COUNCIL ON DENTAL EDUCATION AND LICENSURE
AMERICAN DENTAL ASSOCIATION
HEADQUARTERS BUILDING, CHICAGO
JUNE 27-28, 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, June 27, 2019 at 8:30 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. Daniel A. Hammer, Dr. Uri Hangorsky, Dr. Willis Stanton Hardesty Jr., Dr. Jennifer Korzeb, Dr. Steven M. Lepowsky, Dr. Jun S. Lim, Dr. Maurice S. Miles, Dr. David L. Nielson, Dr. Linda C. Niessen, Dr. Jacqueline Plemons, Dr. A. Roddy Scarbrough and Dr. Donna Thomas-Moses were present. Dr. Bruce Donoff was unable to attend the meeting.

Dr. Raymond A. Cohlmia attended as the ADA Board Liaison to the Council. Mr. Craig McKenzie, on the behalf of Dr. 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. Kathleen Hinshaw, Senior Manager, Test Administration, Department of Testing Services, Dr. Charles Norman, Chair, National Commission on Recognition of Dental Specialties and Certifying Boards, Mr. James Puente, Director Nurse Licensure Compacts, National Council of State Boards of Nursing, Dr. Denice Stewart, Chief Policy Officer, American Dental Education Association, Dr. Sherin Tooks, Director, Commission on Dental Accreditation, and 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. Jennifer Donahue, Manager, State Legislation & Regulation, State Government Affairs, Mr. Thomas Elliott, Deputy General Counsel and Director, Council on Ethics, Bylaws and Judicial Affairs, Ms. Saralyn Knezevich, Manager, eLearning, Department of Continuing Education, Mr. Chad Olson, Director, State Government Affairs, Dr. Marko Vujicic, Chief Economist & Vice President, Health Policy Institute and 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.

Affirmation of E-mail Ballots: The Council acknowledged e-mail ballots since the January 2019 meeting:

a. Minutes: January 17-18, 2019 Meeting (Ballot 2019-1)
b. Proposed Revision to Dental Education Standard 2-3 (Ballot 2019-2)

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:

Dental Education Committee:

Update on Activities of the Commission on Dental Accreditation

Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs, Standard 2-3

Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education Programs in Periodontics, Standard 4-12e

Progress Report on Matters Related to Resolution 83- Accreditation Standards for Geriatric Dentistry Programs

IPE's Release of Guidance on Developing Quality Interprofessional Education for the Health Professions

Dental Admission Testing Committee:

Review of 2018 CDEL Minutes Related to the Committee's Recommendations

Oral or Written Reports from Committee Liaisons

Future Meeting Date

Update on Dental Admission Test (DAT) Biology Test Specifications

Recognition of Specialties and Interest Areas in General Dentistry Committee:

Review of Intent of Requirements for Recognition 2 & 4

Dental Anesthesiology Recognized as a Dental Specialty

Anesthesiology Committee:

Discussion of "Medical Emergencies in the Dental Office – Response Guide"

Continuing Education Committee:

Council Action Taken on Proposed Amendment to the CERP Eligibility Criteria

Update on Council and Committee Current and Planned Continuing Education

Emerging Issues, Trends and Miscellaneous Affairs:

Update on the Council's 2020 Budget

Reports of Related Groups

National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB): Ms. Baumann shared that the Unofficial Report of Major Actions from the March 11, 2019 meeting is posted on the National Commission's website. Ms. Baumann reported that the NCRDSCB approved the request by the American Society of Dentist Anesthesiologists (ASDA) to recognize dental anesthesiology as a dental specialty. Ms. Baumann thanked the Council for providing further direction on intent related to the phrase "close working relationship" between the specialty sponsoring organization and certifying board as stated in the Requirements for Recognition of National Certifying Boards for Dental Specialists. The Council provided 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. Ms. Baumann concluded her report by sharing that the next meeting of the National Commission is March 2-3, 2020.

