COUNCIL ON DENTAL EDUCATION AND LICENSURE
AMERICAN DENTAL ASSOCIATION
HEADQUARTERS BUILDING, CHICAGO
JANUARY 17-18, 2019

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

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

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

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

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

Adoption of Agenda, Disclosure of Business or Personal Relationships, and ADA Professional Conduct Policy: The Council approved the agenda, and authorized the chair to alter the order of the agenda items as necessary to expedite business. Dr. Gehani directed the Council’s attention to the ADA Disclosure Policy. No personal, professional or business relationships were disclosed. Ms. Albrecht discussed the ADA Professional Conduct Policy with the Council.
Affirmation of E-mail Ballots: The Council acknowledged e-mail ballots since the June 2018 meeting:

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

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

Reports of Council Members Serving on Other Association Agencies/Committees

Library and Archives Advisory Board

Emerging Issues, Trends and Miscellaneous Affairs

Unofficial Report of Actions of the 2018 House of Delegates

Reports of Related Groups

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

ADEA continues to collect information on U.S. dental school applicants and first-time, first-year enrollees as part of the administration of dental school applications. Among the key findings are the following: the number of applications decreased in 2016-17, while enrollment continued its steady 12-year rise, the number of women applicants exceeded the number of men by a larger margin than the previous two years, etc. Dr. Stewart shared that the ADEA Commission on Change and Innovation in Dental Education (ADEA CCI) 2.0 has produced a number of resources and publications that provide insight into key factors in implementing change in dental education. Council members interested in these resources were directed to ADEA’s written report. Dr. Stewart discussed that the ADA, ADEA and ASDA signed an agreement at the ADA Headquarters to become founding members of the Coalition for Modernizing Dental Licensure. Dr. Stewart concluded his report by inviting the Council to ADEA’s Annual Session in March.
Canadian Dental Association (CDA): Dr. Benoit Soucy reported on activities of the CDA, noting CDA’s efforts to promote research that would support the further development of the Canadian Dental Aptitude Test Program. In addition, Dr. Soucy reported on an initiative of the Canadian Dental Regulatory Agency Federation (CDRAF) to review the Competencies for Beginning Dental Practitioners in Canada. This initiative was launched in an effort to maintain and produce a list of competencies that would recreate the consensus that existed since 1996 around a single competency document for dentistry in Canada.

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

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

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

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

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

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

**Joint Commission on National Dental Examinations:** Dr. Kathleen Hinshaw presented on
behalf of Dr. David Waldschmidt. The Joint Commission on National Dental Examinations
(JCNDE) last met in June 2018. The Integrated National Dental Board Examination (INDBE) is
scheduled to launch August 1, 2020, with discontinuation of National Board Dental Examination
(NBDE) Part I on July 31, 2020 and discontinuation of NBDE Part II on July 31, 2022. A
modification was made to the Five Years/Five Attempts eligibility rule. Effective June 20, 2018
subsequent to the fifth year or fifth attempt, failing candidates may test once every 12 months after their most recent attempt. The policy update is applicable to all failing candidates who have tested since 2017. Individuals currently serving or scheduled to serve as NBDE Part I Test Constructors were approved to serve as Test Constructors for the INBDE. The Joint Commission adopted a strategic plan and formed two ad-hoc committees to develop the scope, mission and governance, and strategic communications. Dr. William F. Robinson was elected to serve as the Chair of the Commission for the 2018-2019 term, Dr. Cataldo Leone was elected to serve as the Vice Chair of the Commission for the 2018-2019 term, and Douglas C. Wilson, B.A., M.A., Ph.D. was elected to serve as the public member for the 2019-2022 term. Thanks was expressed to the members of the Joint Commission who have served since 2009.

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

Dental Education Committee Summary Report: Dr. Linda C. Niessen presented the Committee’s comments and recommendations to the Council. The following summarizes the agenda items discussed and the Council’s actions.

