

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

Background: The American Dental Association's (ADA) House of Delegates met October 7-10, 2023 in Orlando, Florida. Several of the resolutions adopted by the House of Delegates are related to education, accreditation and the Commission on Dental Accreditation (CODA). A summary of those resolutions is provided in **Appendix 1**. Some of the resolutions are considered informational in nature; others may require action.

The ADA's Board of Trustees met on July 30-August 1, 2023 in Chicago, Illinois. The Board of Trustees adopted a resolution pertaining to education, accreditation and the Commission on Dental Accreditation (CODA). A summary of the resolution is provided in **Appendix 2**. Resolutions may be considered informational in nature or may require action.

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 (p. 1802) (All Review Committees): All 17 review committees of the Commission considered the resolutions adopted by the ADA House of Delegates and ADA Board of Trustees, noting the specific resolutions related to dental education and the Commission on Dental Accreditation. There were no comments received from any review committee.

Recommendation:

UNOFFICIAL REPORT OF ACTIONS
AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES
Orlando, Florida: October 7-10, 2023

This document reflects the “unofficial actions” of the 2023 House of Delegates and it was developed based on notes taken during the meeting of the House. The official actions will be reflected in the minutes of the House of Delegates that will be available in 2024.

Resolution Number	House Action	Resolution	Notes
400H	Adopted	<p>Reference Committee C (Dental Education, Science and Related Matters) Resolution 400—as amended—Consent Calendar</p> <p>Resolved, that the recommendations of Reference Committee C on the following resolutions be accepted by the House of Delegates.</p> <p>1. Resolution 401—Refer Resolution 401 in lieu of 401S-1—Amendment of Policy, Comprehensive Policy on Dental Licensure (Worksheet:4000) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes on Referral</p> <p>2. Resolution 402—Adopt—Rescission of the Policy on Requirements for Board Certification (Worksheet:4005) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>3. Resolution 403—Adopt—Rescission of the Policy on Specialty Areas of Dental Practice (Worksheet:4007) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>4. Resolution 404—Adopt—Rescission of the Policy on Examinations for Allied Dental (Non-Dentist) Personnel (Worksheet:4009) \$: None</p>	--

		<p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>5. Resolution 405—Adopt—Rescission of ADA Policy on Tooth Whitening Administered by Non-Dentists (Worksheet:4012) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>6. Resolution 408RC—Adopt Resolution 408RC in lieu of Resolution 408—Increasing Allied Dental Personnel in the Workforce (Worksheet:4070) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p> <p>7. Resolution 409—Adopt—Methodology of CODA Accreditation Standards (Worksheet:4072) \$: None</p> <p>COMMITTEE RECOMMENDATION: Vote Yes</p>	
401	Referred to the Appropriate Agency for Further Study and Report to the 2024 House of Delegates	<p>Council on Dental Education and Licensure Resolution 401—Amendment of Policy, Comprehensive Policy on Dental Licensure</p> <p>Resolved, that the ADA Policy on Comprehensive Policy on Dental Licensure (<i>Trans.</i>2018:341) be amended as follows (additions are <u>underlined</u>; deletions are stricken):</p> <p style="text-align: center;">Comprehensive Policy on Dental Licensure</p> <p>General Principles</p> <ul style="list-style-type: none"> • One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public. • Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public. • Federal licensure and federal intervention in the state dental licensure system are strongly opposed. 	CDEL

