

1 **COUNCIL ON DENTAL EDUCATION AND LICENSURE**
2 **AMERICAN DENTAL ASSOCIATION**
3 **HEADQUARTERS BUILDING, CHICAGO**
4 **JANUARY 17-18, 2019**

5
6 **Call to Order:** Dr. Rekha C. Gehani, chair, called a regular meeting of the Council on Dental
7 Education and Licensure to order on Thursday, January 17, 2019 at 8:45 a.m. in the Board
8 Room of the ADA Headquarters Building in Chicago.

9
10 **Roll Call:** Dr. David F. Boden, Dr. Edmund A. Cassella, Dr. GeriAnn DiFranco, Dr. Bruce
11 Donoff, Dr. Daniel A. Hammer, Dr. Uri Hangorsky, Dr. Jun S. Lim, Dr. Michael J. Link, Dr.
12 Donna Thomas-Moses, Dr. David L. Nielson, Dr. Linda C. Niessen, Dr. Jacqueline Plemons,
13 and Dr. A. Roddy Scarbrough were present. Dr. Jennifer Korzeb, Dr. Steven M. Lepowsky and
14 Dr. Maurice S. Miles were unable to attend the meeting.

15
16 Dr. Raymond A. Cohlmiya attended as the ADA Board Liaison to the Council. Ms. Roopali
17 Kulkarni represented the American Student Dental Association.

18
19 The following guests attended portions of the meeting: Ms. Catherine Baumann, Director,
20 National Commission on Recognition of Dental Specialties and Certifying Boards, Ms. Mary
21 Borysewicz, Director, Commission for Continuing Education Provider Recognition, Dr. Joseph
22 P. Crowley, Member, Coalition for Modernizing Dental Licensure, Dr. Steven Friedrichsen,
23 Dean, Western University College of Dental Medicine and Chair, ADEA Compendium of Clinical
24 Competency Assessment Workgroup, Dr. Matthew Grady, Manager, Psychometric
25 Development and Innovations, Department of Testing Services, Dr. Kathleen Hinshaw, Senior
26 Manager, Test Administration, Department of Testing Services, Dr. Kirk M. Norbo, Member,
27 Coalition for Modernizing Dental Licensure, Dr. Benoit Soucy, Director, Clinical and Scientific
28 Affairs, Canadian Dental Association, Dr. Denice Stewart, Chief Policy Officer, American Dental
29 Education Association, Dr. Roy Thompson, 13th District Trustee and Member Dental Licensure
30 Objective Structured Clinical Examination (DLOSCE) Steering Committee, Dr. Sherin Tooks,
31 Director, Commission on Dental Accreditation, Dr. David Waldschmidt, Director, Testing
32 Services and Secretary, Joint Commission on National Dental Examinations.

33
34 In addition to the Council staff, the following ADA staff members attended all or portions of the
35 meeting: Ms. Cathryn Albrecht, Senior Associate General Counsel, Mr. Thomas Elliott, Deputy
36 General Counsel and Director, Council on Ethics, Bylaws and Judicial Affairs, Ms. Saralyn
37 Knezevich, Manager, eLearning, Department of Continuing Education, Dr. Kathleen O'Loughlin,
38 Executive Director, Dr. Anthony J. Ziebert, Senior Vice-President, Education and Professional
39 Affairs.

40
41 **Adoption of Agenda, Disclosure of Business or Personal Relationships, and ADA**
42 **Professional Conduct Policy:** The Council approved the agenda, and authorized the chair to
43 alter the order of the agenda items as necessary to expedite business. Dr. Gehani directed the
44 Council's attention to the ADA Disclosure Policy. No personal, professional or business
45 relationships were disclosed. Ms. Albrecht discussed the ADA Professional Conduct Policy with
46 the Council.

47

48 **Affirmation of E-mail Ballots:** The Council acknowledged e-mail ballots since the June 2018
49 meeting:

- 50
51 a. Minutes: June 14-15, 2018 Meeting (Ballot 2018-3)
52 b. Minutes: October 9, 2018 Meeting (Ballot 2018-4)
53

54 **Consent Calendar:** A consent calendar was prepared to expedite the business of the
55 Council. Dr. Gehani reminded Council members that any report, recommendation or
56 resolution could be removed from the consent calendar for discussion. The following reports
57 in their entirety were placed on the consent calendar and adopted as received:
58

59 **Reports of Council Members Serving on Other Association Agencies/Committees**
60

61 Library and Archives Advisory Board
62

63 **Emerging Issues, Trends and Miscellaneous Affairs**
64

65 Unofficial Report of Actions of the 2018 House of Delegates
66

67 **Reports of Related Groups**
68

69 **American Dental Education Association (ADEA):** Dr. Stewart shared that data trends
70 demonstrate that the Summer Health Professions Education Program (SHPEP), a free
71 summer enrichment program focused on improving access to information and resources for
72 college students interested in the health professions, is having a positive impact on
73 diversifying the dental education pipeline and increasing the number of students/graduates
74 interested in helping underserved communities. Dr. Stewart also shared that 2015-16 data is
75 demonstrating a future shortage of dental educators. Accordingly, ADEA is addressing this
76 issue by promoting awareness of the ADEA Chapters for Students, Residents and Fellows
77 whose mission is to increase knowledge of and interest in academic dental careers. Dr.
78 Stewart also reported the various measures (i.e., educating students about appropriate pain
79 management strategies, providing continuing education to current dentists, updated curricula
80 and clinical protocols, etc.) that dental schools are taking in response to addressing the opioid
81 crisis.
82

83 ADEA continues to collect information on U.S. dental school applicants and first-time, first-year
84 enrollees as part of the administration of dental school applications. Among the key findings are
85 the following: the number of applications decreased in 2016-17, while enrollment continued its
86 steady 12-year rise, the number of women applicants exceeded the number of men by a larger
87 margin than the previous two years, etc. Dr. Stewart shared that the ADEA Commission on
88 Change and Innovation in Dental Education (ADEA CCI) 2.0 has produced a number of
89 resources and publications that provide insight into key factors in implementing change in dental
90 education. Council members interested in these resources were directed to ADEA's written
91 report. Dr. Stewart discussed that the ADA, ADEA and ASDA signed an agreement at the ADA
92 Headquarters to become founding members of the Coalition for Modernizing Dental Licensure.
93 Dr. Stewart concluded his report by inviting the Council to ADEA's Annual Session in March.
94

95 **Canadian Dental Association (CDA):** Dr. Benoit Soucy reported on activities of the CDA,
96 noting CDA's efforts to promote research that would support the further development of the
97 Canadian Dental Aptitude Test Program. In addition, Dr. Soucy reported on an initiative of the
98 Canadian Dental Regulatory Agency Federation (CDRAF) to review the Competencies for
99 Beginning Dental Practitioners in Canada. This initiative was launched in an effort to maintain
100 and produce a list of competencies that would recreate the consensus that existed since 1996
101 around a single competency document for dentistry in Canada.

102
103 **American Student Dental Association (ASDA):** Ms. Roopali Kulkarni highlighted the ASDA's
104 written report noting the upcoming Annual Session in Pittsburgh on February 27 – March 3,
105 2019. Ms. Kulkarni shared that this past November, dental students championed advocacy by
106 participating in ASDA's Advocacy Month, themed Midterms Matter: Add Your Voice. All ASDA
107 chapters were encouraged to plan and carry out advocacy-related events throughout the month.
108 Ms. Kulkarni reported that ASDA has launched the Advocacy Certificate Program to recognize
109 students for engaging in advocacy at the local, state and national levels. Students will earn
110 points throughout the year for participating in advocacy events like the ADA Dentist and Student
111 Lobby Day, chapter lunch and learns and ASDA Advocacy Webinars. ASDA currently has
112 12,843 paid members, including 12,400 predoctorals, 440 predentals and 3 international
113 students. ASDA has 66 chapters and of those, 47 chapters execute auto-billing to collect ASDA
114 and ADA dues with their tuition. Ms. Kulkarni concluded her written report by summarizing the
115 goals ASDA adopted for its 2018-2020 strategic plan, emphasizing Goal 4 to develop a plan and
116 promote the value of ASDA to dental school administrations to increase support of student
117 involvement.

