below). The Commission noted that conflict of interest

perceptions are enhanced when review committee members serve as site visitors; however, it has been suggested that review committee members could serve as consultants if deemed necessary. Several Commissioners spoke in favor of review committee members serving as site visitors, indicating that site visit pools are small, disciplines have limited volunteers, and other accrediting agencies see value in this type of activity for review committee members. Further, when asked, most Review Committees were in favor of allowing their members to serve as site visitors. While policy stipulates that review committee members have prior or current experience as a site visitor, the Commission noted that once the review committee member would be appointed, they would no longer serve as a visitor. Further, the Commission noted the policy that every Commissioner attends a site visit as an observer of the process, to learn about the Commission, if they do not have prior experience in this area.

Commission action: The Commission approves with immediate implementation revisions to the Review Committee section of the EOPP manual, as amended, (Appendix 18).

Consideration of Consultant Policy on Conflict of Interest: The Commission discussed the Standing Committee's recommendations related to the Policy on Conflict of Interest, noting that the Standing Committee had made recommendations to the policy related to the role of site visitors, review committee members, and Commissioners. In further deliberation on Conflict of Interest, and in follow-up to the agenda item that had just been discussed, it was believed that allowing current site visitors to serve as external consultants to programs should be permitted; however, it should be clear that these individuals do not represent the Commission when advising programs outside of their role as a CODA volunteer. Therefore, a consultant disclosure must be signed by the consultant and program, and submitted to the Commission. The Commission believed that during the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary (as defined above). In addition, the Commission believed that review committee members should be prohibited from serving as consultants or site visitors for mock accreditation purposes. Finally, it was determined that during the term of service as a Commissioner, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, consultants/site visitors serving on the Commission may not serve on a site visit team during their terms.

Commission action: The Commission adopts, with immediate implementation, revisions to the Policy on Conflict of Interest and Policy on Consultants/Site Visitors (Appendices 19 and 20) to reflect clarifications related to conflicts of interest for site visitors/consultants, and site visitors/consultants who serve on review committees and the commission, with appropriate updates to the Evaluation and Operational Policies and Procedures (EOPP) manual.

The Commission adopts, with immediate implementation, the consultant disclosure form (Appendix 21).

Consideration of Commission Policies Related to the Process for Circulation of Documents: The Commission considered the Standing Committees recommendations related to revision of the Policy and Procedure for Development and Revision of Accreditation Standards. The Commission believed that proposed changes should always be to the original document version, not any subsequent versions under circulation. The Commission considered the revised policy as well as a sample document that clearly articulates the layout of documents using the guidelines of the policy.

Commission action: The Commission adopts, with immediate implementation, revisions to the Commission’s Policy and Procedure for Development and Revision of Accreditation Standards (Appendix 22) to include further clarification and instruction to Commission staff when preparing documents for circulation, with appropriate updates to the Commission’s EOPP manual.

Periodic Review of Commission on Dental Accreditation Policies and Procedures: One of the charges of the Standing Committee on Documentation and Policy is to periodically review current Commission policies and procedures to ensure that they are current and relevant. The Commission reviewed policies identified by the Standing Committee, including the Commission’s Policies on Site Visits, Transfer of Sponsorship, Requests for E-Mail Distribution, Complaints, and Accreditation of Off-Campus Sites, as well as the Recognition Chronology for Dentistry.

Commission action: The Commission adopts, with immediate implementation, the revisions to policies found in Appendices 23-28, including updates to the Commission’s EOPP.

Consideration of the Name Change of the American Association of Hospital Dentistry to the Special Care Dentistry Association Council on Hospital Dentistry: The Commission was informed by Dr. Kenneth M. Fedor, President, Special Care Dentistry Association (SCDA), that as part of SCDA’s governance change, the American Association of Hospital Dentistry (AAHD) had been retired and will function as SCDA’s Council on Hospital Dentistry. The Commission noted the term “American Association of Hospital Dentists” is utilized in several areas of the Commission’s Evaluation and Operational Policies and Procedures Manual and CODA *Rules* related to the appointment of the dentist Commissioner representing postdoctoral general dentistry and the nomination of members to the Postdoctoral General Dentistry Education Review Committee. Further, the “American Association of Hospital Dentists” is identified as a community of interest representing postdoctoral general dentistry.

Commission action: The Commission directs that the Evaluation and Operational Policies and Procedures manual be revised to reflect the “Special Care Dentistry Association (SCDA)” in place of the “American Association of Hospital Dentists (AAHD).”