		<ul style="list-style-type: none"> • Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed. • Elimination of patients in the clinical licensure examination process is strongly supported to address ethical <u>and psychometric</u> concerns, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103). State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients. • The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel. • <u>State dental boards are supposed to ensure that all dental board members are free of real and perceived conflicts of interest. The Association believes that dental board members should not serve simultaneously as examiners with a clinical testing agency.</u> • State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses. • Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations. <p>Initial Licensure</p> <p>States are urged to accept the following common core of requirements for initial licensure:</p> <ol style="list-style-type: none"> 1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation. 2. Successful passage of the National Board Dental Examination, a valid and 	
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		<p>reliable written cognitive test.</p> <p>3. A determination of clinical competency for the beginning practitioner, which may include <u>any of the following assessment pathways</u>:</p> <ul style="list-style-type: none"> • Acceptance of clinical examination results from any clinical testing agency that do not involve the use of single encounter procedure-based examinations involving patients; or • Graduation from CODA-accredited PGY-1 program, that is, a residency program at least one year in length at a CODA-accredited clinically based postdoctoral general dentistry and/or successful completion of at least one year of a specialty residency program; or • <u>An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination that requires candidates to use critical thinking and their clinical knowledge and skills to successfully complete dental procedures; or</u> • Completion of a portfolio-type examination (such as employed by the California Dental Board) or similar assessment, that uses the evaluation mechanisms currently applied by the dental schools to assess <u>and document</u> student competence; or • An Objective Structured Clinical Examination (OSCE), that is, a valid and reliable non-patient based examination consisting of multiple, standardized stations that require candidates to use their clinical and skills to successfully complete one or more dental problem-solving tasks. <p><u>For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from an advanced dental education program in general dentistry accredited by the Commission on Dental Accreditation.</u></p>	
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		<p>Curriculum Integrated Format Clinical Examination</p> <p>A Curriculum Integrated Format (CIF) clinical examination addresses ethical concerns associated with single encounter patient based examinations currently administered by dental clinical testing agencies. A CIF provides candidates opportunities to successfully complete independent "third party" clinical assessments on patients of record prior to graduation from a dental education program accredited by the Commission on Dental Accreditation.</p> <p>The curriculum integrated format, as defined below, should only be employed as a licensure examination until a non-patient based licensure examination is developed that protects the public and meets psychometric standards. The Association believes that the following CIF provisions must be required by state boards of dentistry and incorporated by testing agencies for protection of the patient:</p> <ul style="list-style-type: none"> • A CIF examination must be performed by candidates on patients of record within an appropriately sequenced treatment plan. • The competencies assessed by the clinical examining agency must be selected components of current dental education program curricula and reflective of current dental practice. • All portions of the CIF examination must be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake prior to graduation any portions of the examination which they have not successfully completed. <p>Graduates of Non-CODA Accredited Dental Education Programs</p> <p>For initial licensure in dentistry, international graduates of non-CODA accredited dental education programs should possess the following educational credentials: 1) completion of a university-based dental education program accredited by the Commission on Dental Accreditation (CODA) leading to a DDS or DMD degree or 2) graduation from a</p>	
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		<p>postgraduate program in general dentistry accredited by the Commission on Dental Accreditation.</p> <p><u>Licensure Compacts</u></p> <p><u>State dental societies and dental boards should support licensure compacts to allow freedom of movement for practitioners across state lines. Licensure compacts increase licensees' mobility, facilitate quality oral health care for the public, and support relocating challenges for military members and their families. Licensure compacts benefit licensing boards by providing agreement on uniform licensure requirements, a</u></p> <p><u>shared data system for access to primary source documentation of applicant credentials and tracking of adverse actions. They enhance cooperation and immediate availability of information between state boards critical to protecting the public.</u></p> <p>Licensure by Credentials</p> <p><u>In addition to participating in licensure compacts, Sstates also should have provisions for licensure of dentists who do not participate in licensure compacts. These individuals should demonstrate they are currently licensed in good standing and also have not been the subject of final or pending disciplinary action in any state or jurisdiction in which they have been licensed. This should also apply to experienced, internationally trained dentists, who have been licensed in a U.S. jurisdiction, and who may or may not have graduated from a CODA-accredited dental school.</u></p> <p>Appropriate credentials may include:</p> <ul style="list-style-type: none"> • DDS or DMD degree from a dental education program accredited by the Commission on Dental Accreditation • Specialty certificate/master's degree from <u>an accredited advanced dental education</u> program 	
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		<ul style="list-style-type: none"> • Specialty Board certification • GPR/AEGD certificate from <u>an</u> accredited <u>advanced dental education</u> program • Current, <u>unencumbered</u> license in good standing • Passing grade on Documentation of successful completion of an initial clinical competency assessment, licensure exam, unless initial license was granted via completion of PGY 1, Portfolio examination, or other state-approved pathway for assessment of clinical competency. • Documentation of completion of continuing education <p>For dentists who hold a current, <u>unencumbered</u> dental license in good standing in any jurisdiction, state dental boards should:</p> <ul style="list-style-type: none"> • Not require completion of Accept pathways that allow for licensure without completing an additional clinical examination, e.g., by credentials, reciprocity, and/or endorsement. • Consider participation in licensure compacts • Implement specialty licensure by credentials and/or specialty licensure to facilitate licensure portability of dental specialists. • Make provisions available for a limited or volunteer license for dentists who wish to provide services without compensation to critical needs populations within a state in which they are not already licensed. • Make provisions available for limited teaching permits for faculty members at teaching facilities and dental programs accredited by the Commission on Dental Accreditation. 	
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		<ul style="list-style-type: none"> <u>Make provisions available for active-duty military dentists, military spouses and veterans of the armed services.</u> <p><u>State dental boards are encouraged to grant the same benefits of licensure mobility to internationally trained dentists who are licensed by their respective jurisdictions.</u></p> <p>Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs</p> <p>State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.</p>	
401S-1	Referred to the Appropriate Agency for Further Study and Report to the 2024 House of Delegates	<p>Ninth District Resolution 401S-1— Amendment of Policy, Comprehensive Policy on Dental Licensure</p> <p>Resolved, that the ADA Policy on Comprehensive Policy on Dental Licensure (<i>Trans.</i>2018:341) be amended as follows (additions are <u>underlined</u>; deletions are stricken):</p> <p style="text-align: center;">Comprehensive Policy on Dental Licensure</p> <p>General Principles</p> <ul style="list-style-type: none"> One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public. Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public. Federal licensure and federal intervention in the state dental licensure system are strongly opposed. Efforts of unlicensed and unqualified persons to gain a right to serve the 	CDEL