Commission on Dental Accreditation (CODA): Dr. Sherin Tooks shared that the Unofficial Report of Major Actions from the February 7-8, 2019 meeting is posted on the Commission's website. Dr. Tooks reported that the Commission continues to monitor the activities of the U.S. Department of Education, noting that the proposed regulation requiring that programmatic accrediting agencies be completely separate and independent from their professional membership organization is not moving forward. Dr. Tooks also shared that at the Commission's February 2019 meeting, the Commission reviewed an application for initial accreditation of the fully operational international dental education program offered by Universidad de la Salle Bajio in Leon, Guanajuato, Mexico and on the basis of information provided in the application, the Commission was unable to grant "accreditation [with or without] reporting requirements" status to the program. Dr. Tooks reported that in an effort to support the development and implementation of quality interprofessional education (IPE), The Health Professions Accreditors Collaborative, of which CODA was a part of, and the National Center for Interprofessional Practice and Education, released the *Guidance on Developing Quality Interprofessional Education for the Health Professions.* The goals of the *Guidance* document are to facilitate the preparation of health professional students for interprofessional collaborative practice through accreditor collaboration and to provide consensus guidance to enable institutions to develop, implement, and evaluate systematic IPE approaches and IPE plans. Dr. Tooks shared that at its upcoming summer 2019 meeting, the Commission will be reviewing the Criteria for Granting Accreditation to new dental disciplines, post-doctoral education programs and allied dental education programs, with the intent of combining both sets of criteria into a single criteria set in order to eliminate redundancy and promote clarity. Dr. Tooks concluded her report by sharing that the Commission will also be implementing a mandatory site visitor training program this fall 2019.

American Dental Education Association (ADEA): Dr. Stewart highlighted recent ADEA events and activities. ADEA hosted two meetings in April 2019 in Brescia, Italy, the ADEA 2019 International Women's Leadership Conference VI and ADEA/ADEE Shaping the Future of Dental Education III in April 2019. The ADEA 2019 International Women's Leadership Conference VI brought women from twenty-three countries to share their stories and create strategies to impact global oral health in their institutions, countries and the world. The ADEA/ADEE Shaping the Future of Dental Education III brought over 180 experts and attendees from almost forty countries to explore four topics of importance to dental education and oral health from a global perspective: Engaging with Global Networking to Enable Global Oral Health, Interprofessional Lessons in Pedagogy, The Impact of Scientific Technologies and New Discoveries on Oral Health Globally and Assessment in Competency-based Education: Continuing the Conversation. Dr. Stewart shared that in February 2019, ADEA launched a survey of U.S. dental schools to gather best practices in addressing the opioid epidemic and to

understand the curricular and clinical changes made by member institutions in response to this public health crisis. The findings will be used to update the ADEA Policy Brief, "The Role of Dental Education in the Prevention of Opioid Prescription Drug Misuse."

Dr. Stewart reported that ADEA Chapters for Students, Residents and Fellows, with a mission to increase knowledge about and interest in academic dental careers, continue to grow resulting in a 45% increase in registered chapters from last year. The ADEA Student Diversity Leadership Program is in its sixth year; the Program continues to assist dental students in developing leadership skills. Dr. Stewart shared that ADEA collaborated with the American Dental Association and American Student Dental Association on dental licensure reform and introduced the next phase, the Coalition for Modernizing Dental Licensure, which calls for the modernization of the initial dental licensure process. Dr. Stewart concluded her report stating that the ADEA Compendium is being developed as a valid and reliable assessment of psychomotor skills as well as relevant patient care knowledge, skills and abilities that do not rely on single encounter, high-stakes, procedure-based examinations.