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

Annual Report of the National Board for Certification in Dental Laboratory Technology (NBC): The Council reviewed the Annual Report submitted by the National Board for Certification in Dental Laboratory Technology in relation to the ADA’s Criteria for Approval of a Certification Board for Dental Laboratory Technicians. The Council noted several of the NBC’s
activities and initiatives during the past year such as NBC Trust’s launching of a computer-based testing option for the written examinations and the launch of the CDT Mentorship Program. In reviewing NBC’s Annual Report, the Council also noted the following concerning data trends: decreasing number of active CDTs, decreasing number of examination candidates, decreasing number of dental laboratory technology (DLT) programs in the United States, and an increased fail percentage rate by candidates in the written comprehensive examination versus the practical examination. At the Committee’s recommendation, the Council accepted the NBC Report.

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

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

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

**Pathway 3**

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

At the Committee’s recommendation, the Council accepted the DANB Annual Report and supported the additional pathway.

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

### Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs (Standard 2-24): During its summer 2018 meeting, CODA considered proposed revisions to Standard 2-24 of the Accreditation Standards for Dental Education Programs related to cariology as requested by the American Academy of Cariology (AAC). The proposed change to Standard 2-24d urges the addition of “caries management.” The Council agreed with the Dental Education Committee that broad competency statements should not include specific procedures assumed to be included in the competency.
**Action:** The Council directed that written comment be sent to CODA noting its opposition to the proposed revision to Standard 2-24 of the Accreditation Standards for Dental Education Programs to include the addition of the term “caries management.”

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

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

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

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

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

**Action:** The Council directed that written comment be sent to CODA supporting the proposed revised Standard 2-5, 2-6, 2-7, and 2-8 of the Accreditation Standards for Dental Assisting Education Programs (Appendix 2).
Proposed Revision to Accreditation Standards Related to Care for People with Intellectual and Developmental Disabilities: During its summer 2018 meeting, CODA considered proposed revisions to the Accreditation Standards for each dental discipline focused on enhancing dental education programs in relation to education of students/residents to provide care for people with intellectual and developmental disabilities. The proposed revisions were the result of a directive that came out of the Winter 2018 CODA meeting during which time CODA directed that its 14 Review Committees consider the National Council on Disability (NCD) Issue Brief “Neglect for Too Long: Dental Care for People with Intellectual and Developmental Disabilities.” A June 2018 letter from the Alliance for Disability Health Care Education, a letter submitted by the Special Care Dentistry Association, and correspondence submitted by the National Council on Disability were also considered by the CODA.

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

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

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

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

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

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

**Action:** The Council directed that written comment be sent to CODA supporting the proposed revised Definition of Terms and Standard 2-12 of the Accreditation Standards for Dental Hygiene Education Programs (Appendix 3).
Finally, the Council reviewed and supported similar proposed changes to Standard 4-3.4 of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics.

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

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

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

- Consideration of Resolution 83-Geriatric Dentistry
- Periodic Review of the Criteria for Recognition of a Certification Board for Dental Assistants
- Periodic Review of the Criteria for Recognition of a Certification Board for Dental Laboratory Technicians.

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

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

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

**Progress of the DLOSCE Steering Committee:** The Council reviewed and discussed a written report on the progress of the Dental Licensure Objective Structured Clinical Examination (DLOSCE). The DLOSCE will provide an alternative examination modality from current patient-based licensure examinations. The Steering Committee is currently on schedule to produce the DLOSCE pilot exam by the end of 2019. The ADA is negotiating a licensing agreement with the
National Dental Examining Board of Canada for OSCE templates (not test items) and technical guidance on content development. The test questions will be developed by the ADA Department of Testing Services (DTS) with oversight by the Steering Committee. Many dental schools have expressed an interest in serving as a pilot for the DLOSCE.

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

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

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

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

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


In regard to Resolution 13H-2018, Amendment to the Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, the Council noted that confusion exists among the membership regarding this ADA policy and its application to the work of the National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB). The Council agreed with the Recognition Committee that additional steps should
be taken by CDEL and the ADA to explain the ADA’s role in specialty recognition, the purpose of the ADA Requirements for Recognition and the National Commission’s role and charge to apply the Requirements and grant/deny recognition to dental disciplines seeking specialty recognition. The Council also agreed that members are confused about the role of the Commission on Dental Accreditation versus the role of the National Commission on Recognition of Dental Specialties and Certifying Boards.