118
119 **ADA Board of Trustees Liaison:** On behalf of the Board of Trustees, Dr. Raymond A.
120 Cohlmiya provided the Council with updates on ADA Board activities. Dr. Cohlmiya reported that
121 getting dental benefits added to the list of services covered by the Medicare program continues
122 to be a focus of discussion. The Board is continuing its investigation into the feasibility of this.
123 Dental therapists and access to care issues continue to be discussed and considered as well.
124 The Find a Dentist program continues to receive support from the House of Delegates. The
125 ADA CODA Relationship Workgroup has made some great strides in improving and defining
126 CODA's role, authority and responsibilities. The Board is continuing to work on strategic
127 planning. Dr. Cohlmiya reported that the Health Policy Institute (HPI) continues its research and
128 has been examining what dental practice looks like today and how individuals transition to a
129 variety of practice models. The ADA Business Innovation Group, with its ADA Practice
130 Transitions service, is creating ways to reach members across all aspects of practice and help
131 them transition to the future.

132
133 **Senior Vice President, Education/Professional Affairs:** Dr. Anthony Ziebert reported on
134 activities within the Division of Education and Professional Affairs and reviewed what was
135 accomplished in 2018. Progress was made in licensure reform with the release of the Task
136 Force for the Assessment of Readiness to Practice (TARP) Report and the formation of the
137 Coalition for Modernizing Dental Licensure. The adoption of Resolution 26H-2018, a
138 comprehensive policy on dental licensure, was a significant accomplishment for CDEL. The
139 Dental Licensure Objective Structure Clinical Examination (DLOSCE) development is on
140 schedule, as is the Integrated National Board Dental Examination (INBDE). The Division met its
141 revenue and expense projections for 2018. Goals for 2019 include standardizing the

142 relationship of all the Commissions, piloting the DLOSCE, and the potential development of a
143 dental hygiene admission test.
144

145 **Commission on Dental Accreditation (CODA):** Dr. Sherin Took noted the following CODA
146 activities: A Service Agreement with ADA was signed in October 2018; numerous governance
147 changes were adopted by the ADA Board and House of Delegates in 2018; and the CODA
148 Annual Report in 2019 will be a separate document (not the ADA Annual Report format) for
149 circulation to all communities of interest in late 2019. CODA continues its participation in the
150 ADA-CODA Relationship Workgroup. Dr. Took shared that proposed standards revisions are
151 posted on CODA's website for public comment with a standards hearing scheduled during the
152 American Dental Education Association's Annual Session in March.
153

154 In an effort to educate communities of interest about the distinct roles and responsibilities of the
155 ADA/Council on Dental Education and Licensure, the National Commission on Recognition of
156 Dental Specialties and Certifying Boards and the Commission on Dental Accreditation in
157 education, CODA has posted information on its website under the Frequently Asked Question
158 section. Dr. Took also reported that CODA is closely monitoring the Higher Education
159 Reauthorization Act. The U.S. Department of Education (USDE) announced a negotiated
160 rulemaking on higher education accreditation and innovation with several hearings to occur this
161 year. This could affect the USDE recognition requirements for accrediting agencies, which
162 would directly affect CODA. Dr. Took also discussed that the government shutdown has not
163 directly affected the USDE. However, the National Advisory Committee for Institutional Quality
164 and Integrity (NACIQI) recently canceled its spring 2019 meeting since it could not publish the
165 meeting notice in the Federal Register, which is a requirement. Dr. Took concluded her report
166 by sharing that the next CODA meeting is February 7-8.
167

168 **Commission on Continuing Education Provider Recognition (CCEPR):** Ms. Mary
169 Borysewicz gave an update on the Commission on Continuing Education Provider Recognition
170 (CCEPR). Currently, 470 CE providers are ADA CERP recognized. CCEPR reviewed a
171 proposal to revise the CERP Eligibility Criteria to stipulate that commercial entities, defined as
172 an entity producing, marketing, re-selling or distributing health care goods or services consumed
173 by, or used on, patients, are not eligible for CERP recognition. CCEPR invited comment on the
174 proposal from communities of interest, and the Council's discussion of this topic is noted in the
175 Continuing Education Committee portion of these minutes. CCEPR was approached about
176 participating in the Joint Accreditation for Interprofessional Continuing Education, whereas CE
177 providers that offer interprofessional education may be simultaneously accredited to provide
178 medical, physician assistants, nursing, pharmacy, and optometry CE through a single, unified
179 application process and set of accreditation standards. An ad hoc committee of the
180 Commission is going to review the feasibility of CERP becoming a part of this process. Dr.
181 Nancy R. Rosenthal was elected chair of the Commission and Dr. Bertram J. Hughes as vice-
182 chair for 2018-2019.
183

184 **Joint Commission on National Dental Examinations:** Dr. Kathleen Hinshaw presented on
185 behalf of Dr. David Waldschmidt. The Joint Commission on National Dental Examinations
186 (JCNDE) last met in June 2018. The Integrated National Dental Board Examination (INDBE) is
187 scheduled to launch August 1, 2020, with discontinuation of National Board Dental Examination
188 (NBDE) Part I on July 31, 2020 and discontinuation of NBDE Part II on July 31, 2022. A
189 modification was made to the Five Years/Five Attempts eligibility rule. Effective June 20, 2018

190 subsequent to the fifth year or fifth attempt, failing candidates may test once every 12 months
191 after their most recent attempt. The policy update is applicable to all failing candidates who
192 have tested since 2017. Individuals currently serving or scheduled to serve as NBDE Part I
193 Test Constructors were approved to serve as Test Constructors for the INBDE. The Joint
194 Commission adopted a strategic plan and formed two ad-hoc committees to develop the scope,
195 mission and governance, and strategic communications. Dr. William F. Robinson was elected
196 to serve as the Chair of the Commission for the 2018-2019 term, Dr. Cataldo Leone was elected
197 to serve as the Vice Chair of the Commission for the 2018-2019 term, and Douglas C. Wilson,
198 B.A., M.A., Ph.D. was elected to serve as the public member for the 2019-2022 term. Thanks
199 was expressed to the members of the Joint Commission who have served since 2009.

200
201 **National Commission on Recognition of Dental Specialties and Certifying Boards:** Ms.
202 Baumann shared that the next meeting of the National Commission is March 11-12, 2019. The
203 Unofficial Report of Major Actions from the May 9-10, 2018 meeting is posted on the National
204 Commission's website. Ms. Baumann reported that the NCRDSCB announced receipt of the
205 application submitted by the American Society of Dentist Anesthesiologists (ASDA) requesting
206 that dental anesthesiology be recognized as a dental specialty. The Review Committee on
207 Specialty Recognition met in November 2018 and reviewed the application. The National
208 Commission invited comment from the communities of interest through January 14, 2019, on
209 whether the application satisfies the Recognition Requirements. As the deadline for comments
210 preceded the Council meeting, the CDEL Chair requested that the NCRDSCB extend its January
211 deadline, giving the Council an opportunity to carefully review and discuss the application
212 during its in-person meeting. The request was granted and the comment deadline for
213 CDEL was extended to January 22, 2019. Ms. Baumann concluded her report by noting that in
214 late November 2018, the NCRDSCB submitted an inquiry to the Council requesting that the
215 Council provide further direction or intent related to the phrase "close working relationship"
216 between the sponsoring organization and certifying board as stated in the Requirements for
217 Recognition of National Certifying Boards for Dental Specialists. Ms. Baumann thanked the
218 Council in advance for any guidance to the National Commission on how a certifying board could
219 document a close working relationship with its sponsoring organization, while maintaining
220 operational independence for its certification examination.

221
222 **Dental Education Committee Summary Report:** Dr. Linda C. Niessen presented the
223 Committee's comments and recommendations to the Council. The following summarizes the
224 agenda items discussed and the Council's actions.

225
226 **Update on Activities of the Commission on Dental Accreditation (CODA):** The Council
227 noted that CODA met in August 2018, considered the written comments received by the Council
228 and adopted revisions to various accreditation standards for dental, advanced dental, and allied
229 dental education programs. The Council reviewed CODA's August 2-3, 2018 Unofficial Report
230 of Major Actions noting the 364 actions taken by CODA included granting initial accreditation to
231 three new programs (two in Dental Assisting and one in Dental Hygiene). The Council also
232 reviewed Dr. David F. Boden's report of his observation of the CODA August 2018 Meeting.

233
234 **Annual Report of the National Board for Certification in Dental Laboratory Technology**
235 **(NBC):** The Council reviewed the Annual Report submitted by the National Board for
236 Certification in Dental Laboratory Technology in relation to the ADA's *Criteria for Approval of a*
237 *Certification Board for Dental Laboratory Technicians*. The Council noted several of the NBC's

238 activities and initiatives during the past year such as NBC Trust's launching of a computer-
239 based testing option for the written examinations and the launch of the CDT Mentorship
240 Program. In reviewing NBC's Annual Report, the Council also noted the following concerning
241 data trends: decreasing number of active CDTs, decreasing number of examination candidates,
242 decreasing number of dental laboratory technology (DLT) programs in the United States, and an
243 increased fail percentage rate by candidates in the written comprehensive examination versus
244 the practical examination. At the Committee's recommendation, the Council accepted the NBC
245 Report.