Joint Commission on National Dental Examinations (JCNDE): Dr. David Waldschmidt shared that the Integrated National Dental Board Examination (INDBE) is currently on target for a launch date of August 1, 2020. Part I of the National Board Dental Examination (NBDE) will be discontinued on July 31, 2020 and NBDE Part II will be discontinued on July 31, 2022. The INBDE will have 500 test items administered over one and a half days. Changes to the retest policy were approved so that a candidate must wait a minimum of 90 days between unsuccessful attempts. After a third failed attempt, the candidate must wait a year before being able to challenge the exam again. This policy will be in place when the exam is released and will be reviewed again in 2021. An external consultant will be secured to facilitate standard setting activities for the INBDE to determine the level at which an individual would be safe to practice. The JCNDE reviewed examination failure rates for all of the National Board Examinations programs (NBDE Part I, NBDE Part II, INBDE, and the National Board Dental Hygiene Examination (NBDHE)). It was noted that after the implementation of new passing standards for all NBEs in 2016 and 2017, there was an increase in failure rates, most notably in NBDE Part I which continued to be high in 2018. However, the failure rates for NBDE Part II and NBDHE decreased in 2018. The JCNDE is going to investigate the feasibility of implementing multistage adaptive testing for the NBDHE. In an effort to standardize the JCNDE governance with the other ADA affiliated commissions, the 2019 ADA House of Delegates will review a set of corresponding provisions intended to reduce conflict of interest. The JCNDE reviewed their new mission and vision statements, and established a new standing committee to manage communications about JCNDE's activities to outside stakeholders. Dr. Cataldo Leone will serve as Chair of the JCNDE for the 2019-2020 term and Dr. K. "Ragu" Ragunanthan will serve as Vice Chair, beginning at the adjournment of the 2019 ADA House of Delegates meeting.

Commission on Continuing Education Provider Recognition (CCEPR): Ms. Mary Borysewicz gave an update on the Commission on Continuing Education Provider Recognition (CCEPR). She shared that CCEPR approved revisions to the CERP criteria at its April 2019 meeting that included a new criteria stating commercial interests are not eligible for recognition. The intent of this change is to eliminate the opportunity for commercial bias in continuing education and align dental continuing education with other health care professions in this regard. The Commission received requests from affected entities for adequate time to adjust to this change. CCEPR selected July 1, 2023 as the date this revision will take effect to accommodate said requests. The Commission is five years old and completed its self-assessment this year. The results will be reported to the 2019 HOD.

American Student Dental Association (ASDA): Mr. McKenzie presented on behalf of Dr. Roopali Kulkarni. Mr. McKenzie shared that the ASDA Board of Trustees Meeting is scheduled for July 13-14,

2019 in Chicago followed by the ASDA Fall Council and Board of Trustees Meeting in September and the ASDA National Leadership Conference in November. Mr. McKenzie reported that the ADA Dentist and Student Lobby Day was a huge success with nearly 500 dental students in attendance. During the 2018-19 membership year, ASDA had a total of 24,829 members. In April, ASDA hosted DAT week to help prospective dental students connect with current students to learn more about registration, exam tips and average DAT scores by section and dental school. ASDA continues its wellness initiative to emphasize the importance of personal health and overall wellbeing with a focus on mental health as another aspect of wellness.

Mr. McKenzie shared that ASDA's Council on Advocacy launched the following initiatives: Resident Education Deferred Interest (REDI) Act, Student Loan Refinancing Act, and the Competitive Health Insurance Reform Act. Mr. McKenzie concluded his written report by summarizing the four goals adopted by ASDA for its 2018-2020 strategic plan which include: Developing a standardized leadership training and transition program for chapter and district leaders; evaluating current business model and developing strategies to achieve financial organizational sustainability; evaluating current member benefits and recommending changes to increase member value; and developing a plan and promoting 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 Cohlmia provided the Council with an update on ADA Board activities. Dr. Cohlmia reinforced that the Association's Strategic Plan, Common Ground 2025, is the basis for everything the ADA does, and then touched on the refocusing of the ADA Foundation to go strictly into science and research, bridging the Volpe Research Center and the Science Institute. The ADA filed a citizen's petition with the FDA in May 2019 stating that the SmileDirectClub is putting public health at risk by circumventing the FDA's "by prescription only" restriction the agency has on teeth aligning materials. The ADA Practice Transitions (ADAPT) pilot was successfully launched in Maine and Wisconsin on April 1, 2019. The Council on Membership has done extensive analysis and will be putting forth a resolution to the 2019 HOD to streamline the dues structure. The membership dashboard will be introduced to all member states so they may partner with schools to track where students are going after graduation.

