

1 removed from the consent calendar for discussion. The following reports in their entirety, including
2 recommendations, were placed on the consent calendar and adopted as received:

3 **Dental Education Committee:**

4 Update on Activities of the Commission on Dental Accreditation (CODA)

5 Annual Report of the National Board for Certification in Dental Laboratory Technology (NBC)

6 **Action:** The Council accepted the 2021 Annual Report of the National Board for
7 Certification in Dental Laboratory Technology.

8 Annual Report of the Dental Assisting National Board, Inc. (DANB)

9 **Action:** The Council accepted the 2021 Annual Report of the Dental Assisting National
10 Board, Inc.

11 Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental
12 Education Programs in General Dentistry, General Practice Residency, Dental Anesthesiology,
13 Oral Medicine and Orofacial Pain

14 **Action:** The Council directed that written comment be sent to CODA supporting the
15 proposed revisions to the Accreditation Standards for Advanced Education Programs in
16 General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine
17 and Orofacial Pain.

18 Unofficial Report of Actions of the 2021 House of Delegates

19 Consideration of Dr. Calvin Lau's Request Suggesting Revision to the Accreditation Standards
20 for Dental Education Programs Related to Ergonomics of Dental Practice

21 **Action:** The Council directed that correspondence be sent to Dr. Calvin Lau
22 acknowledging review of his request and noting that because current dental and allied
23 dental education programs do include ergonomics in the curricula, the Council does not
24 support a recommendation for the pursuit of an additional accreditation standard on the
25 subject of ergonomics.

26 Update on ADA Letters of Support- H.R. 1285, Dental Loan Repayment Assistance Act and S.
27 449, Senate Companion

28 Update on ADA Letter of Support- H.R. 4361, Protecting Our Students by Terminating Graduate
29 Rates that Add to Debt Act

30 **Licensure Committee:**

31 Unofficial Report of Actions of the 2021 House of Delegates

32 Consideration of Licensure Policies Assigned to the Council on Dental Education and Licensure
33 for Review in 2022

34 **Action:** The Council directed that the policy titled, "State Board Support for CODA as
35 Responsible to Accredite Dental Education Programs" be retained as written.

36 Update on Interstate Licensure Compacts

37 Update on the Coalition for Modernizing Dental Licensure

38 Update on Military Spouse Licensing Relief Bill

39 Update on Bills and Changes in State Regulations Update on Bills and Changes in State

1 Regulations

2 **Recognition of Specialties and Interests Areas in General Dentistry Committee:**

3 Update on Activities of the National Commission on Recognition of Dental Specialties and
4 Certifying Boards (NCRDSCB)

5 **Continuing Education Committee:**

6 Consideration of Department of Continuing Education Business

7 Unofficial Report of Actions of the 2021 House of Delegates

8 Update on Commission on Continuing Education Provider Recognition (CCEPR)

9 Update on Council and Committee Current and Planned Continuing Education

10 Report on Continuing Education Requirements for Dentists & Modifications Made Due to
11 COVID-19 in 2020 & 2021

12 CE Reviewer Training

13 **Emerging Issues, Trends and Miscellaneous Affairs:**

14 Unofficial Report of Actions of the 2021 House of Delegates

15 **Reports of Related Groups**

16 **Greetings from ADA President:** Dr. Sabates greeted the Council and highlighted his goals as
17 president, one of which is to create a welcoming and supportive, collaborative team environment at the
18 ADA. Dr. Sabates thanked the Council on Dental Education and Licensure and stated that its work is
19 vital to the future of the Association and profession of dentistry.

20 **ADA Board of Trustees Liaison:** On the behalf of the Board of Trustees, Dr. Leighty provided the
21 Council with an update on Board activities. Dr. Leighty highlighted the Board's primary focuses are
22 membership, operating in accordance with the Association's values, and the ADA's flexibility. Dr.
23 Leighty invited Council members to contact him directly anytime with questions about the Board.

24 **American Association of Dental Boards (AADB):** Dr. Socha-Mower announced that AADB's 2022
25 Mid-Year Meeting will be virtual on April 8-9, 2022. AADB plans to offer its Annual Meeting in-person in
26 October in Asheville, North Carolina. Dr. Socha-Mower highlighted AADB's strategic initiatives, Opioid
27 Regulatory Collaborative and the AADB Remediate+ Program. The Opioid Regulatory Collaborative is
28 comprised of senior leaders from the AADB, the Federation of State Medical Boards (FSMB), the
29 National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of
30 Nursing (NCSBN) to share resources and strategies to reduce opioid substance use disorder among
31 the public as well as health care practitioners. The AADB Remediate+ Program is a fully customizable
32 program designed to assist with mandated re-education of dental providers who may benefit from
33 additional training. Services are provided to meet the specific needs of all state/territory dental boards.
34 Dr. Socha-Mower concluded her report by sharing that the AADB Board of Directors approved the
35 strategic initiative of investing in the AADB's Clearinghouse database, a central registry where the final
36 actions taken by the boards of dental examiners may be recorded. The updated Clearinghouse will be
37 launched on January 31, 2022.

1 **American Dental Education Association (ADEA):** Dr. Stewart introduced the Council to Ms. Rebecca
2 Stolberg, who will become the ADEA staff liaison to the Council. Dr. Stewart shared that the in-person
3 2022 ADEA Annual Session, with a theme of “Lifting as We Rise,” will be held on March 19-22, 2022 in
4 Philadelphia. ADEA continues to engage in research and policy, for example, Dental Schools’
5 Operational and Financial Impact of COVID-19 on U.S. Dental School Clinics, the ADEA 2020 Report
6 and Data on Allied Dental Education and the ADEA Policy Report on Teledentistry and Dental
7 Education.

8
9 Dr. Stewart reported that Rebecca Stolberg worked with the Coalition for Modernizing Dental Licensure
10 (CMDL) staff on the recruitment of allied members to the Coalition. The ADEA eLearn site continues to
11 provide free webinars each month for membership with the “How Racism Might Impact Dental School
12 Admissions and How to Combat This Problem” webinar achieving record registration. The ADEA
13 GoDental Recruitment Event is scheduled for March 19, 2022. As of December 1st, 2021, ADEA
14 registered a total of 54 ADEA Chapters for Students, Residents and Fellows including chapters at 48
15 U.S. dental schools, three Canadian dental schools, and three U.S. allied dental programs. Dr. Stewart
16 shared that the ADEA Collaborative on Dental Education Climate Assessment (CDECA) Climate
17 Survey for Dental Schools Update has been launched. The survey is scheduled to close on March 31,
18 2022 followed by a review of survey results by focus groups and a report to ADEA in September.

19 **Canadian Dental Association (CDA):** Dr. Soucy reported that the CDA is proud of its support of
20 Canadian dentists and their patients during the Pandemic. He reported that dental offices are
21 essentially back to pre-pandemic levels and patients are receiving the care they need. Dental schools
22 still face difficulty in providing education safely to their students and patients, creating additional
23 workload for dental faculty members. Dr. Soucy also shared that the last administration of the Canadian
24 version of the Dental Aptitude Test had more candidates than previous administrations. CDA continues
25 to work with the ADA Testing Department and Prometric in transferring the exam to the same
26 computer-based format used by the ADA. On the behalf of the Canadian Dental Association, Dr. Soucy
27 extended his sincere gratitude to the staff of the ADA Department of Testing for their support on this
28 project.