Further, the Commission directs revision to the Commission’s *Rules*, to reflect the “Special Care Dentistry Association (SCDA)” in place of the “American Association of Hospital Dentists (AAHD),” either through or in cooperation with the American Dental

Association's Council on Dental Education and Licensure for approval by the ADA House of Delegates at its October 2014 meeting.

Report of the Standing Committee on Finance: The Commission considered the report of the Standing Committee on Finance, noting that the Finance Committee had conducted two meetings.

Seat Fee: The Commission considered the recommendation of the Finance Committee related to establishment of a "Seat Fee" for each Commission seat on the 30-member Commission. In review of the "Seat Fee," it was believed that each seat, with the exception of the four CODA public members, could be assessed an annual fee payable by the sponsoring organization from which the Commissioner is appointed. Upon review, it was believed there was a large disparity among the groups represented on the Commission with regard to size and budgets of the sponsoring organizations, number of programs, potential ability to pay the seat fee, and other factors. As such, the Commission was not certain how to fairly assess a seat fee to each sponsoring organization. It was also unclear how the Commission would address a sponsoring organization that could not pay the seat fee. It is not the intent of the Commission to disenfranchise any group represented on the Commission. The Finance Committee recommended and the Commission concurred that the implementation of "Seat Fees," as a revenue stream, should not be pursued by the Commission at this time.

Commission Action: The Commission directs that a "Seat Fee" for the Commission not be pursued at this time.

Consideration of Summer 2013 CODA Meeting New Business on International Accreditation Fee: The Commission noted that the Finance Committee considered international accreditation fees and sought input from the Predoctoral Review Committee related to this matter, as directed in Summer 2013. The Committee noted that oversight of international programs could create an additional resource and staff workload need for the Commission. Additionally, travel to international locations would be costly and require more extensive planning than travel in the United States.

The Commission discussed the Finance Committee's recommendations, noting the Predoctoral Review Committee was supportive of the Committee's work. First it was suggested that the application fee for international dental education programs be \$50,000, consistent with the fee for U.S.-based programs. In addition, the Finance Committee believed that international programs should pay actual expenses for each site visit that is undertaken during the application process and on the regular seven-year site visit schedule. Due to the amount of time and resources needed to coordinate international visits, the Committee believed a 25% administrative fee should be assessed for each site visit in addition to the actual travel expenses. It was suggested that the annual fee in 2015 be \$10,000. The Finance Committee noted that all fees must be paid in U.S. dollars. Further, it was believed that revenue and expenses related to international accreditation should be recorded separately to ensure that the Commission's domestic activities are not compromised by this endeavor and to support additional staff resources

to facilitate this initiative. Finally, the Committee believed that feedback on the process and fees from the international programs that apply to the Commission's accreditation program should be closely monitored.

The Commission also discussed the concept of pre-billing international institutions for travel costs to ensure that the Commission has adequate funding in advance of the visit, diminishing its risk for non-collection issues following the conduct of an international site visit.

Commission Action: The Commission directs the following international accreditation fees be established:

- \$50,000 application fee to international programs applying for Commission accreditation.
- The international program must pay all site visit expenses (actual expenses) for all site visits during the application process and regular site visit schedule.
- 25% administrative fee on the total site visit cost to the program for coordination of each site visit.
- \$10,000 annual accreditation fee in 2015 for international programs
- The international program must pay the Commission in U.S. dollars

Further, the Commission directs that revenue and expenses be recorded as a separate program activity center related to international accreditation and feedback from international programs, for review at future Finance Committee and Commission meetings.

Consideration of Summer 2013 CODA Meeting New Business on the Conduct of In-Person Meetings of the CODA's Standing Committees: As directed in Summer 2013, the Finance Committee and Commission discussed a request to fund in-person meetings of the Commission's Standing Committees. In consideration of this issue, the costs of telephone conference meetings, webinar conference meetings and travel expenses for in-person meetings were considered. It was concluded that most of the standing committees meet for 2-3 hours per meeting, with multiple meetings sometimes occurring to provide opportunities for circulation of materials to other CODA committees for comment and re-consideration by the standing committee. As such, the Finance Committee believed that the time and expense to travel for standing committee meetings was an unnecessary burden on the Commission and its volunteers. Further, it could be difficult to accommodate in-person meetings based upon Commissioners' schedules and the timing of standing committee meetings with reports quickly generated for Commission review. The Commission agreed with the Finance Committee that there is currently flexibility for a standing committee to meet in person, if needed, based upon workload and in consultation with the committee chair and concluded that Standing Committees should be encouraged to use available technology to facilitate meetings whenever possible.