246
247 **Action:** The Council accepted the 2018 Annual Report of the National Board for
248 Certification in Dental Laboratory Technology.

249
250 **Annual Report of the Dental Assisting National Board, Inc. (DANB):** The Council reviewed
251 DANB's report in light of the *Criteria for Recognition of a Certification Board for Dental*
252 *Assistants*. The Council noted the following updates: between 9/1/17 and 8/31/18, 1,820
253 examinees took the entire Certified Dental Assistant (CDA) Examination with a pass rate of 84%;
254 the General Chairside portion of the CDA Exam was taken by an additional 2,006 examinees
255 with an 81% pass rate; as of September 27, 2018, DANB has 37,416 CDA Certificants;
256 and a FY 2018-2019 budget of approximately \$9.4 million in revenue and expenses was
257 approved by the DANB Board of Directors with over \$3.5 million in reserves.

258
259 In reviewing DANB's Annual Report, the Council also reviewed the eligibility pathways for taking
260 the Certified Dental Assistant/General Chairside Assisting Exam and noted that DANB's Board
261 of Directors voted to recognize graduation from a post-baccalaureate program affiliated with a
262 U.S. or Canadian dental school as an additional way to meet DANB's CDA exam eligibility
263 pathway III (underscored below).

264
265 *Pathway 3*

266 *1. Status as a former DANB Certified Dental Assistant certificant OR Graduation from a*
267 *CODA-accredited D.D.S. or D.M.D. program OR Graduation from a dental degree program*
268 *outside the U.S. or Canada OR Graduation from a post-baccalaureate program affiliated*
269 *with a U.S. or Canadian dental school*

270
271 At the Committee's recommendation, the Council accepted the DANB Annual Report and
272 supported the additional pathway.

273
274 **Action:** The Council accepted the 2018 Annual Report of the Dental Assisting National
275 Board, Inc., noting support for the amendment to the Certified Dental Assistant/General
276 Chairside Assisting Eligibility Pathway III.

277
278 **Consideration of Proposed Revision to the Accreditation Standards for Dental Education**
279 **Programs (Standard 2-24):** During its summer 2018 meeting, CODA considered proposed
280 revisions to Standard 2-24 of the Accreditation Standards for Dental Education Programs related
281 to cariology as requested by the American Academy of Cariology (AAC). The proposed change
282 to Standard 2-24d urges the addition of "caries management." The Council agreed with the
283 Dental Education Committee that broad competency statements should not include specific
284 procedures assumed to be included in the competency.

285

286 **Action:** The Council directed that written comment be sent to CODA noting its
287 opposition to the proposed revision to Standard 2-24 of the Accreditation Standards for
288 Dental Education Programs to include the addition of the term "caries management."
289

290 **Consideration of Proposed Revision to the Accreditation Standards for Advanced**
291 **General Dentistry Education Programs in Dental Anesthesiology (Standard 3-2):** The
292 Council noted that during the summer 2018 meeting, CODA considered proposed revisions to
293 Standard 3-2 of the Accreditation Standards for Advanced General Dentistry Education
294 Programs in Dental Anesthesiology related to program director qualifications. The current
295 standard includes the completion of a two-year residency as one qualification to serve as a
296 program director. The minimum length of dental anesthesiology programs is now 36-months
297 due to a previous revision. Accordingly, a revision was proposed to align the program director
298 requirement with the current educational program length. Per the Dental Education
299 Committee's recommendation, the Council supported the proposed revision to Accreditation
300 Standard 3-2.
301

302 **Action:** The Council directed that written comment be sent to CODA supporting the
303 proposed revised Standard 3-2 of the Accreditation Standards for Advanced General
304 Dentistry Education Programs in Dental Anesthesiology (Appendix 1).
305

306 **Consideration of Proposed Revision to the Accreditation Standards for Dental Assisting**
307 **Education Programs (Standard 2):** The Council noted that during the summer 2018 meeting,
308 CODA considered proposed revisions to Standard 2 of the Accreditation Standards for Dental
309 Assisting Education Programs in accord with the Commission's Policy on Assessing the Validity
310 and Reliability of the Accreditation Standards. Through review of the study data and comments
311 received, and data from frequency of citings, the Commission noted that Standard 2-6 related to
312 written documentation of each course in the curriculum and Standard 2-7 related to the elevation
313 of students' performance as they progress through the curriculum were among the most
314 frequently cited Standards. Therefore, the Commission determined that clarification of
315 Standards 2-6 and 2-7 was necessary. Additionally, the CODA noted an increase within the
316 frequency of citings related to review and analysis of compiled data obtained from assessment
317 methods and using the findings and conclusions for program improvement.
318

319 Because elevation of students' progress should be linked to the sequencing of instruction, and
320 curriculum should elevate as students progress through the curriculum, the Council agreed with
321 the Dental Education Committee that students' progress should not be linked to Standard 2-7
322 related to objective evaluation. Therefore, the Council supported the proposed revision to
323 Standard 2-5 to incorporate the elevation of students' progress into the standard related to
324 curriculum sequence. The Council also agreed that the addition of a new Standard to address
325 curriculum management would assist programs with outcomes assessment and program
326 effectiveness.
327

328 Additionally, the Council supported the Commission's proposal to add a requirement for content
329 at the familiarity level on drug addiction, including opioids and other substances, to Standard 2-
330 13.
331

332 **Action:** The Council directed that written comment be sent to CODA supporting the
333 proposed revised Standard 2-5, 2-6, 2-7, and 2-8 of the Accreditation Standards for
334 Dental Assisting Education Programs (Appendix 2).
335

336 **Proposed Revision to Accreditation Standards Related to Care for People with Intellectual**
337 **and Developmental Disabilities:** During its summer 2018 meeting, CODA considered
338 proposed revisions to the Accreditation Standards for each dental discipline focused on
339 enhancing dental education programs in relation to education of students/residents to provide
340 care for people with intellectual and developmental disabilities. The proposed revisions were
341 the result of a directive that came out of the Winter 2018 CODA meeting during which time
342 CODA directed that its 14 Review Committees consider the National Council on Disability
343 (NCD) Issue Brief "Neglect for Too Long: Dental Care for People with Intellectual and
344 Developmental Disabilities." A June 2018 letter from the Alliance for Disability Health Care
345 Education, a letter submitted by the Special Care Dentistry Association, and correspondence
346 submitted by the National Council on Disability were also considered by the CODA.

347
348 In considering the proposed revisions to the Accreditation Standards for each dental discipline,
349 the Commission determined that the standards for programs in certain dental disciplines
350 adequately and appropriately address the education of students/residents to care for people
351 with intellectual and developmental disabilities and do not warrant revision at this time.
352 However, CODA concluded that the Accreditation Standards for programs in the following
353 dental disciplines could be enhanced: Standard 2-25 of the Accreditation Standards for Dental
354 Education Programs, Standard 2-13.f of the Accreditation Standards for Dental Assisting
355 Education Programs, Definition of Terms and Standard 2-12 of the Accreditation Standards for
356 Dental Hygiene Education Programs, and Standard 4-3.4 of the Accreditation Standards for
357 Advanced Specialty Education Programs in Orthodontics and Dentofacial Orthopedics.

358
359 The Council reviewed the proposed amendment to each set of Standards. In regard to the
360 proposed change to Standard 2-25 of the Accreditation Standards for Dental Education
361 Programs, the Council was reluctant to support the amendment and noted that the intent
362 statement was not clear.

363
364 **Action:** The Council directed that written comment be sent to CODA urging clarification
365 of the intent statement for Standard 2-25 of the Accreditation Standards for Dental
366 Education Programs.

367
368 The Council then reviewed Standard 2-13.f of the Accreditation Standards for Dental Assisting
369 Education Programs and supported the addition of instructional content at the familiarity level for
370 drug addiction, including opioids and other substances. However, the Council recommended a
371 minor editorial revision to the proposed language for clarification.

372
373 **Action:** The Council directed that written comment be sent to CODA urging that
374 proposed revision to Standard 2-13 of the Accreditation Standards for Dental Assisting
375 Education Programs be further amended (Appendix 2).

376
377 On this same topic, the Council reviewed the proposed changes to the Definition of Terms and
378 Standard 2-12 of the Accreditation Standards for Dental Hygiene Education Programs:

379
380 **Action:** The Council directed that written comment be sent to CODA supporting the
381 proposed revised Definition of Terms and Standard 2-12 of the Accreditation Standards
382 for Dental Hygiene Education Programs (Appendix 3).