29 **Commission on Dental Accreditation (CODA):** Dr. Tooks shared that the Unofficial Report of Major
30 Actions of CODA’s August 2021 meeting as provided to the Council, also is available on CODA’s
31 website. In regards to the COVID-19 Pandemic, Dr. Tooks reported that the United States Department
32 of Education (USDE) has not extended flexibilities in accreditation standards for the Class of 2022. Dr.
33 Tooks reminded the Council that CODA is scheduled for re-recognition in 2022 by the USDE as the
34 accrediting agency for dental and dental-related education programs. Accordingly, CODA staff are
35 currently busy preparing the application for review by the Secretary’s National Advisory Committee on
36 Institutional Quality and Integrity. Dr. Tooks reported that due to the COVID-19 Pandemic, CODA did
37 not conduct any site visits to dental education programs from March 2020 – December 2020. CODA is
38 offering institutions and site visit volunteers the option for a site visit to be conducted in person, hybrid
39 format (in person and virtual), or 100% virtual format. CODA is in the process of establishing an
40 electronic accreditation system that will be user-friendly for its volunteers and dental education
41 programs resulting in less maintenance by CODA staff. Accreditation standards that are out for public
42 comment and CODA’s new 2022-2026 Strategic Plan are published on CODA’s website. Effective
43 January 1, 2022, there are 17 Review Committees; CODA expanded its Review Committees to include
44 the disciplines of dental anesthesiology, oral medicine and orofacial pain. Dr. Tooks concluded her
45 report by sharing that a call for public representatives to serve on the CODA Board of Commissioners
46 has been posted on CODA’s website. It was noted that the Council supports the Commission by
47 nominating individuals interested in serving as public/consumer representatives on the Board of
48 Commissioners.

1 **Joint Commission on National Dental Examinations (JCNDE):** Dr. Waldschmidt made a
2 presentation highlighting the activities of the Joint Commission on National Dental Examinations
3 (JCNDE). The presentation focused on the following topics: role of JCNDE, JCNDE's Strategic
4 Initiatives, role of the Department of Testing Services (DTS), and an update on the Dental Licensure
5 Objective Structured Clinical Examination (DLOSCE) and the Dental Hygiene Licensure Objective
6 Structured Clinical Examination (DHLOSCE). Dr. Waldschmidt noted that the Unofficial Report of Major
7 Actions of the June 23, 2021 meeting is posted on JCNDE's website.

8 **National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB):**
9 Ms. Baumann shared that the Unofficial Report of Major Actions of the National Commission's April
10 2021 meeting as provided to the Council, also is available on the National Commission's website. Ms.
11 Baumann reported that the National Commission's next meeting is scheduled for March 28-29, 2022.
12 During this meeting, the National Commission will be reviewing the 2022 annual reports of the
13 recognized dental specialty certifying boards. Ms. Baumann concluded her report by sharing that during
14 the March 2022 meeting, the National Commission also will consider the American Board of Orofacial
15 Pain's application requesting recognition as the national certifying board for Orofacial Pain.

16 **Commission on Continuing Education Provider Recognition (CCEPR):** Ms. Borysewicz provided
17 an update on the Commission on Continuing Education Provider Recognition (CCEPR). She reported
18 that 501 continuing education providers are approved, including 26 who have sought CERP recognition
19 through the Joint Accreditation process. Ms. Borysewicz was pleased to report that the Commission is
20 becoming more financially sustainable which has been an objective of the Commission since its
21 inception. This is largely attributed to cost savings resulting from virtual meetings and an increase in the
22 number of approved continuing education providers. The Commission is moving forward with its revised
23 CERP eligibility criteria. Effective July 1, 2023, continuing education providers with commercial interests
24 will no longer be eligible for CERP approval. In anticipation of these changes to the eligibility criteria,
25 the Commission has introduced a pre-application survey for perspective providers and has
26 disseminated a questionnaire to the existing CERP providers to help determine if they will remain
27 eligible after that date. Ms. Borysewicz concluded her report by sharing that the Commission has
28 issued a Call for Nominations for two open positions on the CCEPR Board of Commissioners, a current
29 member of a state dental board and a public member. Additional information is available on the CCEPR
30 website.

31 **Senior Vice President, Education/Professional Affairs:** Dr. Anthony Ziebert reported on the
32 activities of the ADA Division of Education and Professional Affairs. Dr. Ziebert informed the Council
33 that the Division has made a significant recovery from the disruption caused by the Pandemic. After
34 reviewing the preliminary numbers, the Division of Education appears to have generated \$3-4 million
35 more in net non-dues revenue in 2021 than was anticipated in the budget. Dr. Ziebert also noted the
36 number of Dental Admission Test administrations rose significantly, however, it is too early to tell if this
37 is catch-up from the testing center closures in 2020 or an upward trend in interest for dental education.
38 The Advanced Dental Admission Test was on budget and is expected to have an increased number of
39 administrations when the NBDE Part II sunsets on July 31, 2022. The Admission Test for Dental
40 Hygiene was launched in 2021, one year ahead of schedule. Following the ATDH's completion, the
41 Steering Committee will sunset in 2022. Oversight of the new test will be transferred to CDEL.

42 Dr. Ziebert reported that 2022 goals for the division will be developed in the coming weeks; a key focus
43 will be open staff positions in the Department of Testing Services and CODA. Dr. Ziebert concluded his
44 update by congratulating the Division of Education and Professional Affairs team for all their hard work
45 and accomplishing their goals.

46 **American Student Dental Association (ASDA):** Mr. Cannon reported that during the 2020-2021

1 membership year, ASDA had 22,429 members and 67 chapters. ASDA's chapters increased to 67 in
2 November 2021, when ASDA welcomed a new chapter, Texas Tech University Health Sciences Center
3 El Paso-Hunt School of Dentistry. The theme for ASDA's national magazine, Contour, in
4 November/December 2021 was "Breaking Barriers." Mr. Cannon also highlighted the availability of
5 webinars to ASDA members, both live and on-demand, with the most recent webinar offered, "Give
6 Yourself Some Credit." ASDA recently launched "The ASDA Community" to provide members the
7 opportunity to share resources, ideas and meet fellow dental students from across the country at any
8 time from any location. Mr. Cannon shared that Wellness Wednesdays, an initiative meant to support
9 members in addressing key dimensions of wellness in their regular routines, includes activities such as
10 "Immerse Yourself in Sound: A Sound Bath Meditation Experience" and "HIIT Cardio Class: Shuffle the
11 Cards Edition." ASDA's Board of Trustees is reviewing applications and appointing leaders for national
12 councils and the editorial board. Mr. Cannon concluded his report by noting the upcoming Board of
13 Trustees meeting is scheduled for January 22-23, 2022 in Chicago and ASDA's Annual Session is
14 scheduled for February 18-20, 2022 in Kentucky.