Commission Action: The Commission directs that in-person standing committee meetings not be implemented at this time and encourages the use of technology to facilitate standing committee meetings, with the understanding that in-person

meetings of standing committees may be permitted based upon workload and in consultation with the Committee chair.

Commission on Dental Accreditation Research and Development Fund: The Commission discussed the new Research and Development Fund (R & D Fund) approved by the Commission in Summer 2013 and by the ADA Board of Trustees in October 2013. The R & D Fund provides a mechanism by which CODA has funds available for long term activities or enhancements that are beyond the scope of the operating budget of the Commission. The Standing Committee on Finance was directed to develop criteria and operational guidelines for the administration and use of the R & D Fund, with a report to the Commission in Winter 2014. The uses identified by the Commission in Summer 2013 were broad enough to allow for a variety of projects, but should not be limited in their scope of implementation; with this in mind, the Commission suggested adding “but is not limited to” in the guidelines for use of the R& D Fund.

Three tiers of disbursement of the R & D Funds were proposed by the Finance Committee and discussed by the Commission:

- Up to \$5,000.00 per use-at the discretion of the CODA Director, with immediate email notification to the Finance Committee for informational purposes, but with no prior approval of the Commission.
- Between \$5,001.00 and \$20,000.00-approved by only the Finance Committee prior to disbursement.
- Funds in excess of \$20,000.00-approved by the Commission prior to disbursement upon recommendation of the Finance Committee.

Fund allocations requiring approval by the Finance Committee or the Commission require formal written requests/proposals from one of the Commission’s review committees or standing committees; use of funds within the Director’s discretionary allocation do not require a formal request. Additionally, the Commission determined both the Finance Committee and Commission must review a full accounting of the R&D Fund and uses of the fund at each of their meetings. All disbursements must have prior approval by the ADA Board of Trustees, although it was identified that the Board meets several times per year and could review a report on CODA’s R & D Fund at any meeting. The Commission discussed the Director’s discretionary access; specifically, should the Director’s access be limited to a specific maximum number of uses or should the Director’s access be set at a higher maximum rate. The Commission noted that there are safeguards in place with immediate notification to the Finance Committee and review of the account for this fund by both the Finance Committee and Commission at each of their meetings. Further, each disbursement must be approved by the Board of Trustees prior to use. Following discussion the Commission determined that the Finance Committee’s proposal of the Director’s usage was appropriate.

Commission Action: The Commission adopts and directs for publication in the Evaluation and Operational Policies and Procedures Manual the *Policy on CODA Research and Development Fund (R & D Fund)*, below, with immediate implementation:

Policy on CODA Research and Development Fund (R & D Fund):

The Commission on Dental Accreditation Research and Development fund may include but is not limited to the following uses:

- Commission studies related to quality assurance and strategic planning activities
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of consultants to gain unique expertise
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program

Criteria Guideline for Distribution of Funds:

1. Funds \$5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of \$5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.
2. Funds between \$5,001 and \$20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.
3. Funds greater than \$20,000: Projects which require funding in excess of \$20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the R&D Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission's review committees or standing committees; disbursement of funds within the Director's discretionary allocation do not require formalized requests.

Annual Fees and Application Fees: The Standing Committee on Finance proposed an 8% increase in annual fees across all disciplines for 2015. The Committee also proposed that during the year a program is due for a regular accreditation site visit, the annual fee will be doubled. Further, it was suggested that the Commission maintain the application fees of \$50,000 for predoctoral and \$15,000 for all other dental programs.

Commission members raised concern related to the proposed 8% increase in 2015 annual fees for dental assisting programs; particularly, the ability of programs to continue to sustain fee increases. It was noted that to practice as a dental assistant, an individual does not need to graduate from an accredited program. A motion was made to reduce the

dental assisting annual fee to the fee of advanced education programs. The Commission discussed the reason why allied program fees are higher than advanced education program fees, noting that the cost of conducting allied program site visits is greater than advanced program site visits. The Commission was reminded that it had adjusted the fee for dental laboratory technology programs in the prior year. Following discussion, the motion to reduce the dental assisting programs' annual fee was defeated. An alternate motion was made to raise the proposed advanced education programs' annual fee (\$1,080) to the same level as dental assisting, dental hygiene, and oral and maxillofacial surgery (\$1,620). Some Commissioners were concerned with the alternate motion, noting the Finance Committee had previously vetted the fees and proposed an 8% increase.

Commission Action: The Commission adopts the following accreditation fees for 2015:

- Annual fees: \$6,480 for predoctoral programs, \$1,620 for dental assisting, dental hygiene, and all advanced education programs, and \$ 1,140 for dental laboratory technology programs.
- A doubling of the annual fee during the year a program is due for a regular accreditation site visit.
- Application fees: \$50,000 for predoctoral programs and \$15,000 for all other dental programs.

