

COMMISSION ON DENTAL ACCREDITATION

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Education Programs. In addition, programs adding off-campus sites must adhere to the Policy on the Accreditation of Off-Campus sites. Guidelines for Reporting Off-Campus Sites are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Guidelines for Reporting Enrollment Increases in Postdoctoral General Dentistry Education Programs are available from the Commission office.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the Commission's website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and **approved by the Commission prior to the implementation** to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites used to meet accreditation standards or program requirements;
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director's completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.

- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs; Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Postdoctoral General Dentistry Education programs see Guidelines for Reporting Enrollment Increases in Postdoctoral General Dentistry Education Programs);
- Change in the nature of the program's financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
- Addition of advanced standing opportunity; and/or
- Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Expansion or relocation of dental facilities within the same building;
- Change in program director. In lieu of a CV, a copy of the new or acting program director's completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.

The Commission uses the following process when considering reports of program changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program's potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for

the discipline and by the Commission.

3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
 - a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
 - b. The program administrator is informed that the reported change will be reviewed during the next site visit.
4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission's review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of program changes received from accredited educational programs.

- *Approve the report of program change:* If the Review Committee or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- *Approve the report of program change and request additional information:* If the Review Committees or Commission does not identify any concerns regarding the program's compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- *Postpone action and continue the program's accreditation status, but request additional information:* The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
- *Postpone action and continue the program's accreditation status pending conduct of a special site visit:* If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.
- *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 8/15; 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90;

CODA: 05/91:11

GUIDELINES FOR REPORTING PROGRAM CHANGES

PURPOSE: A “report on changes” informs the Commission that a change has taken place in the program. Change is part of the dynamic evolution and growth of a healthy education program. **Changes have a direct and significant impact on the program’s potential ability to comply with the Accreditation Standards.** The program administrator must inform the Commission at least thirty (30) days prior to the anticipated implementation of change. The report should indicate how the relevant standard(s) will continue to be met.

CONSULTATION: Before a change occurs, Commission staff should be consulted immediately. Staff will provide guidance in adequately explaining and documenting all changes. In addition, program administrators frequently consult with staff when they are anticipating changes. This allows the program administrator to assess the impact of the proposed change on the accreditation status of the program.

FORMAT: The report must be clear and concise and must follow the “Format” and “Mechanics” illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program for proper formatting. For each change in the program being reported:

1. DESCRIBE THE CHANGE briefly and as clearly as possible. Provide a chronology of events/circumstances leading to the change, if you believe that would be helpful. Include a description of the relevant aspects of the program BEFORE the change and AFTER the change illustrating the impact of the change on the program.
2. PROVIDE RELEVANT DOCUMENTATION to illustrate how the program will continue to comply with the accreditation standard(s). For example, if enrollment increased by a significant percentage, describe and document the resources that will allow the larger number of students to be provided with a quality education (e.g., additional faculty; the purchase of new equipment; copies of laboratory/clinic schedules).

NOTE: When deciding how to explain a change and selecting appropriate documentation, it may be helpful to use the following approach:

- a. Description: discuss BEFORE and AFTER the change;
- b. Appraisal and Analysis: assess the IMPACT of the change;
- c. Supportive Documentation: EVIDENCE that the program continues to meet the standards.

Note: The program’s documentation for CODA (self-study, application, or reports to CODA, for example) must NOT contain any sensitive personally identifiable information (“Sensitive Information” or “PII”) as outlined in “Privacy and Data Security Requirements for Institutions” (see below). Similarly, such documentation must not contain any identifiable patient information (“PHI”); therefore, no “patient identifiers” may be included (see below). This applies whether or not the program is required to comply with HIPAA.

Before sending documents such as self-studies or faculty CVs to CODA, institutions must fully and appropriately redact all PHI and all PII all patient identifiers such that the PHI and patient identifiers cannot be read or otherwise reconstructed. Covering information with ink is not an appropriate means of redaction.

If the program/institution submits documentation that does not comply with the directives on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

MECHANICS: The following guidelines must be observed when preparing your report:

1. COVER PAGE – **Must** include the following information:
 - a. name and address of the institution
 - b. program title;
 - c. name, title, telephone number, e-mail address and signature of the program director;
 - d. name, title, and signature of the department head/dean;
 - e. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter to the Commission).
2. DOCUMENTATION -- If documentation is extensive, include a LIST OF APPENDICES in the text of the report and include the actual items in separate **appendices**. Use **numbered tabs** for each appendix and cite them for each item mentioned in the report. Include the tab number next to the item on the list of documentation in the report.
3. PACKAGING--The report must be typed, two-sided, page numbered, three-hole punched and fastened with clips or rubber bands. **Please DO NOT bind the report into book form – the pages must be loose.**
4. COPIES--Submit **one (1) paper copy and one (1) comprehensive electronic copy** of the report on changes for **each program** affected.

ACCREDITATION MATERIALS AND CONVERSION FEES

All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program's documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII). These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document (e.g.

exhibits, tables, curriculum, report of change, progress report, transfer of sponsorship, response to site visit report) to an electronic version. If the program/institution submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess a penalty fee of \$1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional \$1000 fee.

Reaffirmed: 8/10; Revised: 8/13; 8/12, 8/11, 8/07, 7/06; Adopted: 1/06

DEADLINES: Depending on the specific program change, reports **must** be submitted to the Commission at least thirty (30) days prior to a regularly scheduled Review Committee meeting or at least thirty (30) days prior to the anticipated implementation of a change. Because of the above deadlines, program administrators should consult with Commission staff well in advance of an anticipated change in order to assess any potential impact of the anticipated change on the accreditation status of the program. If the report of change will be considered by a review committee and the Commission, the Commission acknowledgment will indicate the meeting date. Failure to comply with the policy will jeopardize the program's accreditation status.

Programs/Institutions must meet established deadlines for submission of requested information. Program information (i.e., reports on changes) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's deadlines, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

ASSISTANCE: Call Commission staff if you have questions about your report. Staff are available to answer questions about report preparation and can be contacted on the ADA toll-free number: 1-800/621-8099.

- dental education programs, extension 2721;
- advanced specialty programs in dental public health, oral and maxillofacial pathology, oral and maxillofacial radiology, pediatric dentistry and prosthodontics, extension 2672;
- advanced specialty programs in endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics and periodontics, and fellowships in oral and maxillofacial surgery and orthodontics and dentofacial orthopedics, extension 2714;
- advanced education in general dentistry, general practice residency, and advanced general dentistry education programs in dental anesthesiology, oral medicine and orofacial pain, extension 2788;
- dental assisting programs, extension 2695 or 4660;
- dental hygiene programs, extension 2695 or 4660; and
- dental laboratory technology programs, extension 2695 or 4660.

Information should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th Floor, Chicago, IL 60611.

Updated: 5/15; 2/15; 8/14; 8/13; 2/12; 8/10