15 **NDC:** Dr. Johnson provided an update on the activities of the New Dentist Committee. The Committee
16 is focusing on membership growth, Dental Service Organizations (DSO) and wellness. Recognizing
17 that DSOs offer benefits similar to those included in an ADA membership, the NDC is considering
18 different benefits that add value to new dentist ADA members. Dr. Johnson noted that throughout the
19 Pandemic, wellness has been a priority. According to a survey administered by the Association, more
20 than 50% of members have had anxiety or mental health management issues. The ADA Accelerator
21 series is a member benefit that includes resources for wellness and staying healthy. The ADA also
22 offers the ADA Success Program to student members; the program touches on topics not typically
23 covered in dental school lectures. Dr. Johnson also highlighted the Committee's ongoing efforts
24 working with the ADA Board of Trustees to start more young dentists on the path to leadership in
25 dentistry.

26 **Committee Reports:**

27 **Recognition Committee Summary Report:** Dr. Otomo-Corgel and Dr. Nickman presented the
28 Committee's comments and recommendations to the Council. The following summarizes the agenda
29 items discussed.

30
31 **Review of ADA Policy Related to Recognition of Interest Areas in General Dentistry:** The Council
32 was reminded of the Association's protocol requiring agencies to review assigned policies every five
33 years. The intent of the review is to maintain only those policies that have 1) relevance, 2) continued
34 need, 3) consistency with other Association policies, and 4) appropriate language and terminology. In
35 reviewing the *Criteria for Recognition of Interest Areas in General Dentistry* (Trans.2010:579; 2018:324)
36 the Council noted that although this policy must be reviewed no later than 2023, the Council agreed
37 with the Committee that it is necessary to review the policy at this time to better coordinate the review
38 with the policy *Recognition of Operative Dentistry, Cariology and Biomaterials as an Interest Area in*
39 *General Dentistry* (Trans.2016:304; 2017:274). Accordingly, the Council reviewed the policy and
40 agreed with the Recognition Committee's recommendation to retain the policy as written. Full text of the
41 policy is presented in Appendix 1.

42 **Action:** The Council directed that the policy titled, "*Criteria for Recognition of Interest Areas in*
43 *General Dentistry*" (Appendix 1) be retained as written and that this be reported to the 2022
44 House of Delegates.

45 **Consideration of Proposed Application Form for Continuing Recognition of an Interest Area in**
46 **General Dentistry:** The Council noted that the Academy of Operative Dentistry (AOD) must be

1 requested to submit a report to CDEL demonstrating continued compliance with the *ADA Criteria for*
2 *Recognition of Interest Areas in General Dentistry*. Accordingly, the Council was provided with the
3 Academy's 2014 Criteria for Recognition of Interest Areas in General Dentistry Application and
4 considered the draft Application Form for Continued Recognition. The Council agreed with the
5 Recognition Committee's recommendation to approve the new application for continued recognition of
6 an interest area in general dentistry and request the AOD to demonstrate on-going compliance with the
7 *Criteria* by completing the application in spring of 2022 for consideration by the Council at its June 2022
8 meeting. Results of the Council's review will be reported to the 2022 House of Delegates.

9 **Action:** The Council approved the Application Form for Continued Recognition as an Interest
10 Area in General Dentistry (Appendix 2) and directed that the Academy of Operative Dentistry
11 (AOD) be requested to complete the application by May 15, 2022 for report to the Council's
12 June 2022 meeting.

13 **Review of ADA's Requirements for Recognition of Dental Specialties and National Certifying**
14 **Boards for Dental Specialists:** The Council noted that the *ADA's Requirements for Recognition of*
15 *Dental Specialties and National Certifying Boards for Dental Specialists (Requirements)* was last
16 reviewed by the Council in 2018 and due for review no later than 2023. However, the 2021 ADA House
17 of Delegates adopted Resolution 108H-2021 calling for the review to commence in 2022.

18
19 The Council reviewed the *Requirements* as well as the proposed revision previously submitted by the
20 National Commission on Recognition of Dental Specialties and Certifying Boards and supported by the
21 Council. The National Commission had urged that Requirement 5 – Operation of Boards be modified so
22 that the recognized certifying boards "require" rather than "encourage" diplomates to engage in lifelong
23 learning and continuous quality improvement. The Council agreed with the Recognition Committee's
24 recommendation to initiate the review of the *Requirements* by circulating a call for comment on the
25 *Requirements*, including the proposed Requirement 5 revision, to the communities of interest.
26 Outcomes, including any additional proposed revisions to the *Requirements*, will be reviewed by the
27 Council at its June 2022 meeting. Results of the Council's review will be transmitted to the 2022 House
28 of Delegates.

29
30 **Action:** The Council directed that a call for comment on the *Requirements for Recognition of*
31 *Dental Specialties and National Certifying Boards for Dental Specialists* and proposed revision
32 (Appendix 3) be circulated to the communities of interest for review and comment.

33 **Continuing Education Committee:** Dr. Otomo-Corgel and Dr. Nickman presented the Committee's
34 comments and recommendations to the Council. The following summarizes the agenda items discussed.

35
36 **Consideration of Continuing Dental Education Policies Assigned to the Council on Dental Education and**
37 **Licensure for Review in 2022:** Following the Association's protocol for periodic review of policies every five
38 years, the ADA policies related to continuing education must be reviewed in 2022. Accordingly, the Council
39 considered several continuing education policies, and agreed with the conclusions of its Committee on Continuing
40 Education. The proposed changes to these policies are presented in Appendix 4.

41
42 **Action:** Directed that a resolution be transmitted to the 2022 House of Delegates recommending that the
43 "Policy Statement on Continuing Dental Education" be amended by adding the language of the policy
44 titled, "Titles and Descriptions of Continuing Education Courses" to the third paragraph and adding
45 additional acceptable forms of continuing education and that the policy titled, "Titles and Descriptions of
46 Continuing Education Courses" be rescinded.
47

1 **Action:** Directed that a resolution be transmitted to the 2022 House of Delegates recommending that the
2 policy titled "Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited
3 Providers" be amended by adding the phrase, "and Joint Accreditation for Interprofessional Continuing
4 Education."

5
6 **Action:** Directed that a resolution be transmitted to the 2022 House of Delegates recommending that the
7 policy titled "Policy Statement on Lifelong Learning" be amended by adding the language of the policy
8 titled "Lifelong Continuing Education" and that the policy titled "Lifelong Continuing Education" be
9 rescinded.

10
11 **Action:** Directed that the policy titled, "Promotion of Continuing Education" be retained as written and
12 that this action be reported to the 2022 House of Delegates.

13
14 **Action:** Directed that the policy titled, "Policy on State Dental Board Recognition of the Commission for
15 Continuing Education Provider Recognition" be retained as written and that this action be reported to the
16 2022 House of Delegates.

17
18 **Emerging Issues, Trends and Miscellaneous Affairs:**

19 **ADA Executive Director's Update:** Dr. Raymond Cohlma, newly appointed Executive Director,
20 briefed the Council on his focus and vision for the ADA's future. He emphasized the need for key
21 changes to be made to remain sustainable and critical to the profession of dentistry, including
22 member/client services, fiscal responsibility and organizational nimbleness.

