

Commission on Dental Accreditation
Unofficial Report of Major Actions
January 30, 2009

1. The Commission reviewed accreditation reports and took 236 accreditation actions on dental, advanced dental and allied dental education programs. Initial accreditation was granted to one predoctoral dental education program, one general practice residency program, one advanced general dentistry education in dental anesthesiology program, one dental assisting program, three dental hygiene programs, one advanced specialty education program in oral and maxillofacial surgery, and one advanced specialty education program in orthodontics. Initial accreditation was denied to one advanced general dentistry education in dental anesthesiology program. Three general practice residency program, one advanced education in general dentistry program, six dental assisting education programs, two dental hygiene programs, one advanced specialty education in endodontics program, two advanced specialty education in oral and maxillofacial surgery residency programs, and one advanced specialty education in prosthodontics program each received a formal warning that accreditation will be withdrawn in July 2009 unless the requested information, demonstrating compliance with the accreditation standards, is submitted prior to that time. The Commission discontinued the accreditation of one general practice residency program, two dental assisting programs, one advanced specialty education program in maxillofacial prosthetics, at the request of their respective sponsoring institutions. The Commission withdrew accreditation from one dental assisting program.
2. The Commission adopted revised Accreditation Standards in the following education areas: Advanced General Dentistry Education Programs in Dental Anesthesiology with immediate implementation; Advanced General Dentistry Education Programs in Oral Medicine with immediate implementation; and Clinical Fellowship Training Programs in Craniofacial and Special Care Orthodontics with an implementation date of July 1, 2009. In addition, the Commission added the new American Board of Endodontics terminology defining “prospective board candidate” to the “Endodontics Terms” in the Accreditation Standards for Advanced Specialty Education Programs in Endodontics.
3. The Commission approved the circulation of the following proposed revised Accreditation Standards for comments by the communities of interest: proposed revisions to selected standards for Advanced General Dentistry Education Programs in Oral Medicine, with a May 1, 2009 deadline for comments and review at the July 2009 Commission meeting; and proposed revisions to selected standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery, with comments reviewed at the January 2010 Commission meeting.
4. The Commission approved the following revisions to the language common to all specialty education programs (specialty boilerplate language): Standard 1, retain

language related to the reporting of major changes to the Commission and relocate to the “Preface” section; Standard 4, substitute the terms “certificate and degree-granting programs” for “graduate and post-graduate;” Standard 5, use of the term “international” instead of “foreign;” and Standard 5, addition of the term “ethical conduct.” The implementation date is July 1, 2009 for all specialties. The Commission also directed that proposed definitions for language common to all specialties for the terms “competent,” “competencies,” and “understanding,” be disseminated for comment with a deadline of June 1, 2009 and consideration by the Commission at the July, 2009 meeting.

5. The Commission accepted the report of the Documentation Committee on the request from the American Dental Association’s Council on Dental Education and Licensure (CDEL), which asked the Commission to consider a narrative explanation for each proposed standard revision when the Commission disseminates proposed standards revisions to the communities of interest for comments. The Documentation Committee reported that CODA policy and procedure currently addresses the concerns of the CDEL and did not believe that any further modification of policy or procedure is warranted. The Documentation Committee noted that often times the organization/agency proposing the revision identifies the rationale for the change and this report is included in policy reports generated by the Commission. The Commission also noted that Commissioners are available to answer any questions that a community of interest may have as proposed revisions are presented during a period of open comment. The Commission will report these findings to the CDEL.
6. The Commission will offer Lutheran Medical Center, Brooklyn, NY, the opportunity to demonstrate the conduct of a site visit using distance technology to the Ad Hoc Committee on Alternative Site Visit Methods prior to the July 2009 Commission meeting. The ad hoc committee will provide an oral report at the July 2009 Commission meeting.
7. The Commission received a request from an accredited educational program, to use the CODA logo as part of the advertising for their program on their website. Current policy on advertising in the Evaluation Policies and Procedure Manual and the Operational Policies and Procedures Manual does not address the use of the CODA logo as a stand-alone item, or in conjunction with the current statement on advertising. The Commission directed the Outcomes Assessment Committee to investigate this issue and make a recommendation for consideration at the July 2009 Commission meeting.
8. The Commission received the ADA Task Force on CODA Report and Recommendations and also considered Resolution 37H-2008, adopted by the ADA House of Delegates at the ADA Annual Session in San Antonio in October, 2008:

“Resolved, that the ADA, out of its deep concern, about aspects of the accreditation process strongly urges the ADA Commission on Dental Accreditation to accept and implement the report of the Task Force on CODA;

and be it further

Resolved, that the ADA urges CODA to work with all interested parties to implement the recommendations as they are reflected in the body of the report; and be it further

Resolved, that the President of the ADA appoint a committee for the express purpose of monitoring and assisting CODA in implementing the recommendations of the Task Force; and be it further

Resolved, that the committee consist of a chair, three members of the Board of Trustees, and three members of the House of Delegates; and be it further

Resolved, that this committee provide updates to the Board of Trustees at each of its 2008-2009 meetings prior to the 2009 House; and be it further

Resolved, that the ADA urges CODA to provide a comprehensive report to the 2009 House detailing progress on the implementation of the recommendations of the Task Force Report.”

The ADA Task Force on CODA Report and Recommendations and Resolution 37H-2008 were discussed at great length, with the Commission considering the report and Resolution 37H-2008 in the spirit of improving the structure, governance, policies, operating procedures, functionality and use of best practices. In addition, the Commission noted that progress is already being made in implementing some of the recommendations, especially in the area of communication. Further detailed consideration, study, and possible implementation plans are necessary for each of the thirty-four recommendations. The Commission affirmed that this could best be accomplished through the appointment of a subcommittee by the Commission chair. Subcommittee members are: Dr. James Koelbl, chair; Dr. E. Les Tarver, vice-chair; Dr. Sharon Turner; Dr. Larry Nissen; Dr. Karen Kershenstein; Dr. Patrick Louis; Dr. Vince Iacono; Dr. Bryan Edgar; Dr. Heidi Crow; and Mr. Gary Gann. The charges of this subcommittee are as follows: to review and prioritize each of the recommendations of the ADA Task Force on the Commission on Dental Accreditation in light of the mission of the Commission on Dental Accreditation; to investigate possible implementation strategies for each of the recommendations; to interact directly with the ADA Committee, keeping the Committee informed on the progress of the review process and possible implementation strategies; to solicit input from and communicate with all Commission Communities of Interest regarding the ADA Task Force on CODA Recommendations; to provide overall coordination with other Commission standing committees and ad hoc committees that are assigned to review ADA Task Force on CODA recommendations; to make a report to the Commission with possible recommendations for actions at the regular Commission meetings; and to report to the ADA Board of Trustees and House of Delegates on a regular basis. The Commission noted that a number of the recommendations could be

more efficiently reviewed by existing standing committees and ad hoc committees of the Commission.

9. The Commission postponed action on a request from the Joint Advisory Committee on International Accreditation for a determination of whether international predoctoral dental programs can meet certain accreditation standards through “substantial equivalency” until input can be received from the ADA Board of Trustees.

10. The Commission approved the review committee recommendations for the reappointments and new appointments of consultants to serve as site visitors in 2009-2010 for one-year terms.

Commission Members: Dr. Bruce J. Barrette, Dr. Richard Buchanan, Dr. Heidi C. Crow, Dr. Bryan Edgar, Mr. Gary Gann, Dr. Vincent J. Iacono, Dr. Donald Joondeph, Dr. Mel Kantor, Dr. Karen Kershenstein, Dr. James J. Koelbl, chair, Ms. Kathleen Leonard, Dr. Patrick J. Louis, Dr. Amr Moursi (substituting for Dr. Paul Cassamissimo), Ms. Anna Nelson, Dr. Larry Nissen, Dr. Reuben Pelot III, Mr. Jason Pickup, Dr. Robert Ray, Dr. Michael Reed, Dr. E. Les Tarver, vice-chair, Mr. Kenneth C. Thomalla, Dr. Steven Tonelli, Dr. Christopher Wenkus, Dr. B. Alexander White, Dr. Ronald D. Woody, and Dr. John M. Wright.
Unable to Attend: Mr. Lee Koppelman, Dr. Logan Nalley, Ms. Mary Kay Richter, and Dr. Sharon Turner, who participated via telephone conference call for a portion of the meeting.