383

384 Finally, the Council reviewed and supported similar proposed changes to Standard 4-3.4 of the
385 Accreditation Standards for Advanced Dental Education Programs in Orthodontics and
386 Dentofacial Orthopedics.

387
388 **Action:** The Council directed that written comment be sent to CODA supporting the
389 proposed revised Standard 4-3.4 of the Accreditation Standards for Advanced Dental
390 Education Programs in Orthodontics and Dentofacial Orthopedics (Appendix 4).

391
392 **Update on Actions Taken by the 2018 House of Delegates:** The Council noted that the ADA
393 House of Delegates met in Honolulu, Hawaii on October 22, 2018 and took action (i.e., adopt,
394 adopt as amended, not adopt, and refer) on the resolutions presented in the Report of the
395 Reference Committee C: Dental Education, Science and Related Matters. The Council was
396 pleased to learn that the majority of its resolutions were adopted by the ADA House of
397 Delegates. The Council noted that Resolution 21 was referred to CDEL and the Council on
398 Ethics, Bylaws and Judicial Affairs and that Resolution 83, Geriatric Dentistry, was also referred
399 to CDEL.

400
401 Dr. Niessen reported that an additional Dental Education Committee conference call is
402 scheduled for January 29, 2019 to review the following New Business Items:

- 403
- 404 • Consideration of Resolution 83-Geriatric Dentistry
 - 405 • Periodic Review of the Criteria for Recognition of a Certification Board for Dental Assistants
 - 406 • Periodic Review of the Criteria for Recognition of a Certification Board for Dental Laboratory Technicians.
- 407

408
409 **Licensure Committee Summary Report:** Dr. Edmund Cassella presented the Committee's
410 comments and recommendations to the Council. The following summarizes the agenda items
411 discussed and the Council's actions.

412
413 **Report of the Task Force on Assessment of Readiness for Practice:** The Council reviewed
414 the Report of the Task Force on Assessment of Readiness for Practice. It was noted that one of
415 the more important outcomes of the Task Force was the establishment of the Coalition for
416 Modernizing Dental Licensure by the founding members, ADA/ADEA/ASDA. A related
417 discussion of the Coalition's mission and goals, as well as the recommended action items for
418 the initial focus in 2019 by Dr. Crowley and Dr. Norbo, are noted in the Coalition for Modernizing
419 Dental Licensure section of these minutes.

420
421 **Action:** The Council directed that a communication be sent to the ADA Board of
422 Trustees expressing support for the Coalition for Modernizing Dental Licensure and
423 willingness to assist the Association in helping the Coalition to achieve its mission and
424 goals.

425
426 **Progress of the DLOSCE Steering Committee:** The Council reviewed and discussed a written
427 report on the progress of the Dental Licensure Objective Structured Clinical Examination
428 (DLOSCE). The DLOSCE will provide an alternative examination modality from current patient-
429 based licensure examinations. The Steering Committee is currently on schedule to produce the
430 DLOSCE pilot exam by the end of 2019. The ADA is negotiating a licensing agreement with the

431 National Dental Examining Board of Canada for OSCE templates (not test items) and technical
432 guidance on content development. The test questions will be developed by the ADA
433 Department of Testing Services (DTS) with oversight by the Steering Committee. Many dental
434 schools have expressed an interest in serving as a pilot for the DLOSCE.

435
436 **Update on Actions Taken by the ADA 2018 House of Delegates:** Ms. Hart reported that the
437 overwhelming majority of resolutions that the Council submitted to the House of Delegates were
438 approved. The adoption of Resolution 26H-2018 which addresses a comprehensive policy on
439 dental licensure was a significant accomplishment for CDEL. It was also noted that Resolution
440 21 was referred to the Council on Ethics, Bylaws and Judicial Affairs (CEBJA), and Resolution
441 83 was referred to CDEL.

442
443 **ADA.org Resources on Dental Licensure:** The Council reviewed and briefly discussed a
444 written report prepared by Dr. Boden about the dental licensure resources available on
445 ADA.org.

446
447 **Recent Publications Related to Dental Licensure:** Dr. Cassella briefly summarized recent
448 publications related to dental licensure, and stressed the importance of keeping members
449 apprised of the current climate surrounding health professions licensure matters and licensure
450 reform.

451
452 **Recognition of Specialties and Interest Areas in General Dentistry Committee Summary**
453 **Report:** Dr. David F. Boden presented the Committee's comments and recommendations to
454 the Council. The following summarizes the agenda items discussed and the Council's actions.

455
456 **Update on Activities of the National Commission on Recognition of Dental Specialties**
457 **and Certifying Boards (NCRDSCB):** The Council noted that the NCRDSCB held its inaugural
458 meeting on May 9-10, 2018 at the ADA Headquarters Building in Chicago. Members of the
459 National Commission, established to oversee the decision-making process for recognizing
460 dental specialties and their respective certifying boards, approved rules, policies, operating
461 procedures and organizational structure. The Council also noted that the Review Committee on
462 Specialty Recognition met in November 2018 and reviewed the application submitted by the
463 American Society of Dentist Anesthesiologists requesting that dental anesthesiology be
464 recognized as a dental specialty. The Committee's recommendation to the Council related to
465 the application is reported elsewhere in these minutes. The next meeting date of the National
466 Commission has been scheduled for March 11-12, 2019.

467
468 **Update on Resolutions from 2018 House of Delegates:** The Council noted actions taken by
469 the 2018 House of Delegates on resolutions managed by the Reference Committee on
470 Education, Science and Related Matters. The resolutions related to dental specialties were
471 noted, including adopted Resolutions 8H-2018, 9H-2018, 12H-2018, 13H-2018, 15H-2018, and
472 17H-2018 and referred Resolution 21-2018.

473
474 In regard to Resolution 13H-2018, Amendment to the Requirements for Recognition of Dental
475 Specialties and National Certifying Boards for Dental Specialists, the Council noted that
476 confusion exists among the membership regarding this ADA policy and its application to the
477 work of the National Commission on Recognition of Dental Specialties and Certifying Boards
478 (NCRDSCB). The Council agreed with the Recognition Committee that additional steps should

479 be taken by CDEL and the ADA to explain the ADA's role in specialty recognition, the purpose
480 of the ADA Requirements for Recognition and the National Commission's role and charge to
481 apply the Requirements and grant/deny recognition to dental disciplines seeking specialty
482 recognition. The Council also agreed that members are confused about the role of the
483 Commission on Dental Accreditation versus the role of the National Commission on Recognition
484 of Dental Specialties and Certifying Boards.

485
486 **Action:** The Council directed that steps be taken to better inform the communities of
487 interest (e.g., members, delegates, state dental associations and state dental boards) on
488 the roles and responsibilities of the ADA/Council on Dental Education and Licensure, the
489 National Commission on Recognition of Dental Specialties and Certifying Boards and
490 the Commission on Dental Accreditation in education, recognition and certification
491 matters related to the dental specialties.

492
493 **Review of Referred Resolution 21-2018: Rescission of Policy: Use of the Term**
494 **"Specialty":** The Council noted that the ADA Board of Trustees and the House of Delegates
495 Reference Committee on Dental Education, Science and Related Matters supported the CDEL's
496 Resolution 21, calling for rescission of the policy, Use of the Term "Specialty," because the policy
497 is outdated. The recognition of dental specialties is now the responsibility of the National
498 Commission on Recognition of Dental Specialties and Certifying Boards. Further, the policy is
499 contrary to the *Principles of Ethics and Code of Professional Conduct*, Advisory Opinion 5.H.
500 Announcement of Specialization and Limitation of Practice and the ability of the ADA to
501 "disapprove" a specialty has been questioned. Rather than adopt or defeat the resolution, the
502 House referred the matter to the appropriate ADA agency for consideration and report to the
503 2019 House of Delegates. Subsequently, Resolution 21 was referred to CEBJA as the lead
504 agency and CDEL. The Council noted that at its December 2018 CEBJA meeting, CEBJA
505 approved conforming changes to Advisory Opinion 5.H., replacing the term "American Dental
506 Association" with "National Commission on Recognition of Dental Specialties and Certifying
507 Boards."

508
509 After some discussion, the Council concluded that a small working group of CDEL and CEBJA
510 members should be convened to study Resolution 21, consider the development of ADA
511 definitions for commonly used terms related to the dental specialties, and collaborate on a
512 response to the 2019 House of Delegates. The Council noted that Dr. Boden and Dr. Morgano
513 (member of the Committee on Recognition) volunteered to work with members of CEBJA on this
514 matter. Progress will be reported to the Council in June.