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

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

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

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

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

Application to Recognize Dental Anesthesiology as a Dental Specialty: The Council noted that the American Society of Dentist Anesthesiologists (ASDA) submitted an application to the NCRDSCB requesting that dental anesthesiology be recognized as a dental specialty. The
NCRDSCB announced receipt of the application and invited comment from the communities of interest on whether the application satisfies the Recognition Requirements. According to the ADA Governance Manual, CDEL has subject matter responsibility for matters related to the recognition of dental specialties and specialty certifying boards.

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

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

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

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

In regard to Requirement 4, the Council concluded that the application presented evidence that the proposed specialty actively contributes to new knowledge in the field through the Annual
Scientific Session of the American Society of Dentist Anesthesiologists and actively contributes to professional education by sponsoring in-service Training Examinations for residents of dental anesthesia programs. The application demonstrates that ASDA members conduct and contribute to the research needs of the profession. The application outlines the difference in standards for Oral and Maxillofacial Surgery (OMS) and the proposed dental anesthesiology specialty, demonstrating that the proposed specialty provides oral health services for the public which are currently not being met by general practitioners or dental specialists. The Council concluded that Requirement 4 is met.

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

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

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

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

**Update on Anesthesiology Committee Composition:** In June of 2018 the Council adopted the Anesthesiology Committee’s recommendation that a new general dentist member with expertise in enteral sedation be added to the Committee. The Committee recommended and the Council agreed to seek nominees for this position from the Academy of General Dentistry (AGD). Committee members determined that a minimum of 2 nominees from the AGD should be general dentists who dedicate a significant portion of their practice to the administration of minimal and moderate enteral sedation. Nominees will be reviewed by the Committee and the Council, and the Council will make the appointment at the June 2019 meeting. The appointment will become effective at the close of the 2019 ADA House of Delegates Meeting.
Discussion on CE Guidelines on Pediatric Sedation and Anesthesiology for General Dentists: The Committee was reminded that at the January 2018 meeting the Council approved the Committee’s actions to move forward on the possible development of teaching guidelines on pediatric sedation and anesthesiology for general dentists. The Committee will begin this project by studying the current 2016 Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students to determine if it can be modified to create a document focused on pediatric patients. The Committee will report its progress to the Council in the spring.

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

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

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

Continuing Education Committee: Dr. Jacqueline Plemons presented the Committee’s comments and recommendations to the Council. The following summarizes the agenda items discussed and the Council’s actions.

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

Action: The Council directed that written comment be sent to the CCEPR expressing its support for the proposed amendment to the ADA CERP Eligibility Criteria.
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 than 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/advice 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.
Update on Council and Committee Current and Planned Continuing Education: The Council received the reports submitted by various agency representatives as included in the CE Committee’s agenda materials.

Emerging Issues, Trends and Miscellaneous Affairs

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

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

- Consider and possibly recommend revision to ADA policies related to:
  - Admissions Criteria for Dental Hygiene Programs (1995:639)
  - Statement on Credentialing Dental Assistants (1995:634)
  - Dentist Administered Dental Assisting and Dental Hygiene Education Programs (1992:616; 2010:542)
  - Certifying Board in Dental Assisting (1990:551; 2014:460)
  - Certifying Board in Dental Laboratory Technology (2002:400; 2014:460)

- Consider 2018 referred Resolutions 21-2018, and 83-2018 and report back to the 2019 House of Delegates

- In collaboration with the Department of State Government Affairs, the Department of Continuing Education and the Council on Advocacy for Access and Prevention, consider Resolution 74H-2018 and report back to the 2019 House of Delegates.

- On behalf of the ADA, monitor and comment on matters of the Commission on Dental Accreditation, Commission for Continuing Education Provider Recognition, and the National Commission on Recognition of Dental Specialties and Certifying Boards.

- Support the ADA and its involvement with the Coalition for Modernizing Dental Licensure.
Continue to support the development and implementation of the Dental Licensure Objective Structured Clinical Examination (DLOSCE).