		<p>public directly in the field of dental practice are strongly opposed.</p> <ul style="list-style-type: none"> • Elimination of patients in the clinical licensure examination process is strongly supported to address ethical and psychometric concerns, including those identified in the ADA Council on Ethics, Bylaws and Judicial Affairs statement entitled <u>Ethical Considerations When Using Patients in the Examination Process (Reports 2008:103)</u>. State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients. • The state boards of dentistry in each state or licensure jurisdiction are the sole licensure and regulating authorities for all dentists and allied dental personnel. • <u>State dental boards are supposed to ensure that all dental board members are free of real and perceived conflicts of interest. The Association believes that dental board members should not serve simultaneously as examiners with a clinical testing agency.</u> • State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses. • Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education and such provisions should be included in laws, rules and regulations. <p>Initial Licensure</p> <p>States are urged to accept the following common core of requirements for initial licensure:</p> <ol style="list-style-type: none"> 1. Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation. 2. Successful passage of the National Board Dental Examination, a valid and 	
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		<ul style="list-style-type: none"> Make provisions available for dentists who are active duty military active-duty military dentists, military spouses and or veterans of the armed services. <p>State dental boards are encouraged to grant the same benefits of licensure mobility to internationally trained dentists who are licensed by their respective jurisdictions.</p> <p>Licensure by Credentials for Dentists Who Are Not Graduates of CODA-Accredited Dental Education Programs</p> <p>State dental societies and dental boards are strongly encouraged to grant the same benefits of licensure mobility to U.S. currently licensed dentists who were licensed by their respective jurisdictions prior to state implementation of the requirement for graduation from a CODA-accredited dental school with a DDS or DMD degree.</p>	
402H	Adopted— Consent Calendar Action	Council on Dental Education and Licensure Resolution 402—Rescission of the Policy and Requirements for Board Certification Resolved , that the policy, Requirements for Board Certification (<i>Trans.</i> 1975:690; 2018:325) be rescinded.	CDEL
403H	Adopted— Consent Calendar Action	Council on Dental Education and Licensure Resolution 403—Rescission of the Policy on Specialty Areas of Dental Practice Resolved , that the ADA Policy on Specialty Areas of Dental Practice (<i>Trans.</i> 1995:633; 2018:330) be rescinded.	CDEL CEBJA
404H	Adopted— Consent Calendar Action	Council on Dental Education and Licensure Resolution 404—Rescission of the Policy on Examinations for Allied Dental (Non-Dentist) Personnel Resolved , that the policy on Examinations for Allied Dental (Non-Dentist) Personnel (<i>Trans.</i> 2010:595; 2018:322) be rescinded.	CDEL
405	Referred to the Appropriate Agency for Further Study and Report to the 2024	Council on Scientific Affairs Resolution 405—Rescission of ADA Policy on Tooth Whitening Administered by Non-Dentists Resolved , that the policy titled Tooth Whitening Administered by Non-Dentists (<i>Trans.</i> 2008:477) be rescinded.	CSA CEBJA

	House of Delegates		
406	--	WITHDRAWN	--
407	--	WITHDRAWN	--
408H	Adopted— Consent Calendar Action	<p>Reference Committee C (Dental Education, Science and Related Matters) Resolution 408RC in lieu of Seventeenth Trustee District Resolution 408— Increasing Allied Personnel in the Workforce</p> <p>Resolved, that the appropriate agency use the CODA ad hoc committee findings to suggest programs to attract students into allied educational programs and careers, and be it further</p> <p>Resolved, that the appropriate agency recommend programs and policies to urge CODA to improve the ability of Allied Programs to expand enrollment, such as, faculty ratios and the associated costs of tuition for these programs, and be it further</p> <p>Resolved, that the appropriate agency report back to the 2024 House of Delegates.</p>	CDEL
409H	Adopted	<p>Seventeenth Trustee District Resolution 409—as amended—Methodology of CODA Accreditation Standards</p> <p>Resolved, that the ADA urge CODA to demonstrate transparent methodology for teacher to student ratios and educational requirements for part time teachers and adjunct instructors in all allied educational programs, and be it further</p> <p>Resolved, that the ADA urge CODA to allow Registered Allied personnel with ten or more years of experience to act as part time and/or adjunct faculty for Allied Dental educational programs who have other faculty who meet current requirements actively teaching in the same program, <u>and be it further</u></p> <p>Resolved, that the ADA urge CODA to revise its faculty to student ratio for Dental Hygiene education programs from (1 to 5) to (1 to 6) to be consistent with other allied dental education programs.</p>	CDEL

**AMERICAN DENTAL ASSOCIATION
BOARD OF TRUSTEES
July 30-August 1, 2023
Chicago, Illinois**

Resolution Number	Board Action	Resolution	Notes
B-89 July/August 2023	Adopted	Resolved , that the proposed revisions of the Accreditation Standards for Dental Education Programs, as presented in Appendix 1, be approved for submission to the Commission on Dental Accreditation, and be it further Resolved , that Dr. Brett Kessler and Dr. Randall Markarian be given the authority to approve any minor edits or changes to the standards from other organizations.	