515
516 **Action:** The Council directed that comment be sent to CEBJA offering to assist with
517 Resolution 21-2018 and recommending that a small working group of CDEL and
518 CEBJA members be convened to study Resolution 21: Rescission of Policy: Use of the
519 Term "Specialty," and collaborate on a response to the 2019 House of Delegates.

520
521 Further, the Council directed the development of ADA definitions for commonly used
522 terms related to the dental specialties.

523
524 **Application to Recognize Dental Anesthesiology as a Dental Specialty:** The Council noted
525 that the American Society of Dentist Anesthesiologists (ASDA) submitted an application to the
526 NCRDSCB requesting that dental anesthesiology be recognized as a dental specialty. The

527 NCRDSCB announced receipt of the application and invited comment from the communities of
528 interest on whether the application satisfies the Recognition Requirements. According to the
529 ADA Governance Manual, CDEL has subject matter responsibility for matters related to the
530 recognition of dental specialties and specialty certifying boards.

531
532 As the January 14, 2019 deadline for comments preceded the Council's January 17-18 meeting,
533 the CDEL Chair requested that the NCRDSCB extend its January deadline, giving the Council an
534 opportunity to carefully review and discuss the application during its in-person meeting. The
535 Council was pleased to learn that Dr. Roger Kiesling, chair of NCRDSCB's Review Committee,
536 granted CDEL's request. Accordingly, at this meeting, the Council reviewed the application in
537 detail and discussed whether the application meets each of the six Requirements.

538
539 In regard to Requirement 1, the Council noted that the sponsoring organization is the American
540 Society of Dentist Anesthesiologists (ASDA); its membership is reflective of the proposed
541 specialty of dental anesthesiology. The Council noted that the application contains language
542 indicating that the privileges to hold office and to vote on issues related to the dental
543 anesthesiology are reserved for dentists who either completed a CODA-accredited advanced
544 education program in dental anesthesiology or have sufficient experience in dental
545 anesthesiology as deemed appropriate by the ASDA and the American Dental Board of
546 Anesthesiology (ADBA). The Council concluded that Requirement 1 is met.

547
548 In regard to Requirement 2, the Council noted and agreed with the narrative that the ADA has
549 determined that deep sedation and general anesthesia are beyond the scope of predoctoral
550 training programs, including continuing education courses for graduate dentists as reflected in its
551 *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*. The
552 Council concluded that the application demonstrated that dental anesthesiology is a distinct and
553 well-defined field which requires unique knowledge and skills beyond those commonly
554 possessed by dental school graduates as defined by the Accreditation Standards for Dental
555 Education Programs and that Requirement 2 is met.

556
557 In regard to Requirement 3, although several dental specialties require anesthesiology training
558 as a part of their accredited advanced education residency programs, the amount of contact
559 time varies with rotations in some programs comprising a few weeks to a few months. The goal
560 of these residency experiences ranges from exposure to competency. The Council agreed with
561 the Recognition Committee that sufficient documentation was presented that shows there is a
562 considerably higher amount of exposure, content and patient contact in dental anesthesiology
563 required in accredited dental anesthesiology residency programs. The scope and depth of
564 training provided in dental anesthesiology residencies programs is more rigorous than that
565 provided in most specialty residency programs. With the exception of oral and maxillofacial
566 surgery programs, most specialty rotations focus on moderate sedation rather than deep
567 sedation and general anesthesia. The Council concluded that the in-depth scope and depth of
568 training provided by the dental anesthesiology residencies conveys skills that are separate and
569 distinct from the existing specialties and cannot be accommodated by requiring this scope and
570 depth of instruction in other types of advanced dental education programs. Accordingly,
571 Requirement 3 is met.

572
573 In regard to Requirement 4, the Council concluded that the application presented evidence that
574 the proposed specialty actively contributes to new knowledge in the field through the Annual

575 Scientific Session of the American Society of Dentist Anesthesiologists and actively contributes
576 to professional education by sponsoring in-service Training Examinations for residents of dental
577 anesthesiology programs. The application demonstrates that ASDA members conduct and
578 contribute to the research needs of the profession. The application outlines the difference in
579 standards for Oral and Maxillofacial Surgery (OMS) and the proposed dental anesthesiology
580 specialty, demonstrating that the proposed specialty provides oral health services for the public
581 which are currently not being met by general practitioners or dental specialists. The Council
582 concluded that Requirement 4 is met.

583
584 In regard to Requirement 5, the Council reviewed the definition of the scope of the proposed
585 specialty which includes a list of health services provided to dental patients by individuals in this
586 area of practice. The Council noted that the primary settings in which the dental anesthesiologist
587 currently provides treatment include private dental offices, ambulatory surgical centers, hospitals,
588 and dental schools. The potential cost to the patient for anesthesia services was also discussed,
589 noting that equipment costs to a private practitioner providing anesthesia services may
590 increase, while expense to the patient will decrease if these services are provided outside of
591 the hospital setting. Access to care also will increase, if this service is provided outside of the
592 hospital setting as waiting periods will decrease. The Council concluded that Requirement 5 is
593 met.

594
595 In regard to Requirement 6, the Council noted that ASDA's application states that there are nine
596 (9) CODA-accredited U.S. programs and one (1) Canadian program. All ten (10) formal
597 advanced education programs are at least two years beyond the predoctoral dental curriculum
598 as defined by CODA. The Council noted that while the number of programs, graduates and
599 enrollees are fluctuating as new programs are established or current programs close or
600 experience non-enrollment periods, the Council concluded that Requirement 6 is met.

601
602 **Action:** The Council directed that written comment be sent to the National Commission
603 on Recognition of Dental Specialties and Certifying Boards noting its conclusion that the
604 application submitted by the American Society of Dentist Anesthesiologists meets the
605 ADA Requirements for Recognition of Dental Specialties and urging that dental
606 anesthesiology be recognized as a dental specialty.

607
608 **Anesthesiology Committee Summary Report:** Dr. R. Bruce Donoff presented the
609 Committee's comments and recommendations to the Council. The following summarizes the
610 agenda items discussed and the Council's actions.

611
612 **Update on Anesthesiology Committee Composition:** In June of 2018 the Council adopted
613 the Anesthesiology Committee's recommendation that a new general dentist member with
614 expertise in enteral sedation be added to the Committee. The Committee recommended and
615 the Council agreed to seek nominees for this position from the Academy of General Dentistry
616 (AGD). Committee members determined that a minimum of 2 nominees from the AGD should
617 be general dentists who dedicate a significant portion of their practice to the administration of
618 minimal and moderate enteral sedation. Nominees will be reviewed by the Committee and the
619 Council, and the Council will make the appointment at the June 2019 meeting. The
620 appointment will become effective at the close of the 2019 ADA House of Delegates Meeting.

621

622 **Discussion on CE Guidelines on Pediatric Sedation and Anesthesiology for General**
623 **Dentists:** The Committee was reminded that at the January 2018 meeting the Council approved
624 the Committee's actions to move forward on the possible development of teaching guidelines on
625 pediatric sedation and anesthesiology for general dentists. The Committee will begin this
626 project by studying the current 2016 Guidelines for Teaching Pain Control and Sedation to
627 Dentists and Dental Students to determine if it can be modified to create a document focused on
628 pediatric patients. The Committee will report its progress to the Council in the spring.
629

630 **Consideration of Appointment to the Anesthesiology Committee:** The Council was notified
631 in late November 2018 by the American Academy of Pediatric Dentistry (AAPD) that its
632 representative, Dr. John Liu, was vacating his term effective immediately and that Dr. Travis
633 Nelson was nominated to serve the remainder of Dr. Liu's term. The Committee supported Dr.
634 Nelson's nomination and recommended that the Council make the appointment, effective
635 immediately.
636

637 **Action:** The Council approved Dr. Travis Nelson (AAPD) to serve on the Council on
638 Dental Education and Licensure's Anesthesiology Committee, effective immediately.
639

640 **Joint Advisory Committee on Dental Education Information:** The Council noted the ADA
641 Council on Advocacy for Access and Prevention's (CAAP) request to consider its draft survey to
642 third and fourth year dental students regarding student exposure to/knowledge of literacy
643 principles. A CDEL member to JACDEI and JACDEI reviewed the survey instrument and both
644 provided comment to the CAAP. The Council also noted that the JACDEI continues to fulfill its
645 objective to review the annual survey instrument and reports for predoctoral dental education
646 programs with the Committee scheduled to meet at least once annually as business arises.
647

648 **Continuing Education Committee:** Dr. Jacqueline Plemons presented the Committee's
649 comments and recommendations to the Council. The following summarizes the agenda items
650 discussed and the Council's actions.
651

652 **Consideration of Proposed Amendment to the CERP Eligibility Criteria:** Dr. Plemons
653 shared that the CE Committee reviewed the proposed amendment to the ADA Continuing
654 Education Recognition Program (CERP) Eligibility Criteria, in which commercial entities would
655 no longer be eligible for ADA CERP recognition. The CE Committee supported efforts to
656 eliminate bias in CE content, but felt that not all CE provided by commercial entities is biased.
657 Concern was expressed that this change in CERP Eligibility Criteria may result in an overall
658 reduction in the amount of CE available to the profession. During the Council meeting, Dr.
659 Nancy Rosenthal, the Commission on Continuing Education Provider Recognition gave an
660 overview of the rationale for the proposed amendment to the Eligibility Criteria and emphasized
661 that with this change, commercial entities would no longer have control over content; however,
662 commercial entities could continue to provide support for CE. The Council had a thorough
663 discussion about the matter and did not adopt the CE Committee's recommendation to oppose
664 the change. The Council concluded that the proposed change to the Eligibility Criteria will
665 clarify current requirements and put dentistry in alignment with other healthcare professions,
666 resulting in more interprofessional continuing education opportunities for dentistry.
667

668 **Action:** The Council directed that written comment be sent to the CCEPR expressing
669 its support for the proposed amendment to the ADA CERP Eligibility Criteria.