Senior Vice President, Education/Professional Affairs: Dr. Anthony Ziebert reported on activities within the Division of Education and Professional Affairs and reviewed what has been accomplished thus far in 2019. The Division of Education and Professional Affairs is currently the largest division at the ADA and is meeting its revenue and expense projections for 2019. The Department of Testing Services has every staff position occupied and the Library and Archives Department continues to perform very well. The Council on Dental Education and Licensure is busy managing matters for the Coalition for Modernizing Dental Licensure. The Board of Trustees and CODA are exploring the feasibility of a reserve fund for the Commission on Dental Accreditation.

American Association of Dental Boards (AADB): The Executive Director of the AADB was unable to attend the meeting, and no report was submitted.

Dental Education Committee: 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.

2019 CDEL Review of ADA Policies: The Council noted that the Board of Trustees has developed a protocol for agencies to review assigned Association policies every five years. The intent of the review

is to maintain only those policies that have 1) relevance, 2) continued need, 3) consistency with other Association policies, and 4) appropriate language and terminology. This year, CDEL-related policies scheduled for review fall under the business of the Dental Education Committee. Accordingly, the Council considered the policies to determine whether they should be retained, modified, rescinded or action should be deferred.

The Council reviewed the following policies and per the Dental Education Committee's recommendation determined that the following policies are current and relevant and should be retained as written. Full text of each policy is presented in Appendix 1.

- *Statement on Credentialing Dental Assistants*
- *Development of Alternate Pathways for Dental Hygiene Training*
- *Dentist Administered Dental Assisting and Dental Hygiene Education Programs*
- *Certifying Board in Dental Assisting*
- *Certifying Board in Dental Laboratory Technology*

Action: The Council directed that the policy statements noted in Appendix 1 be retained as written and that this be reported to the 2019 House of Delegates.

The Council also reviewed the *Admissions Criteria for Dental Hygiene Programs* policy, and concluded that this statement is no longer necessary as admission criteria and procedures and previous academic performance and/or performance on standardized national scholastic tests are specifically addressed in Standard 2-3 of the CODA Accreditation Standards for Dental Hygiene Education Programs.

Per the Dental Education Committee's recommendation, the Council supported rescission of this policy.

Action: The Council directed that the policy, *Admissions Criteria for Dental Hygiene Programs,* be recommended for rescission by the 2019 House of Delegates.

Admissions Criteria for Dental Hygiene Programs (*Trans.*1995:639)

Resolved, that the American Dental Association supports the admission of students into dental hygiene education programs based on established criteria and procedures, and be it further

Resolved, that previous academic performance and/or performance on standardized national scholastic tests will be utilized as primary criteria in selecting students.

The Council considered revisions to the *Criteria for Recognition of a Certification Board for Dental Assistants* as proposed by ADA and Dental Assisting National Board staff and the Dental Education Committee. The Council agreed that the proposed changes are necessary to conform to the ADA Governance and Organizational Manual and to be consistent with the same language proposed in the Criteria for Recognition of a Certification Board for Dental Laboratory Technicians.

Action: The Council directed that proposed amendment to the ADA Policy on Criteria for Recognition of a Certification Board for Dental Assistants (*Trans.*1989:520; 2014:460) (Appendix 2) be transmitted to the 2019 House of Delegates for adoption.