23 **Overview of the ADA Science and Research Institute:** Dr. Marcelo Araujo, Chief Executive Officer of
24 the ADA Science and Research Institute (ADASRI), provided an overview of the work ADASRI is doing
25 and shared with the Council and described the Institute's relationship with the Council on Scientific
26 Affairs (CSA). ADASRI was created as a subsidiary of the ADA in 2019 when the Board of Trustees
27 saw the need to merge the efforts of the ADA Science Institute based in Chicago and with the scientific
28 work being conducted in Maryland. Dr. Araujo explained that while ADASRI reports to the ADA Board
29 of Trustees annually, it also has its own Board of Directors. The two organizations are linked through a
30 service agreement. The Institute is charged with conducting innovative research to maximize the ability
31 to develop patents for the ADA, and apply for grants sponsored by both the government and private
32 foundations.

33 The Council on Scientific Affairs will be collaborating with ADASRI on the development of Clinical
34 Guidelines on Sedation and Anesthesiology, as requested by the Council on Dental Education and
35 Licensure. CSA is establishing an expert panel to draft the guidelines. Dr. Araujo also reported that the
36 development of the Clinical Guidelines is likely to be delayed due to staff changes. The report on the
37 final Guidelines is likely to be transmitted to the 2023 House of Delegates as an informational item.
38 The House of Delegates does not take action on clinical guidelines. The report may be used as a
39 reference to support ADA policies on sedation and anesthesiology for the House to consider in the
40 future.

41
42 **Strategic Plan 2020-2025: Council Priorities in 2022:** The Council discussed and confirmed its
43 priorities and projects for 2022 in light of the Strategic Plan Goals and the Council's defined
44 responsibilities:

- 45
46 ➤ On behalf of the ADA, monitor and comment on matters of the Commission on Dental Accreditation,
47 Commission for Continuing Education Provider Recognition, and the National Commission on
48 Recognition of Dental Specialties and Certifying Boards. [ORGANIZATIONAL GOAL AND PUBLIC
49 GOAL]

- 1 ➤ Continue to support the ADA and its involvement with the Coalition for Modernizing Dental
 2 Licensure. [ORGANIZATIONAL GOAL AND PUBLIC GOAL]
 3
- 4 ➤ Continue to support the development of licensure compact legislation and advocate for changes to
 5 state dental practice acts, rules and regulations regarding licensure. [ORGANIZATIONAL GOAL
 6 AND PUBLIC GOAL]
 7
- 8 ➤ Continue to support the implementation and promotion of non-patient clinical licensure
 9 examinations, including the Dental Licensure Objective Structured Clinical Examination (DLOSCE).
 10 [ORGANIZATIONAL GOAL AND PUBLIC GOAL]
 11
- 12 ➤ Provide oversight to the Department of Testing Services regarding the administration of the Dental
 13 Admission Test (DAT), the Advanced Dental Admission Test (ADAT) and the Admission Test for
 14 Dental Hygiene (ATDH). [PUBLIC GOAL AND FINANCIAL GOAL]
 15
- 16 ➤ Per the 5-year association policy review cycle, consider and possibly recommend revision to the
 17 continuing education, licensure and recognition policies assigned to the Council for review.
 18 [ORGANIZATIONAL GOAL AND PUBLIC GOAL]
 19
- 20 ➤ Address Resolution 108H-2021: National Commission on Recognition of Dental Specialties and
 21 Certifying Boards Requirements for Recognition Review and report findings to the 2022 House of
 22 Delegates. [ORGANIZATIONAL GOAL AND PUBLIC GOAL]
 23
- 24 ➤ Consider the annual reports of the Dental Assisting National Board and the National Board for
 25 Certification in Dental Laboratory Technology. [ORGANIZATIONAL GOAL AND PUBLIC GOAL]
 26

27 **Action:** The Council approved its priorities and projects for 2022 as noted above.
 28

29 **Coalition for Modernizing Dental Licensure:** Dr. Meaghan Strotman updated the Council on the
 30 activities of the Coalition throughout 2021. To date, the Coalition's membership is comprised of 40
 31 dental schools, 12 dental hygiene programs, 15 state dental associations, 27 state dental hygiene
 32 associations, and 10 dental specialty associations. The Coalition doubled the number of applications for
 33 membership received in 2021 over the previous year. The Executive Committee of the Coalition hosted
 34 a webinar in July 2021 which highlighted the significant impact of COVID-19 on dental and dental
 35 hygiene licensure and the changes that occurred due to the Pandemic. Dr. Strotman encouraged
 36 Council members to visit the Coalition's website (www.dentallicensure.org) for the recording the Dental
 37 Licensure: Navigating a Pandemic and the Coalition's Progress webinar as well as other resources.
 38 She also noted that the Executive Committee approved the CMDL's 2021-2024 Strategic Plan as well
 39 as the Coalition's policy statement on initial licensure and licensure portability. The next Executive
 40 Committee meeting is scheduled for February 23, 2022; the full Coalition is anticipated to meet in
 41 September 2022.

42 **Licensure Compacts Update:** Dr. David Nielson introduced himself, Dr. Steven Lepowsky, and Mr.
 43 Colton Cannon as members of the Technical Assistance Group that is providing input to the Council of
 44 State Governments (CSG) document team that will be drafting model legislative language on dental
 45 licensure compacts for states to consider. The project is funded by the US Department of Defense,
 46 managed by the Council of State Governments (CSG), and supported by the ADA and American Dental
 47 Hygienists' Association. Each state will ultimately decide whether to participate in the dental/dental
 48 hygiene licensure compact.

1 Dr. Lepowsky explained the two licensure compact models currently under consideration by the
2 Technical Assistance Group, are the “privilege to practice” model and the “multistate license” model.
3 The Technical Assistance Group has met biweekly working through the benefits/drawbacks of each
4 model in addition to discussing issues such as eligibility requirements, disciplinary management, and
5 the establishment of a commission to oversee management of the compact for the participating states.

6 **Brief Remarks from Council Chairs:** Prior to the Council meeting, Dr. Thomas-Moses invited the
7 chairs and vice chairs of other Councils to attend a portion of the Council meeting on January 25 and
8 share activities of their agencies. The following Council chairs attended and provided updates:

- 9 • Dr. Meredith A. Bailey, chair, Council on Ethics, Bylaws and Judicial Affairs
- 10 • Dr. Krishna Aravamudhan, senior director, Council on Dental Benefit Programs
- 11 • Dr. Shailee J. Gupta, chair, Council on Advocacy for Access and Prevention
- 12 • Dr. James A. Hoddick, chair, Council on Dental Practice
- 13 • Dr. Sharukh S. Khajotia, vice-chair, Council on Scientific Affairs
- 14 • Dr. Chad R. Leighty, chair, Advisory Committee on Annual Meetings

15 **Chair and Vice-chair Election for 2022-2023:** Dr. Donna Thomas-Moses (ADA appointee), will
16 complete her term as chair of the Council at the close of the 2022 ADA House of Delegates meeting on
17 October 15, 2022. Dr. Maurice Miles (AADB appointee) also will complete his one-year term as vice-
18 chair of the Council at that time. The Council was reminded that at its June 2022 meeting, members will
19 elect a chair and vice-chair for the 2022-2023 year.

20

21 **Adjournment:** 10:35 AM Tuesday, January 25, 2022.