670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717

Update on DynaMed Plus Access and Awarding CE Units: DynaMed Plus is an evidence based clinical decision making tool intended to decrease the time required to answer clinical questions at the point of care. As a member benefit, this platform is available at no cost through the ADA website. Going forward the ADA would like to enter a joint agreement with DynaMed to offer ADA CE credits for use of the product. DynaMed is currently in the midst of a platform upgrade and will address the ADA's request by the end of the first quarter of 2019. The Council will be apprised of progress on realizing a joint agreement with DynaMed Plus.

Consideration of Resolution 74H-2018 – Continuing Education to Identify Abused and Neglected Patients: Resolution 74H-2018 calls for 1) the development of state regulations that could be used by licensing jurisdictions, including continuing education courses, on identifying and reporting patients who may have been abused or neglected and 2) free continuing education courses on this subject for members. The Council was informed that the Council for Advocacy for Access and Prevention (CAAP) in collaboration with the Department of Continuing Education (DCE) is contacting potential guest speakers in an effort to develop a webinar addressing child and elder abuse, economic abuse, and human trafficking. Online and Annual Meeting CE are also being planned. CDEL, CAAP, the DCE, and State Government Affairs (SGA) will be working together on this initiative in 2019 and reporting results to the 2019 House of Delegates.

Consideration of Allied Dental Personnel Representation on CE Planning Committees: The Council noted that the DCE clarified with CCEPR that an approved CE provider should have an advisory planning committee which is broadly representative of the intended audience, including the members of the dental team for which the courses are offered. Because the majority of online ADA CERP CE courses have the potential to be utilized by dental assistants and hygienists, these groups should have representation on the planning committees. The Council concluded that dental assistants and dental hygienists can be utilized on an ad hoc basis and should be appointed by the Council in this capacity.

Action: The Council shall seek dental assistant and dental hygienist nominees to serve as continuing education consultants to assist/advise with CE activities that target allied dental personnel.

December 2018 ADA Department of Continuing Education Report: The Council noted that the DCE launched subscription model pricing on October 1st 2018 for individual one-year access to the comprehensive ADA CE Online Library. Reception has been positive with October having the highest revenue month of 2018 to date. Online CE in 2018 is on target to meet its overall revenue goal, which is a 30% increase over 2017. Review and approval of online CE continues to improve, and the Council acknowledges the work of Dr. Evans, Dr. Geisinger, Dr. Nguyen, and Dr. Soileau in reviewing and providing feedback on content. CE is being developed in accordance with Resolution 74H-2018, which is discussed in a previous section of the minutes. Live CE, "The 2019 Children's Airway Conference, *Optimizing Pediatric Airway Health: The Critical Role of Dentists*", is scheduled for March 3-4 at the ADA Headquarters. The captured live CE from the ADA 2018 Annual Meeting and The Children's Airway Health 2018 – *A Practical Conference* are currently being edited and will soon be available for online CE.

718 **Update on Council and Committee Current and Planned Continuing Education:** The
719 Council received the reports submitted by various agency representatives as included in the CE
720 Committee's agenda materials.

721
722 **Emerging Issues, Trends and Miscellaneous Affairs**

723
724 **ADA Executive Director's Update:** Dr. O'Loughlin discussed several Association matters and
725 highlighted trends facing the profession. She noted that extensive work was done in positioning
726 the master brand, "The ADA powers the profession of dentistry to advance the overall oral health
727 of the public." The ADA Practice Transitions online platform is being piloted in Wisconsin and
728 Maine, and the Council will be updated on its progress toward the end of the year. The ADA
729 is working to increase stakeholder engagement in relation to the ADA policy statement on
730 opioids, oral cancer efforts, the Action for Dental Health bill, and Medicare issue.

731
732 **Strategic Plan 2015-2019: Council Priorities in 2019:** In light of the ADA Strategic Plan and
733 the Council's defined responsibilities, the Council reviewed its priorities and projects for 2019:

- 734
- 735 ➤ Consider and possibly recommend revision to ADA policies related to:
 - 736 • Admissions Criteria for Dental Hygiene Programs (1995:639)
 - 737 • Statement on Credentialing Dental Assistants (1995:634)
 - 738 • Criteria for Recognition of a Certification Board for Dental Assistants
 - 739 (1989:520; 2014:460)
 - 740 • Development of Alternative Pathways for Dental Hygiene Training
 - 741 (1998:714; 2014:459)
 - 742 • Dentist Administered Dental Assisting and Dental Hygiene Education
 - 743 Programs (1992:616; 2010:542)
 - 744 • Certifying Board in Dental Assisting (1990:551; 2014:460)
 - 745 • Criteria for Recognition of a Certification Board for Dental Laboratory
 - 746 Technicians (1998:92, 713; 2014:462)
 - 747 • Certifying Board in Dental Laboratory Technology (2002:400; 2014:460)
 - 748
 - 749 ➤ Consider 2018 referred Resolutions 21-2018, and 83-2018 and report back to the
 - 750 2019 House of Delegates
 - 751
 - 752 ➤ In collaboration with the Department of State Government Affairs, the Department of
 - 753 Continuing Education and the Council on Advocacy for Access and Prevention,
 - 754 consider Resolution 74H-2018 and report back to the 2019 House of Delegates.
 - 755
 - 756 ➤ On behalf of the ADA, monitor and comment on matters of the Commission on
 - 757 Dental Accreditation, Commission for Continuing Education Provider Recognition,
 - 758 and the National Commission on Recognition of Dental Specialties and Certifying
 - 759 Boards.
 - 760
 - 761 ➤ Support the ADA and its involvement with the Coalition for Modernizing Dental
 - 762 Licensure.
 - 763

- 764 ➤ Continue to support the development and implementation of the Dental Licensure
765 Objective Structured Clinical Examination (DLOSCE).
766
767 ➤ Pursuant to Resolution 1H-2013, conduct a self-assessment of the Council on Dental
768 Education and Licensure and report findings to the 2019 House of Delegates.
769

770 **Request of the National Commission on Recognition of Dental Specialties and Certifying**
771 **Boards:** In late November 2018, the Council received an inquiry from the National Commission
772 on Recognition of Dental Specialties and Certifying Boards requesting that the Council provide
773 further direction or intent related to the phrase “close working relationship” between the
774 sponsoring organization and certifying board as stated in the Requirements for Recognition of
775 National Certifying Boards for Dental Specialists. After careful consideration, the Council
776 concluded that the following items may be useful to the National Commission in determining a
777 “close relationship” between a certifying board and its sponsoring organization:
778

- 779 • a statement of sponsorship of the board by a national organization that meets all the
780 elements of Requirement (1) of the Requirements for Recognition of Dental Specialties,
781 with the name and founding date of the sponsoring organization noted
- 782 • formal policy statements by the sponsoring organization and certifying board recognizing
783 each other
- 784 • routine formal communications between the sponsoring organization and certifying
785 board
- 786 • attendance of leadership/liaisons representing the sponsoring organization/certifying
787 board at annual meetings
- 788 • protocols for the sponsoring organization to nominate diplomates to serve on the
789 certifying board
- 790 • procedure(s) acknowledging that the sponsoring organization may establish additional
791 qualifications for diplomates who serve on the certifying board
- 792 • continuing education courses offered by the sponsoring organization to specialists
793 preparing for the certification examination and/or re-certification process
- 794 • collaboration of review and revision of accreditation standards for advanced education
795 programs in the specialty discipline

796
797 **Action:** The Council directed that written comment be sent to the NCRDSCB providing
798 examples (noted above) of how a certifying board could document a close working
799 relationship with its sponsoring organization, while maintaining operational
800 independence for its certification examination.