The Council also considered revisions to the *Criteria for Recognition of a Certification Board for Dental Laboratory Technicians* as proposed by ADA and National Board for Certification in Dental Laboratory Technology staff and the Dental Education Committee. The Council agreed that the proposed changes are necessary to conform to the ADA Governance and Organizational Manual and to be consistent with the same language proposed in the Criteria for Recognition of a Certification Board for Dental Assistants.

> **Action:** The Council directed that proposed amendment to the ADA Policy on Criteria for Recognition of a Certification Board for Dental Laboratory Technicians (*Trans.*1989:520; 2014:460) (Appendix 3) be transmitted to the 2019 House of Delegates for adoption.

The Council reviewed the *Policy on Native American Workforce*, noting that the Council on Advocacy for Access and Prevention (CAAP) is the lead agency with CDEL and the Council on Government Affairs (CGA) as supporting agencies. The Council took no action related to this policy.

Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs (Standard 2-3): At the request of Dr. Uri Hangorsky, this agenda item was removed from the consent agenda for discussion by the Council. It was noted that Council members previously voted in support of the amendment proposing the addition of an intent statement supporting Standard 2-3 of the Accreditation Standards for Dental Education Programs related to the prohibited use of international sites where educational activity occurs for educational experiences in predoctoral dental education programs. A letter dated June, 19, 2019 was sent to CODA noting the Council's support for the additional intent statement.

At this meeting, Dr. Hangorsky shared that he is not supportive of the amendment, believing that international supplemental/enrichment experiences are valuable learning experiences for students and should be counted towards meeting curriculum requirements and/or program length. Council members discussed and agreed that international supplemental/enrichment experiences are valuable, noting that the intent statement to Standard 2-3 does not prohibit dental education programs from offering these experiences to students. Dr. Hangorsky, with the Council's support, requested that the senior vice president of Education and Professional Affairs communicate with the director of CODA urging that new site visitors be thoroughly instructed on the interpretation of the Standard 2-3 intent statement.

Consideration of Proposed Revision to the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics, Standards 2, 3 & 4: The Council noted that during the winter 2019 meeting, CODA considered proposed revisions to Standards 2, 3-1, and 4-3.4 of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics received from the American Association of Orthodontists (AAO). The proposed revisions to the Orthodontics Standards address three (3) areas: required faculty/space resources; types of patients/conditions presenting for treatment; and specific treatment approaches/clinical techniques. The Council agreed with the Dental Education Committee that the proposed revisions are appropriate.

> **Action:** The Council directed that written comment be sent to CODA supporting the proposed revisions to Standards 2, 3-1, and 4-3.4 of the Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics.

Update on Nominees for the CDEL Tuition Scholarship to the Academy for Academic Leadership's Institute for Teaching and Learning: The American Dental Association's

CDEL/Academy for Academic Leadership's Institute for Teaching and Learning Tuition Scholarship provides an opportunity to recognize its members who are pursuing careers in academia. This scholarship program, initiated in 2015, awards three aspiring general dentistry faculty members interested in academic careers.

The Dental Education Committee recommended, and the Council concurred, that Nicholas Kaleel, DMD, Wilma Luquis-Aponte, DMD, MPH, DPH, and Kenneth J. Zganjar, DDS, were deserving of the 2019 scholarships. Dr. Kaleel is a graduate of the University of Louisville School of Dentistry and is currently a Clinical Associate Professor in the Department of Restorative Dental Sciences at the University of Florida College of Dentistry. He also serves the Division of General Dentistry as a TEAM Leader in the student clinics and is currently an ADEX Licensure Examiner for the Commission on Dental Competency Assessments (CDCA). Dr. Luquis-Aponte is a graduate of the University of Puerto Rico School of Dentistry and is currently a private practitioner in general dentistry in El Paso, Texas. Dr. Zganjar is a graduate of Marquette University School of Dentistry and is currently a Preclinical Adjunct Associate Professor in the Department of General Dental Sciences at the Marquette University School of Dentistry.