22

23

Appendices

24

25 **Appendix 1:** *Criteria for Recognition of Interest Areas in General Dentistry*

26 **Appendix 2:** Application Form for Continued Recognition as an Interest Area in General Dentistry

27 **Appendix 3:** Proposed Revision to the *Requirements for Recognition of Dental Specialties and*
28 *National Certifying Boards for Dental Specialists*

29 **Appendix 4:** Proposed Changes to ADA Continuing Dental Education Policies

Criteria for Recognition of Interest Areas in General Dentistry (Trans.2010:579; 2018:324)

Criteria for Recognition of Interest Areas in General Dentistry

1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

Elements to be addressed:

- Definition and scope of the general dentistry area
 - Educational goals and objectives of the general dentistry area
 - Competency and proficiency statements for the general dentistry education area
 - Description of how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas
2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.

Elements to be addressed:

- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area
 - Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
 - Documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
 - Documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals
3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.

Elements to be addressed:

- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry
- A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
 - a. Sponsoring institution;
 - b. Name and qualifications of the program director;
 - c. Number of full-time and part-time faculty (define part-time for each program);
 - d. Curriculum (course outlines, student competencies, class schedules);

- e. Outcomes assessment method;
- f. Minimum length of the program;
- g. Certificate and/or degree awarded upon completion;
- h. Number of enrolled individuals per year for at least the past five years*; and
- i. Number of graduates per year for at least the past five years.*

**If the established education programs have been in existence less than five years, provide information since their founding.*

- Documentation on how many programs in the education area would seek voluntary accreditation review, if available
4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

Elements to be addressed:

- Evidence of the minimum length of the program for full-time students
 - Evidence that a certificate and/or degree is awarded upon completion of the program
 - Programs' recruitment materials (e.g., bulletin, catalogue)
 - Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)
5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

Elements to be addressed:

- Description of the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- Description of current and emerging trends in the general dentistry education area
- Documentation that dental health care professionals currently provide health care services in the identified area
- Evidence that the area of knowledge is important and significant to patient care and dentistry
- Documentation that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations

Application for Continued Recognition as an Interest Area in General Dentistry

Council on Dental Education and Licensure
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
2022

ADA American Dental Association®
America's leading advocate for oral health

Introduction

This application specifies the information that must be submitted to the American Dental Association's Council on Dental Education and Licensure by those seeking continued recognition as an interest area in general dentistry.

Background information

The Governance and Organizational Manual of the American Dental Association delegates to the Council on Dental Education and Licensure the authority to study and make recommendations on the recognition of interest areas in general dentistry. The Association's House of Delegates makes the final decision to grant or deny this recognition. In addition, the House of Delegates approves *Criteria for Recognition of Interest Areas in General Dentistry*. Recognized interest areas must periodically demonstrate ongoing compliance with the five criteria for recognition in order to maintain recognition. The results of the periodic review are reported to the ADA House of Delegates. This application outlines the process and *Criteria* by which interest areas in general dentistry must satisfy in order to maintain recognition by the ADA.

It should be noted that the *Criteria* pertain only to the recognition of interest areas in general dentistry. The Association's policies regarding ethical announcement of interest areas in general dentistry and limitation of practice by individual practitioners are contained in its *Principles of Ethics and Code of Professional Conduct*.

The Recognition Process

Upon receipt of an application for continued recognition, the Council Chair and staff screen the application to determine whether all sections have been completed and all appendices referenced in the document have been included. Receipt of a completed application will be acknowledged. Applications that are not fully completed will be returned to the sponsor with notification about suitable modifications.

Review Procedures

The completed application for continued recognition will be considered first by the Council's Standing Committee on Recognition of Specialties and Interest Areas in General Dentistry. The Committee determines its recommendation following in-depth review and discussion of all information provided. Following the Committee's review of the application, the Council determines its recommendation on whether continued compliance has been demonstrated. If the Council determines that the applicant has demonstrated continued compliance with the five criteria for recognition, this will be reported to the Association's House of Delegates. In addition, it will advise the sponsor and the House of its findings and reasons for its recommendation.

If the Council determines that the sponsor has not demonstrated continued compliance with the *Criteria*, the sponsor is advised of (1) the recommendation and reasons for the recommendation; (2) the sponsor's right to submit a response to the Council's report; and (3) the sponsor's right to a special appearance before the Council to supplement its written response. If the sponsor elects not to respond within the prescribed timeframe, the Council will transmit its detailed report and resolution to the Association's House of Delegates for final action. Resolutions transmitted to the Association's House of Delegates are also considered by the ADA Board of Trustees. In its consideration of a resolution, the House is also advised of the Board's comment and recommendation on the resolution.

If the sponsoring organization elects to respond, the Council will take into consideration the sponsor's written response, as well as information provided during a special appearance, before making its final decision. If the applicant provides extensive new information in its written response or during the special appearance, the Council can elect to refer the application to the Committee on Recognition for further study. The Council's recommendation for continued recognition or withdrawal of recognition will be transmitted through the ADA Board of Trustees to the House of Delegates for final action.

Application Instructions

General:

The Application for Continued Recognition is structured to collect specific qualitative and quantitative information that will assist the Council on Dental Education and Licensure in determining the extent to which the general dentistry interest area continues to meet the established criteria for recognition.

Format:

The completed application should be in the format provided. Each section of the application should be clearly labeled and the heading and numerical designations of each question indicated. A narrative response with supporting documentation should be provided in response to each question. Bookmarks within the PDF application to organize supporting documentation are encouraged.

Where such supporting documentation is provided, it should be referenced at the end of the narrative statement, clearly labeled and appended to the application.

Responses:

The applicant is expected to respond to all specific requests for information. Individuals responsible for completing the application should review the entire document carefully before completing any part of it. It is not necessary to repeat at length information that can be found elsewhere in the document; cross-referencing information is encouraged.

Some sections of the application request quantitative information. The source of any data provided should be indicated. Estimates may be provided in these sections if definitive statistics are not available, but must include a measure of reliability. However, estimates should be clearly identified and the method for arriving at the estimates should be explained.

Submission of the Completed Application

The completed application should be submitted electronically via email to hartk@ada.org by the date requested. Additionally, please complete the Permission to Publish Application in Appendix 1 and submit all materials to:

Director
Council on Dental Education and Licensure
American Dental Association
211 E. Chicago Avenue
Chicago, Illinois 60611
hartk@ada.org

Council staff members are available to answer questions regarding this application and can be reached on the Association's toll-free number: (800) 621-8099, ext. 2698

Application

APPLICATION FOR CONTINUED RECOGNITION OF

(as an Interest Area in General Dentistry)

Application submitted by:

(Sponsor)

(Address)

(City)

(State)

(Zip)

(Signature)

(Contact person)

(Phone number)

(Address)

(City)

(State)

(Zip)

(Email address)

(Date of submission)

Material provided in the application for continued recognition as an interest area in general dentistry contains statements that represent conclusions of the applicant. Continued Recognition of an interest area in general dentistry by the American Dental Association is based on compliance with established *Criteria* and does not imply concurrence with all of the statements presented in the application.