801
802 **2019 Self-assessment of the Council on Dental Education and Licensure:** Dr. Meaghan
803 Strotman reviewed with the Council Resolution 1H–2013 which requires all ADA councils,
804 commissions, and committees to undertake a thorough self-assessment every five years.
805 CDEL last completed a self-assessment in 2014. In preparation for CDEL’s 2019 assessment,
806 a proposed self-assessment survey to Council members serving from 2016-19 was reviewed
807 and approved by the Council. With oversight from the Council Chair and Vice-Chair, the survey
808 results will be prepared and presented to the Council in the spring of 2019.
809

810 **Action:** The Council directed that the 2019 self-assessment be conducted via the
811 proposed survey in accord with the proposed timeline and oversight by Dr. Gehani and
812 Dr. Niessen; and that the results of the self-assessment survey and recommendations
813 be presented to the Council for consideration in the spring.
814

815 **Coalition for Modernizing Dental Licensure:** Dr. Joseph Crowley and Dr. Kirk Norbo, the two
816 ADA representatives on the Coalition for Modernizing Dental Licensure, gave a presentation
817 about the launch of the Coalition. The Coalition is the culmination of years of work to improve
818 the licensure process by the ADA, ADEA, and ASDA. The mission of the Coalition is to ensure
819 patient safety, increase access to care, and promote professional mobility by modernizing the
820 licensure process. The goals of the Coalition are to achieve adoption of valid and reliable
821 examinations for dental licensure that do not involve the use of single encounter, procedure-
822 based examinations on patients, and to achieve portability of licensure among all licensing
823 jurisdictions in the United States. The inaugural meeting of the Coalition Executive Committee is
824 scheduled for February 4th, at which time a date for the kickoff webinar will be determined and
825 membership in the Coalition will be discussed.
826

827 **ADEA Compendium of Clinical Competency Assessment:** Dr. Steven Friedrichsen and Dr.
828 Denice Stewart provided an update on the ADEA Compendium of Clinical Competency
829 Assessments which will be designed to demonstrate psychomotor skills and practice relevant to
830 patient care knowledge, skills and abilities. The Compendium will provide information to clinical
831 testing agencies and licensing jurisdictions to demonstrate the practice readiness of dental
832 program graduates. They noted that the Compendium will represent a relevant array of
833 longitudinal clinical assessments collected using a standardized rubric by calibrated faculty that
834 could be approved, verified and endorsed by clinical testing agencies and state licensing
835 agencies for the purpose of initial licensure.
836

837 **Update on the Dental Licensure Objective Standard Clinical Examination (DLOSCE):** Dr.
838 Roy Thompson, Dr. David Waldschmidt and Dr. Matthew Grady presented on the progress of the
839 DLOSCE noting that the DLOSCE Steering Committee recently held a meeting; examination
840 development continues. Colorado accepts an OSCE for initial licensure. Minnesota accepts the
841 Canadian OSCE for initial licensure. The Canadian OSCE is administered annually at the
842 University of Minnesota, exclusively for graduates of that institution. Other states are currently
843 considering an OSCE for initial licensure. The ADA DLOSCE will serve as another tool state
844 boards can use to help determine candidate clinical qualifications for licensure. Each dental
845 board will make its own choice as to whether to use or not use the DLOSCE. The Council noted
846 that the ADA is developing the DLOSCE because it supports current ADA policy calling for the
847 elimination of patients from the dental licensure examination process. The ADA possesses the
848 in-house expertise to develop an OSCE through its Department of Testing Services. The
849 DLOSCE also will help support licensure portability for practicing dentists. Further, the ADA
850 feels that a DLOSCE can protect the public health more effectively than existing clinical
851 licensure solutions. The DLOSCE Steering Committee anticipates that a pilot DLOSCE
852 examination will be available in 2019, with deployment occurring in 2020.
853

854 **Informational Report Regarding Chair and Vice-chair Election for 2019-2020:** Dr. Rekha C.
855 Gehani (ADA appointee), will complete her term as chair at the close of the 2019 ADA House of
856 Delegates meeting on September 9, 2019. Dr. Linda C. Niessen (ADEA appointee) also will
857 complete her one-year term as vice-chair of the Council at that time. The Council was reminded

858 that at its June 2019 meeting, Council members will elect a chair and vice chair for the 2019-
859 2020 year.

860

861

862 **Adjournment:** 11:43 AM, Friday, January 18, 2019

863

864

865

866

867

Appendices

868

869 **Appendix 1:** Proposed Revision to Accreditation Standards for Advanced General Dentistry
870 Education Programs in Dental Anesthesiology, Standard 3-2

871

872 **Appendix 2:** Proposed Revisions to Accreditation Standards for Dental Assisting Education
873 Programs, Standard 2

874

875 **Appendix 3:** Proposed Revisions to Accreditation Standards for Dental Hygiene Education
876 Programs, Definition of Terms and Standard 2-12

877

878 **Appendix 4:** Proposed Revisions to Accreditation Standards for Advanced Dental Education
879 Programs in Orthodontics and Dentofacial Orthopedics, Standard 4-3.4

880

881

1 **Proposed Revision to the Accreditation Standards for Advanced General Dentistry**
 2 **Education Programs in Dental Anesthesiology (Standard 3-2)**
 3 **Supported by the Council on Dental Education and Licensure**
 4 **(Proposed additions are underscored; proposed deletions are ~~stricken~~)**
 5
 6

7 **3-2** The program director ~~must be board-certified in dental anesthesiology. Program~~
 8 ~~directors appointed after (TBD date upon CODA implementation), who have not~~
 9 ~~previously served as program directors, must be board certified in dental~~
 10 ~~anesthesiology. The program director must have completed a CODA-accredited 36-~~
 11 ~~month two-year anesthesiology residency for dentists consistent with or equivalent to~~
 12 ~~the training program described in Standard 2 of these Accreditation Standards, and~~
 13 ~~have had at least two years of recent additional continuous significant practice of~~
 14 ~~general anesthesia. A two-year anesthesiology residency for dentists completed prior~~
 15 ~~to July 1, 2018 is acceptable. A one-year anesthesiology residency for dentists~~
 16 ~~completed prior to July 1993 is acceptable. provided that continuous significant~~
 17 ~~practice of general anesthesia in the previous two years is documented. Dental~~
 18 ~~anesthesiology program directors appointed after January 1, 2013 must have~~
 19 ~~completed the training noted above.~~

20
 21 ***Intent:** The anesthesiology residency is intended to be a continuous, structured residency*
 22 *program devoted exclusively to anesthesiology. Significant general anesthesiology*
 23 *experience can be documented by continuous practice of intubated and/or non-*
 24 *intubated general anesthesia and involving anesthesia for dentistry, of at least two*
 25 *days per week and/or 200 cases each year.*
 26

27 **Examples of Evidence to demonstrate compliance may include:**

28 Certificate of completion of anesthesiology residency
 29 Copy of board certification certificate
 30 Letter from board attesting to current/active board certification
 31 ~~Description of additional dental anesthesiology experience~~
 32

33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51

1 **Proposed Revisions to Accreditation Standards for Dental Assisting Education**
 2 **Programs, Standard 2**
 3 **Supported by the Council on Dental Education and Licensure**
 4 **(Proposed additions are underscored; proposed deletions are ~~stricken~~; the Council's**
 5 **additional proposed revision is in red):**

6
 7 **Curriculum Management**
 8

9 **2-5 The curriculum must be designed to reflect the interrelationship of its biomedical**
 10 **sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical**
 11 **practice. Curriculum must be sequenced to allow assimilation of foundational**
 12 **content in oral anatomy; basic chairside skills, medical emergencies,**
 13 **confidentiality and privacy regulations, infection control, sterilization, and**
 14 **occupational safety precautions, procedures and protocols prior to any patient**
 15 **contact or clinical experiences. Content must be integrated ~~and of~~ with continued**
 16 **elevation throughout the program. Curriculum must demonstrate sufficient depth,**
 17 **scope, sequence of instruction, quality and emphasis to ensure achievement of**
 18 **the curriculum's defined competencies and program's goals and objectives.**

19
 20 **Intent:**

21 *Curriculum content should be sequenced to allow assimilation of foundational knowledge*
 22 *and critical thinking skills necessary to ensure patient safety, and opportunity for*
 23 *students to develop the knowledge and skills necessary to ensure patient, student,*
 24 *faculty, and staff safety when performing or assisting in clinical procedures involving*
 25 *patients, including student partners.*