> **Action:** The Council awarded to Dr. Nicholas Kaleel, Dr. Wilma Luquis-Aponte, and Dr. Kenneth J. Zganjar, the 2019 CDEL Tuition Scholarships to the Academy for Academic Leadership's Institute for Teaching and Learning.

Consideration of Matters Related to Resolution 83-Accreditation Standards for Geriatric Dentistry Programs: In response to referred Resolution 83-2018, the Council conducted a survey gathering information and clarifying the interest and understanding of the geriatric dentistry practice and education communities in developing an accreditation process and standards for advanced education programs in geriatric dentistry.

The results of the Survey on Feasibility of Accreditation for Geriatric Dentistry Residency Programs were reviewed by the Council. In regard to Question 9, 44.4% of the respondents indicated awareness of an association/organization/entity that may be interested in leading the pursuit of CODA-accreditation for geriatric dentistry programs, i.e., the Special Care Dentistry Association.
The Council also reviewed various resources with pertinent data such as Geriatric Dentistry Program and Enrollment Data 2011-2018, excerpts of CODA Accreditation Standards Referencing "Geriatrics/Older Adults/Seniors/Elderly/Special Needs/All Stages of Life," and excerpts of the 2018-2019 Curriculum Survey of Dental Education Programs (DDS/DMD) with tables representing the first time collection of data related to experiences of predoctoral students with geriatric dentistry patient populations. Finally, the Council considered the criteria outlined in the CODA's *Policies and Procedures for Accreditation of Programs in Areas of Advanced Dental Education* that provide a framework for the Commission in determining whether a process of accreditation review should be initiated for advanced dental education programs.

It was noted that in 2015 the Special Care Dentistry Association pursued accreditation by CODA for advanced general dentistry education programs in special care dentistry. At its February 2016 meeting, the Commission determined that the application requesting accreditation for these programs did not adequately address the CODA criteria for initiating an accreditation process for advanced education programs in a new area; the Commission was unable to confirm that Criteria A – E were met and directed that a process of accreditation for advanced general dentistry education programs in special care dentistry not be established at that time.

1 The Council concluded that while it would be feasible for advanced education programs in geriatric
2 dentistry to seek accreditation and that the education community - including the Special Care Dentistry
3 Association - appeared supportive, it was not clear if an application to CODA requesting accreditation
4 for geriatric dentistry programs could meet the CODA criteria to begin the process. Nonetheless, the
5 Council determined that the House of Delegates should be provided with these preliminary findings
6 presented and urged to transmit the findings to the Special Care Dentistry Association for consideration
7 and possible pursuit of seeking an accreditation process for these programs.
8
9 **Action:** The Council directed that its findings (Appendix 4) be reported to the 2019 House of
10 Delegates, noting that the geriatric dentistry education community appears interested in
11 developing an accreditation process for advanced education programs in geriatric dentistry
12 and urging the House of Delegates to provide these findings to the Special Care Dentistry
13 Association for consideration.
14
15 **Consideration of ADA Policies Related to Federal Student Loans and Postgraduate Debt:** The
16 Council reviewed the report from the Council on Government Affairs (CGA) regarding its review of
17 several ADA policies related to federal student loans and postgraduate debt: Resolution 36: Proposed
18 Policy - Federal Student Loan Programs, Resolution 37: Proposed Policy - Federal Student Loan
19 Repayment Incentives, Resolution 38: Proposed Policy - Tax Treatment of Student Loan Interest,
20 Scholarships and Stipends and Resolution 39: Proposed Policy - General, Pediatric and Public Health
21 Dental Residency Programs . The Council noted that the CGA is contemplating revisions
22 (consolidating duplicate resolving clauses, clarifying language, etc.) to the current policies as reflected
23 in the draft resolution worksheets. After some discussion, the Council agreed with the CGA that the
24 proposed revisions to the ADA policies related to federal student loans and postgraduate debt are
25 appropriate and necessary to consolidate duplicate resolving clauses and clarify language.
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27 **Action:** The Council supported the proposed policies as presented by the Council on
28 Government Affairs.
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30 **Licensure Committee:** Dr. Edmund Cassella summarized the agenda items discussed by the
31 Committee.
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33 **Update on the DLOSCE Steering Committee:** Dr. David Waldschmidt, as the Director of Dental
34 Testing Services, provided an update on the DLOSCE Steering Committee, which last met in January
35 of 2019. He compared and contrasted the differences between the INBDE and DLOSCE, both of which
36 are scheduled for implementation in 2020. A Steering Committee update was provided at the 2019
37 ADEA meeting in March. Highlights from the presentation included the charge of the Steering
38 Committee, the rationale for development of an OSCE, that DLOSCE efforts are informed by the
39 "Standards for Educational and Psychological Testing," the content that will be included, that sample
40 DLOSCE questions will be made available to stakeholders in 2019, and the pilot exam will take place
41 late 2019 or early 2020.
42
43 **Update on the Coalition for Modernizing Dental Licensure:** Dr. Meaghan Strotman provided an
44 update on the Coalition for Modernizing Dental Licensure (details are reported elsewhere in these
45 minutes). Dr. Cassella reviewed key questions asked during the Q&A section of the webinar that took
46 place on May 22, 2019. Specifically he highlighted that 1) the Coalition will not engage in efforts to
47 reform licensure in a state without the support of the state dental society and dental schools in that
48 state, 2) the roles dental hygiene and the examining community can play in the Coalition's advocacy
49 efforts, 3) why the current patient-based clinical examinations are not the solution to uniform licensure,
50