**APPLICATION FOR CONTINUED RECOGNITION
AS AN INTEREST AREA IN GENERAL DENTISTRY**

Criteria for Recognition of Interest Areas in General Dentistry

- 1. The existence of a well-defined body of established evidence-based scientific and clinical dental knowledge underlying the general dentistry area - knowledge that is in large part distinct from, or more detailed than, that of other areas of general dentistry education and practice and any of the dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.**
 - a. Provide the definition and scope of the general dentistry area
 - b. Provide the educational goals and objectives of the general dentistry area
 - c. Provide the competency and proficiency statements for the general dentistry education area.
 - d. Provide a list of the specific areas of clinical practice, or procedures which you recognize as the essential components of the specific interest area in general dentistry in consideration.
 - e. Describe how scientific dental knowledge in the area is substantive and distinct from other general dentistry areas

- 2. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.**
 - a. Identify the distinct components of biomedical, behavioral and clinical science in the advanced education area
 - b. Describe why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques
 - c. Provide documentation demonstrating that the body of knowledge is unique and distinct from that in other education areas accredited by the Commission on Dental Accreditation
 - d. Provide documentation of the complexity of the body of knowledge of the general dentistry area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journals

- 3. The existence of established advanced educational programs with structured curricula, qualified faculty and enrolled individuals for which accreditation by the Commission on Dental Accreditation can be a viable method of quality assurance.**
 - a. Describe the historical development and evolution of educational programs in the area of advanced training in general dentistry
 - b. Provide a listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
 - i. Sponsoring institution;
 - ii. Name and qualifications of the program director;
 - iii. Number of full-time and part-time faculty (define part-time for each program);
 - iv. Curriculum (course outlines, student competencies, class schedules);

- v. Outcomes assessment method;
- vi. Minimum length of the program;
- vii. Certificate and/or degree awarded upon completion;
- viii. Number of enrolled individuals per year for at least the past five years*;
and
- ix. Number of graduates per year for at least the past five years.*

*If the established education programs have been in existence less than five years, provide information since their founding.

- c. Document how many programs in the education area would seek voluntary accreditation review, if available.

4. The education programs are the equivalent of at least one 12-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by the Joint Commission on Accreditation of Healthcare Organizations or its equivalent rather than a series of continuing education experiences.

- a. Document the minimum length of the program for full-time students
- b. Provide evidence that a certificate and/or degree is awarded upon completion of the program
- c. Provide copies of the program's recruitment materials (e.g., bulletin, catalogue)
- d. Provide other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g., academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education)

5. The competence of the graduates of the advanced education programs is important to the health care of the general public.

- a. Describe the need for appropriately trained individuals in the general dentistry area to ensure quality health care for the public
- b. Describe current and emerging trends in the general dentistry education area
- c. Document that dental health care professionals currently provide health care services in the identified area
- d. Provide evidence that the area of knowledge is important and significant to patient care and dentistry
- e. Document that the general dentistry programs comply with the ADA *Principles of Ethics and Code of Professional Conduct*, as well as state and federal regulations



COUNCIL ON DENTAL EDUCATION AND LICENSURE

**PERMISSION TO PUBLISH APPLICATION
Continued Recognition as an Interest Area in General Dentistry**

The American Dental Association (“ADA”), through its Council on Dental Education and Licensure, makes recommendations on the recognition of general dentistry interest areas and in that capacity obtains applications for recognition and continued recognition of interest areas in general dentistry including exhibits and supplemental material (the “Application”). The undersigned hereby grants its full permission and authorization to ADA to republish, post and otherwise use or make available the application in various ADA publications, including but not limited to ADA’s website currently located at www.ada.org. Furthermore, the undersigned consents to the reproduction, display, transmission and use of the Application by ADA on a perpetual basis, worldwide, without charge, in any media now existing or hereafter created, including without limitation brochures, periodicals, Internet, Intranet, websites and CD-ROMs, and to receive or otherwise use the Application in electronic format as well as print or any other media.

The undersigned, for itself and all its agents, assigns and successors, hereby waives all rights to any consideration, whether by payment of money or otherwise, for time and expenses, and for the reproduction, display, transmission and use of the Application. Further, the undersigned, for itself and all its agents, assigns and successors, hereby releases and forever discharges ADA and its permittees, their respective subsidiaries, affiliates, officers, trustees, directors, employees, agents, insurance carriers, predecessors, successors, heirs and assigns, and any others acting with their permission or under their authority from: (1) any and all claims arising out of the foregoing, including but not limited to any claims for blurring or distortion or for failure to exercise such right to use the Application; and (2) any and all past and present claims, demands and causes of action of any nature whatsoever that we had, have or may hereafter claim to have, whether directly or indirectly, whether based on statute, tort, contract or otherwise, whether known or unknown, suspected or unsuspected, foreseen or unforeseen, liquidated or unliquidated, asserted or unasserted, arising in connection with the activities described above.

IN WITNESS WHEREOF, the undersigned, through its duly authorized representative, has executed this Agreement on this ____ day of _____, 202_.

Name of Sponsor

Signature: _____

Title: _____



(Proposed Deletions are ~~stricken~~; additions are underlined)

Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists

Adopted as Amended by the ADA House of Delegates, October 2018

Introduction

A specialty is an area of dentistry that has been formally recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as meeting the "Requirements for Recognition of Dental Specialists" specified in this document. Dental specialties are recognized to protect the public, nurture the art and science of dentistry, and improve the quality of care. It is the Association's belief that the needs of the public are best served if the profession is oriented primarily to general practice. Specialties are recognized in those areas where advanced knowledge and skills are essential to maintain or restore oral health.¹

Not all areas in dentistry will satisfy the requirements for specialty recognition. However, the public and profession benefit substantially when non-specialty groups develop and advance areas of interest through education, practice and research. The contributions of such groups are acknowledged by the profession and their endeavors are encouraged.

The sponsoring organization must submit to the National Commission on Recognition of Dental Specialties and Certifying Boards a formal application which demonstrates compliance with all the requirements for specialty recognition.

Following recognition of a specialty by the National Commission on Recognition of Dental Specialties and Certifying Boards a national board for certifying diplomates in accordance with the "Requirements for National Certifying Boards for Dental Specialists" may be established as specified in this document.

¹ Association policies regarding ethical announcement of specialization and limitation of practice are contained in the *ADA Principles of Ethics and Code of Professional Conduct*.

Requirements for Recognition of Dental Specialties

A sponsoring organization seeking specialty recognition for an area must document that the discipline satisfies all the requirements specified in this section.