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

- a statement 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, with the name and founding date of the sponsoring organization noted
- formal policy statements by the sponsoring organization and certifying board recognizing each other
- routine formal communications between the sponsoring organization and certifying board
- attendance of leadership/liaisons representing the sponsoring organization/certifying board at annual meetings
- protocols for the sponsoring organization to nominate diplomates to serve on the certifying board
- procedure(s) acknowledging that the sponsoring organization may establish additional qualifications for diplomates who serve on the certifying board
- continuing education courses offered by the sponsoring organization to specialists preparing for the certification examination and/or re-certification process
- collaboration of review and revision of accreditation standards for advanced education programs in the specialty discipline

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

2019 Self-assessment of the Council on Dental Education and Licensure: Dr. Meaghan Strotman reviewed with the Council Resolution 1H–2013 which requires all ADA councils, commissions, and committees to undertake a thorough self-assessment every five years. CDEL last completed a self-assessment in 2014. In preparation for CDEL’s 2019 assessment, a proposed self-assessment survey to Council members serving from 2016-19 was reviewed and approved by the Council. With oversight from the Council Chair and Vice-Chair, the survey results will be prepared and presented to the Council in the spring of 2019.
Action: The Council directed that the 2019 self-assessment be conducted via the proposed survey in accord with the proposed timeline and oversight by Dr. Gehani and Dr. Niessen; and that the results of the self-assessment survey and recommendations be presented to the Council for consideration in the spring.

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

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

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

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

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

Appendices

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

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

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

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

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

Intent: The anesthesiology residency is intended to be a continuous, structured residency program devoted exclusively to anesthesiology. Significant general anesthesia experience can be documented by continuous practice of intubated and/or non-intubated general anesthesia and involving anesthesia for dentistry, of at least two days per week, and/or 200 cases each year. Examples of Evidence to demonstrate compliance may include:

Certificate of completion of anesthesiology residency
Copy of board certification certificate
Letter from board attesting to current/active board certification
Description of additional dental anesthesiology experience
Proposed Revisions to Accreditation Standards for Dental Assisting Education
Programs, Standard 2
Supported by the Council on Dental Education and Licensure
(Proposed additions are underscored; proposed deletions are stricken; the Council’s additional proposed revision is in red):

Curriculum Management

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

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

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

Examples of evidence to demonstrate compliance may include:

- Curriculum map demonstrating progression of content elevation

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

a. an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b. evaluation of the effectiveness of all courses as they support the program’s goals and competencies;
c. a defined mechanism for coordinating instruction among dental assisting program faculty.
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 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:
- The course title, number, description, faculty presenting course and contact information
- Course objectives including competency statements content outline including topics to be presented
- Content outline including topics to be presented Specific instructional objectives for each topic presented
- Learning experiences with associated assessment mechanisms
- Course schedule including learning and evaluation mechanisms including time allocated for didactic, laboratory, and clinical learning experiences
- 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 Objective student evaluation methods must be utilized to measure all defined course objectives to include:
- Didactic, laboratory, preclinical and clinical content
b. Specific criteria for measuring levels of competence for each component of a given procedure

c. Expectation of student performance elevates as students progress through the curriculum

Examples of evidence to demonstrate compliance may include:

- Rubric for grading
- Evaluation criteria to measure progress for didactic, laboratory, preclinical and course objectives
- Skills assessments
- Grading policies for multiple assessment attempts

Dental Sciences

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

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

a. Oral pathology
b. General anatomy and physiology
c. Microbiology
d. Nutrition
e. Pharmacology to include:
   i. Drug requirements, agencies, and regulations
   ii. Drug prescriptions
   iii. Drug actions, side effects, indications and contraindications
   iv. Common drugs used in dentistry
   v. Properties of anesthetics
   vi. Drugs and agents used to treat dental-related infection
f. Patients with special needs including patients whose medical, physical, psychological, or social conditions requiring modification of normal dental procedures make it necessary to modify normal dental routines
Proposed Revisions to Accreditation Standards for Dental Hygiene Education Programs,  
Definition of Terms and Standard 2-12  
Supported by the Council on Dental Education and Licensure  
(Proposed additions are underscored; proposed deletions are stricken)

Definitions of Terms

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

Standard 2 – Educational Program

Patient Care Competencies

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

Graduates must be competent in assessing the treatment needs of patients with special needs.

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

Clinical instruction and experiences with special needs patients should include instruction in proper communication techniques and assessing the treatment process of care compatible with each of these patient populations.

Examples of evidence to demonstrate compliance may include:

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

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

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

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

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

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

Examples of evidence to demonstrate compliance may include:

• Course outlines
• Case treatment records
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.