26
 27 *Programs that admit students in phases, including modular or open-entry shall provide*
 28 *content in tooth anatomy, tooth numbering, general program guidelines, basic chairside*
 29 *skills, emergency and safety precautions, infection control and sterilization protocols*
 30 *associated with, and required for patient treatment, prior to any other program content*
 31 *and/ or performances of activities involving preclinical/clinical activities.*

32
 33 **Examples of evidence to demonstrate compliance may include:**

- 34 • Curriculum map demonstrating progression of content elevation

35
 36 **2-6 The dental assisting program must have a formal, written curriculum management**
 37 **plan, which includes:**

- 38 **a. an ongoing curriculum review and evaluation process with input from**
 39 **faculty, students, administration and other appropriate sources;**
 - 40 **b. evaluation of the effectiveness of all courses as they support the**
 41 **program's goals and competencies;**
 - 42 **c. a defined mechanism for coordinating instruction among dental assisting**
 43 **program faculty.**
- 44
 45

46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91

Intent:

To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Examples of evidence to demonstrate compliance may include:

- competencies documentation demonstrating relationship of course content to defined competencies of the program
- documentation of ongoing curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan

Instruction

2-6 2-7 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:

- a. The course title, number, description, faculty presenting course and contact information
- b. Course objectives including competency statements ~~content outline including topics to be presented~~
- c. Content outline including topics to be presented ~~Specific instructional objectives for each topic presented~~
- d. ~~Learning experiences with associated assessment mechanisms~~
d. Course schedule including learning and evaluation mechanisms ~~including time allocated for didactic, laboratory, and clinical learning experiences~~
- e. ~~Specific evaluation procedures~~ criteria for final course grade calculation

Examples of evidence to demonstrate compliance may include:

- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- ~~Course knowledge and/or skill assessments~~
- Competencies
- Course schedules to include activities, assignments, and evaluations, ~~assigned class preparations for each date the course meets.~~

Student Evaluation

2-7 2-8 Objective student evaluation methods must be utilized to measure all defined course objectives to include:

- a. Didactic, laboratory, preclinical and clinical content

- 92 **b. Specific criteria for measuring levels of competence for each**
 93 **component of a given procedure**
 94 **c. ~~Expectation of student performance elevates as students progress~~**
 95 **~~through the curriculum~~**
 96

97 **Examples of evidence to demonstrate compliance may include:**

- 98 • Rubric for grading
 99 • Evaluation criteria to measure progress for didactic, laboratory, preclinical
 100 and course objectives
 101 • Skills assessments
 102 • Grading policies for multiple assessment attempts
 103

104 **Dental Sciences**
 105

106 **Intent:**

107 *Dental science content provides the student with an understanding of materials*
 108 *used in intra-oral and laboratory procedures, including experience in their*
 109 *manipulation; an understanding of the development, form and function of the*
 110 *structures of the oral cavity and of oral disease; pharmacology as they relate to*
 111 *dental assisting procedures; and scientific principles of dental radiography.*
 112

113 **2-13 The dental science aspect of the curriculum must include content at the**
 114 **familiarity level in:**
 115

- 116 **a. Oral pathology**
 117 **b. General anatomy and physiology**
 118 **c. Microbiology**
 119 **d. Nutrition**
 120 **e. Pharmacology to include:**
 121 **i. Drug requirements, agencies, and regulations**
 122 **ii. Drug prescriptions**
 123 **iii. Drug actions, side effects, indications and contraindications**
 124 **iv. Common drugs used in dentistry**
 125 **v. Properties of anesthetics**
 126 **vi. Drugs and agents used to treat dental-related infection**
 127 **f. Patients with special needs including patients whose medical,**
 128 **physical, psychological, or social conditions requiring modification of**
 129 **normal dental procedures make it necessary to modify normal dental -**
 130 **routines**
 131
 132
 133
 134
 135
 136
 137

1 **Proposed Revisions to Accreditation Standards for Dental Hygiene Education Programs,**
 2 **Definition of Terms and Standard 2-12**
 3 **Supported by the Council on Dental Education and Licensure**
 4 **(Proposed additions are underscored; proposed deletions are ~~stricken~~)**

5
6
7 **Definitions of Terms**
8

9 **Patients with special needs:** Those patients whose medical, physical, psychological, or social
 10 ~~situations-conditions~~ make it necessary to modify normal dental routines in order to provide dental
 11 treatment for that individual. These individuals include, but are not limited to, people with
 12 intellectual and/or developmental disabilities, complex medical problems, and significant physical
 13 limitations.

14
15 **Standard 2 – Educational Program**
16

17 **Patient Care Competencies**
18

19 **2-12 Graduates must be competent in providing dental hygiene care for the child,**
 20 **adolescent, adult, and geriatric, and special needs patient populations. ~~patient.~~**

21
22 ~~**Graduates must be competent in assessing the treatment needs of patients with**~~
 23 ~~**special needs.**~~

24
25 **Intent:**

26 *An appropriate patient pool should be available to provide a wide scope of patient*
 27 *experiences that include patients whose medical, physical, psychological,*
 28 *developmental, intellectual or social ~~situations-conditions~~ may make it necessary to*
 29 *modify procedures in order to provide dental hygiene treatment for that individual.*
 30 *Student experiences should be evaluated for competency and monitored to ensure equal*
 31 *opportunities for each enrolled student.*

32
33 *Clinical instruction and experiences ~~with special needs patients~~ should include instruction*
 34 *~~in proper communication techniques and assessing the treatment~~ the dental hygiene*
 35 *process of care compatible with each of these patients ~~populations.~~*
 36

37 **Examples of evidence to demonstrate compliance may include:**

- 38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
- program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences
 - patient tracking data for enrolled and past students
 - policies regarding selection of patients and assignment of procedures
 - student clinical evaluation mechanism demonstrating student competence in clinical skills, communication and practice management.

1 **Proposed Revisions to Accreditation Standards for Advanced Dental Education**
 2 **Programs in Orthodontics and Dentofacial Orthopedics, Standard 4-3.4**
 3 **Supported by the Council on Dental Education and Licensure**
 4 **(Proposed additions are underscored; proposed deletions are ~~stricken~~)**

5
 6 **4-3.4 A graduate of an advanced specialty education program in orthodontics**
 7 **must be competent to:**

- 8
 9 a. **Coordinate and document detailed interdisciplinary treatment plans**
 10 **which may include care from other providers, such as restorative**
 11 **dentists and oral and maxillofacial surgeons or other dental specialists;**
 12 b. **Treat and manage developing dentofacial problems which can be**
 13 **minimized by appropriate timely intervention;**
 14 c. **Use dentofacial orthopedics in the treatment of patients when**
 15 **appropriate;**
 16 d. **Treat and manage major dentofacial abnormalities and coordinate care**
 17 **with oral and maxillofacial surgeons and other healthcare providers;**
 18 e. **Provide all phases of orthodontic treatment including initiation,**
 19 **completion and retention;**
 20 f. **Treat patients with at least one contemporary orthodontic technique;**

21
 22 *Intent: It is intended that the program teach one or more methods of*
 23 *comprehensive orthodontic treatment.*

- 24
 25 g. **Manage patients with functional occlusal and temporomandibular**
 26 **disorders;**
 27 h. **Treat or manage the orthodontic aspects of patients with moderate and**
 28 **advanced periodontal problems;**
 29 i. **Develop and document treatment plans using sound principles of**
 30 **appliance design and biomechanics;**
 31 j. **Obtain and create long term files of quality images of patients using**
 32 **techniques of photography, radiology and cephalometrics, including**
 33 **computer techniques when appropriate;**
 34 k. **Use dental materials knowledgeably in the fabrication and placement of**
 35 **fixed and removable appliances;**
 36 l. **Develop and maintain a system of long-term treatment records as a**
 37 **foundation for understanding and planning treatment and retention**
 38 **procedures;**
 39 m. **Practice orthodontics in full compliance with accepted Standards of**
 40 **ethical behavior;**

41
 42 *Intent: A program may be in compliance with the standard on ethical behavior*
 43 *when ethical behavior is acquired through continuous integration with other*
 44 *courses in the curriculum.*

45
 46 Examples of evidence to demonstrate compliance may include:

- 47
 48 • Course outlines
 49 • Case treatment records

50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72

73
74
75
76
77
78
79

- n. **Manage and motivate patients to participate fully with orthodontic treatment procedures; and**
- o. **Study and critically evaluate the literature and other information pertaining to this field; and**

Examples of evidence to demonstrate compliance may include:

- Course outlines
- Clinical outcomes assessment

p. Manage patients with intellectual and developmental disabilities.