- (1) In order for an area to become and/or remain recognized as a dental specialty, it must be represented by a sponsoring organization: (a) whose membership is reflective of that proposed or recognized dental specialty; (b) in which the privileges to hold office and to vote on any issue related to the specialty are reserved for dentists who either have completed an advanced education program accredited by the Commission on Dental Accreditation in that proposed or recognized specialty or have sufficient experience in that specialty as deemed appropriate by the sponsoring organization and its certifying board; and (c) that demonstrates the ability to establish a certifying board.
- (2) A proposed specialty must be a distinct and well-defined field which requires unique knowledge and skills beyond those commonly possessed by dental school graduates as defined by the Commission on Dental Accreditation's Accreditation Standards for Dental Education Programs.
- (3) The scope of the proposed specialty requires advanced knowledge and skills that: (a) in their entirety are separate and distinct from the knowledge and skills required to practice in any recognized dental specialty; and (b) cannot be accommodated through minimal modification of a recognized dental specialty.
- (4) The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies, that it: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the profession; and (d) provides oral health services in the field of study for the public; each of which the specialty applicant must demonstrate would not be satisfactorily met except for the contributions of the specialty applicant.
- (5) A proposed specialty must directly benefit some aspect of clinical patient care.
- (6) Formal advanced education programs of at least two years accredited by the Commission on Dental Accreditation must exist to provide the special knowledge and skills required for practice of the proposed specialty.

Requirements for Recognition of National Certifying Boards for Dental Specialists

In order to become, and remain, eligible for recognition by the National Commission on Recognition of Dental Specialties and Certifying Boards as a national certifying board for a dental specialty, the specialty shall have a sponsoring organization that meets all of the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties. A close working relationship shall be maintained between the sponsoring organization and the certifying board. Additionally, the following requirements must be fulfilled.

Organization of Boards:

- (1) Each Board shall have no less than five or more than 12 voting directors designated on a rotation basis in accordance with a method approved by the National Commission on Recognition of Dental Specialties and Certifying Boards. Although the Commission does not prescribe a single method for selecting directors of boards, members may not serve for more than a total of nine years. Membership on the board shall be in accordance with a prescribed method endorsed by the sponsoring organization. All board directors shall be diplomates of that board and only the sponsoring organizations of boards may establish additional qualifications if they so desire.
- (2) Each board shall submit in writing to the National Commission on Recognition of Dental Specialties and Certifying Boards a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board. This statement should include evidence of sponsorship of the board by a national organization that meets all the elements of Requirement (1) of the Requirements for Recognition of Dental Specialties.
- (3) Each board shall submit to the National Commission on Recognition of Dental Specialties and Certifying Boards evidence of adequate financial support to conduct its program of certification.
- (4) Each board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Consultants who participate in clinical examinations should be diplomates.

Operation of Boards:

- (1) Each board shall certify qualified dentists as diplomates only in the special area of dental practice approved by the National Commission on Recognition of Dental Specialties and Certifying Boards for such certification. No more than one board shall be recognized for the certification of diplomates in a single area of practice.
- (2) Each board, except by waiver of the National Commission on Recognition of Dental Specialties and Certifying Boards, shall give at least one examination in each calendar year and shall announce such examination at least six months in advance.
- (3) Each board shall maintain a current list of its diplomates.
- (4) Each board shall submit annually to the National Commission on Recognition of Dental Specialties and Certifying Boards data relative to its financial operations, applicant admission procedures, and examination content and results. Examination procedures and results should follow the Standards for Educational Psychological Testing, including validity and reliability evidence. A diplomate may, upon request, obtain a copy of the annual technical and financial reports of the board.
- (5) Each board shall ~~encourage~~ require its diplomates to engage in lifelong learning and continuous quality improvement.
- (6) Each board shall provide periodically to the National Commission on Recognition of Dental Specialties and Certifying Boards evidence of its examination and certification of a significant number of additional dentists in order to warrant its continuing approval by the National Commission on Recognition of Dental Specialties and Certifying Boards.
- (7) Each board shall bear full responsibility for the conduct of its program, the evaluation of the qualifications and competence of those it certifies as diplomates, and the issuance of certificates.
- (8) Each board shall require an annual registration fee from each of its diplomates intended to assist in supporting financially the continued program of the board.

Certification Requirements:

- (1) Each board shall require, for eligibility for certification as a diplomate, the successful completion of an advanced education program accredited by the Commission on Dental Accreditation of two or more academic years in length, as specified by the Commission.

Although desirable, the period of advanced study need not be continuous, nor completed within successive calendar years. An advanced educational program equivalent to two academic years in length, successfully completed on a part-time basis over an extended period of time as a graduated sequence of educational experience not exceeding four calendar years, may be considered acceptable in satisfying this requirement. Short continuation and refresher courses and teaching experience in specialty departments in dental schools will not be accepted in meeting any portion of this requirement.

Each board may establish an exception to the qualification requirement of completion of an advanced specialty education program accredited by the Commission on Dental Accreditation for the unique candidate who has not met this requirement per se, but can demonstrate to the satisfaction of the certifying board, equivalent advanced specialty education. A certifying board must petition the National Commission on Recognition of Dental Specialties and Certifying Boards for permission to establish such a policy.

- (2) Each board shall establish its minimum requirements for years of practice in the area for which it grants certificates. The years of advanced education in this area may be accepted toward fulfillment of this requirement.
 - (3) Each board, in cooperation with its sponsoring organization, shall prepare and publicize its recommendations on the educational program and experience requirements which candidates will be expected to meet.
-

Proposed Changes to ADA Continuing Dental Education Policies

Policy titles are **highlighted in yellow**; proposed deletions are ~~stricken~~; additions are underlined.

Policy Statement on Continuing Dental Education (*Trans.2006:331; 2011:465; 2017:274*)

Definition of Continuing Dental Education: Continuing dental education consists of educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education and to update knowledge on advances in scientific, clinical, and non-clinical related subject matter, including evidence-based dentistry and ethics. The objective is to improve the knowledge, skills and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry, balanced judgment and ethics that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

Continuing education programs are typically designed for part-time enrollment and are of variable duration. In contrast to accredited advanced dental education programs, continuing dental education programs do not lead to eligibility for ethical announcements or certification in a specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards ~~American Dental Association~~. Continuing dental education should be a part of a lifelong continuum of learning.

Acceptable Course Titles and Descriptions: Continuing education course titles and descriptions should be structured such that the titles and descriptions do not explicitly or implicitly infer that attendees can perform procedures beyond their legal scope of practice.

Acceptable Subject Matter: In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or topical outlines should be clearly stated. The information presented should enable the dental professional to enhance the oral health and well-being of the public, either directly or through improved effectiveness of operations in dental practice, or through expansion of present knowledge through research. The dental professional should be able to apply the knowledge gained within his or her professional capacity.

Acceptable Activities: Continuing education activities are conducted in a wide variety of forms using many methods and techniques which are sponsored by a diverse group of institutions and organizations, including formally structured educational content offered by accredited or approved providers, and other types of activities that state dental boards and/or legislatures may by law specify as acceptable. The Association urges the state dental boards to allow maximum flexibility for an individual to choose content and learning activities based on individual preferences, needs, interests and resources. Additionally, clinical credit should be awarded for all activities related to the delivery of dental procedures including those with ethical components and self-study activities.