Other Accreditation Fees: The Commission discussed several additional fees that may be assessed to programs, including the R & D Fund administrative fee, special focused site visit administrative fee, the HIPAA policy violation fee, the electronic conversion of paper documents fee, and the email/contact distribution fee.

Commission Action: The Commission adopts the following fees in 2015:

- Special Focused Site Visit Administrative Fee: \$4,000
- Penalty for Non-Compliance with CODA Policy on HIPAA: \$1,000
- Electronic Conversion of Paper Documents Fee: \$250-\$500
- Email/Contact Distribution List Fee: \$200 minimum (*see Report of Standing Committee on Documentation and Policy*)
- Research and Development Fund administrative fee: \$35.

Discussion of Other Revenue Streams: The Commission concluded its review of the Finance Committee report with a discussion of the potential impact of increasing fees on the accredited programs. The Commission identified that other revenue streams should be explored, which could enable the Commission to increase revenue without increasing fees to programs and concluded that information should be gathered on other potential revenue streams for review at the next Finance Committee and Commission meetings.

Commission Action: The Commission directs staff to investigate other potential revenue sources for the Commission, with further discussion of this topic at the next Finance Committee meeting and a report to the Commission in Winter 2015.

Report of the Commission on Dental Accreditation Subcommittee on American Dental Association Report and Recommendations:

Since January 2009, the Commission, through the Subcommittee and its standing and *ad hoc* committees, has made considerable efforts to address the thirty-four (34) recommendations. To date, 30 recommendations are completed, three (3) recommendations require ongoing work related to CODA's strategic plan and one (1) requires funding related to hiring a dedicated communications staff person.

The Commission noted that all recommendations had been adequately addressed or were currently being addressed. Three remaining recommendations related to CODA's strategic plan are going to be addressed through research studies funded by the Commission's new Research and Development Fund. Regarding the recommendation on hiring an additional staff person, the Commission has previously made a request of the ADA House of Delegates for funding; however, the House did not give approval for the position. Absent the funds to hire an additional staff person within the Commission, CODA staff has worked with the ADA communications department to develop a comprehensive communications plan. The Subcommittee believed the Commission has made substantial progress on the 34 recommendations, with continued contributions by its various standing committees.

The Commission noted that the Subcommittee unanimously believed it was appropriate to discontinue the committee, with the expectation that the CODA Director's ongoing communication activities and those of the Standing Committee on Communication and Technology would assure continued open lines of Communication between the CODA and ADA, as well as other communities of interest. The Subcommittee also unanimously commended the Commission staff for their work to address the 34 ADA recommendations. The Commission agreed with the Committee's recommendations.

Commission action: The Commission directs the sunset of the Subcommittee on American Dental Association Report and Recommendations.

The Commission commends the Commission staff for their efforts to address the American Dental Association recommendations to the Commission.

Report of the Joint Advisory Committee on International Accreditation: The Commission noted that the Joint Advisory Committee on International Accreditation (JACIA) met twice since the last Commission meeting. The JACIA reviewed the Preliminary Accreditation Consultation Visit (PACV) self-studies submitted by the Yonsei University College of Dentistry, Seoul, South Korea and the Yeditepe University Faculty of Dentistry, Istanbul, Turkey.

The Committee identified areas that an on-site evaluation would be beneficial in clarifying: financial resources; time devoted to research activities; institutional accreditation equivalency; numbers of restorative procedures; and diversity. The JACIA believed a Preliminary Accreditation Consultation Visit should be scheduled for both programs; further information was not requested from either program at this time.

The JACIA also reviewed the Preliminary Accreditation Consultation Visit (PACV) Survey, completed and submitted by the King Saud University, Riyadh, Saudi Arabia. The JACIA

identified four requirements for which more information is needed: requirements #1 and #2 related to questions on travel restrictions, and requirements #10 and #14 related to questions on admission and facilities. Based upon the affirmative determination of all relevant broad eligibility requirements for international programs, the JACIA determined that a PACV Self-Study is warranted. Additionally, the JACIA suggested a second observation opportunity for this program, since their April 2013 observational experience was based upon the previous Accreditation Standards.

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

CODA Operational Plan Update 2014: Dr. Sherin Tooks provided a visual representation of the Commission's new logo and website. The Commissioners were informed that the website should go live in the first quarter of 2014.

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

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

New Business: There were no new business items for the Commission to consider.

Adjourn: The Commission adjourned the open session at 5:28 P.M.