Acceptable forms might include but are not limited to:

- participation in a formal continuing education course (a didactic and/or participatory activity to review or update knowledge of new or existing concepts and techniques)
- delivery of a formally structured continuing education course

- 51 • general attendance at a multi-day convention type meeting (a meeting held at the
52 national, state or regional level which involves a variety of concurrent educational
53 experiences)
- 54 • presentation at a poster session or table clinic
- 55 • authorship of publications (e.g., a book, a chapter of a book or an article or paper
56 published in a professional journal)
- 57 • completion of self-study activities such as online courses and research, webinars,
58 journal articles and downloadable books (individualized course of study which is
59 structured and organized, but is available on an unscheduled and unsupervised basis; a
60 method of providing feedback to the learner on performance or comprehension must be
61 incorporated into the self-study activity)
- 62 • enrollment in a preceptor program (an independent course of study with a formally
63 structured, preplanned and prescheduled curriculum where the participant observes and
64 provides patient treatment using criteria and guidelines provided by the instructors; this
65 type of study does not lead to an academic degree)
- 66 • academic service (e.g., instruction, administration or research related to undergraduate,
67 postgraduate or graduate dental or allied dental training programs)
- 68 • ~~presenting posters or table clinic~~
- 69 • membership and/or participation on a state dental board or committee; participation on a
70 state dental board, a board complaint investigation, peer review or quality care review
71 ~~procedures evaluation~~
- 72 • ~~successful completion of Part II of the National Board Dental Examination, a recognized~~
73 ~~dental specialty examination or the National Board Dental Hygiene Examination if taken~~
74 ~~after initial licensure~~ successful completion of the Integrated National Board Dental
75 Examination, fellowship/certification examinations in general dentistry or interest areas in
76 general dentistry, a recognized dental specialty certification examination, the National
77 Board Dental Hygiene Examination, or the Dental Assisting National Board (DANB)
78 Examination
- 79 • participation in test development or calibration for written and clinical dental, dental
80 hygiene and dental specialty certification examinations
- 81 • ~~volunteering pro bono dental services or community oral health activities through a~~
82 ~~public health facility~~ providing volunteer pro bono dental services at a non-profit entity or
83 event
- 84 • participation in dental research as a principal investigator or research assistant
- 85 • attendance at a study club meeting that uses audio, video, live presentations or written
86 materials
- 87 • dental coursework taken during postdoctoral education or a CODA-accredited residency
88 program

91 **Titles and Descriptions of Continuing Education Courses (Trans.2014:463)**

92
93 **Resolved**, that continuing education course titles and descriptions should be structured such
94 that the titles and descriptions do not explicitly or implicitly infer that attendees can perform
95 procedures beyond their legal scope of practice.

96
97 **Action:** Recommend to the 2022 House of Delegates that the “*Policy Statement on*
98 *Continuing Dental Education*” be amended by adding the language of the policy titled
99 “*Titles and Descriptions of Continuing Education Courses*” to the third paragraph and
100 adding additional acceptable forms of continuing education. Further,

101
102 Recommend to the 2022 House of Delegates that the policy titled “*Titles and*
103 *Descriptions of Continuing Education Courses*” be rescinded.

104
105 **Acceptance of Formal Continuing Medical Education Courses Offered by ACCME**
106 **Accredited Providers (Trans.2010:576)**

107
108 **Resolved**, that the American Dental Association urges state boards of dentistry to accept for
109 licensure renewal purposes dentists’ participation in formal continuing medical education
110 courses offered by continuing education providers accredited by the Accreditation Council for
111 Continuing Medical Education (ACCME) and Joint Accreditation for Interprofessional Continuing
112 Education.

113
114 **Action:** Recommend to the 2022 House of Delegates that the policy titled
115 “*Acceptance of Formal Continuing Medical Education Courses Offered by ACCME*
116 *Accredited Providers*” be amended by adding the phrase “and Joint Accreditation for
117 Interprofessional Continuing Education.”

118
119 **Policy Statement on Lifelong Learning (Trans.2000:467)**

120
121 The Association advocates lifelong learning to enhance and update the knowledge base of
122 dentists, to stimulate ongoing professional growth and development and to improve professional
123 skills. Dentists have a responsibility to pursue lifelong learning throughout their professional
124 careers. The Association recognizes that its members represent a broad community of interest
125 and possess highly diverse learning styles that can be accommodated by a variety of
126 educational methods. Members are encouraged to identify individual needs and develop and
127 implement a plan to meet these needs. This plan may include, but not be limited to, staying
128 current with professional literature, seeking current information applicable to one’s practice, and
129 participating in formal continuing dental education activities. The increasing pace of change in
130 technology and skills necessary to practice dentistry necessitates the continuous deliberate
131 acquisition of knowledge and skills to provide the highest quality of oral health care. A
132 professional should address a broad spectrum of topics to update his or her knowledge and
133 skills in all appropriate areas of the profession.

134
135 The Association is committed to serving as a supportive resource to facilitate the lifelong
136 learning process and continuing competency by assisting to assist members in identifying
137 appropriate sources and mechanisms for meeting this responsibility for the benefit of the public
138 and the profession. The Association encourages the investigation of new methods of supporting
139 continuing competency of its members and discourages methods such as mandated periodic in-
140 office audits and/or comprehensive written examinations as a means of measuring or assessing
141 the continuing competency of dentists or as a requirement for license renewal.

142
143
144 **Lifelong Continuing Education (Trans.1999:941)**

145
146 **Resolved**, that the American Dental Association supports lifelong continuing education of its
147 members and encourages various methods of demonstrating continuing competency through
148 the oversight of dental practitioners by state boards of dentistry and peer review, and be it
149 further

150 **Resolved**, that the Association discourages methods such as mandated periodic in-office audits
 151 and/or comprehensive written examinations as a means of measuring or assessing the
 152 continuing competency of dentists or as a requirement for license renewal, and be it further
 153 **Resolved**, that the Association encourages the investigation of new methods of supporting
 154 continuing competency of its members, and be it further
 155 **Resolved**, that the American Dental Association promote and defend this policy in any and all
 156 discussions concerning the issue of competency.

157
 158 **Action:** Recommend to the 2022 House of Delegates that the policy titled "*Policy*
 159 *Statement on Lifelong Learning*" be amended by adding the language of the policy
 160 titled "*Lifelong Continuing Education.*" Further,

161
 162 Recommend to the 2022 House of Delegates that the policy titled "*Lifelong Continuing*
 163 *Education*" be rescinded.

164
 165 **Promotion of Continuing Education (Trans.1968:257)**

166
 167 **Resolved**, that constituent dental societies, in consultation with state boards of dentistry, are
 168 urged to develop mechanisms to foster the continued education of dentists licensed in their
 169 jurisdiction.

170
 171 **Action:** Retain as written the policy titled "*Promotion of Continuing Education*"
 172 and report the Council's conclusion to the 2022 House of Delegates.

173
 174 **Policy on State Dental Board Recognition of the Commission for Continuing Education**
 175 **Provider Recognition (Trans.2017:275)**

176
 177 **Resolved**, that the American Dental Association urges all state dental boards to recognize the
 178 Commission for Continuing Dental Education Provider Recognition as a national agency
 179 responsible for the approval of continuing dental education providers, and to accept for
 180 licensure renewal purposes dentists' participation in continuing education courses offered by
 181 providers approved by the Commission for Continuing Education Provider Recognition through
 182 the Continuing Education Recognition Program (CERP).

183
 184 **Action:** Retain as written the policy titled, "*Policy on State Dental Board*
 185 *Recognition of the Commission for Continuing Education Provider Recognition*"
 186 and report the Council's conclusion to the 2022 House of Delegates.

187