and 4) alternative methods available for determining clinical competency.

Update on Changes in State Regulations: Dr. Cassella explained state legislation related to dental examinations and licensure that has been introduced or enacted in 2019. Of note, Arizona passed a law (HB 2569) on April 10, 2019 making it the first state in the nation to have universal licensing recognition. With the passage of this law, occupational and professional licenses can be issued to individuals who establish residency in Arizona if they have previously passed an examination required by another state, been licensed in another state for at least a year, have not been disciplined or had their license revoked, and do not have any complaints, pending investigations, or qualifying criminal history. Also noted was Oregon SB 824, as the proposed change in statute would require the board to accept results from regional and national testing agencies for laboratory and clinical examinations, which would allow the Board of Dentistry to accept the DLOSCE.

Dental Admission Testing Committee: Dr. Uri Hangorsky presented the Committee's comments and recommendations to the Council. The following summarizes the agenda items discussed and the Council's actions.

Dental Admission Test (DAT) Program Activities: The Council noted that during 2018, in North America, 12,541 DATs were administered as reported by Prometric, a slight increase from 12,499 administrations in 2017. The Council was pleased to learn of the following 2018 communication activities for the DAT which included the release of the 2018 DAT Candidate Guide; DTS staff's participation in the ADEA Go Dental Virtual Fair; posting of the 2017 DAT Validity Study, 2017 DAT User's Manual and 2017 DAT Examinee Information Report to the website; and updates throughout the year to the DAT website to reflect the most current testing information.

In addition, the Council reviewed and discussed a written report on DAT content development including current examination development considerations involving the Dental Admission Test (DAT). In doing so, the Council noted the status of the DAT Item Bank which includes thousands of items in six stages of development: new, retired or conditional, pretest (PT) ready, pretest, and available items.

The Council reviewed and discussed a written report on DAT Research and Development. Specifically, the Council noted sections of the written report regarding test administrations, a comparison between the percentage of males versus females taking the DAT in 2014 with 2018, the percentage of administrations in 2018 by ethnicity or race for each examinee self-reported, and a comparison of test performance for first-time examinees in 2018 with 2017.

The Council also reviewed and discussed the findings examining the potential impact of transitioning the DAT to a new score scale by comparing score results for all subjects covered on the DAT under two different scoring models (1PL model vs. 3PL model). The Council noted the overall study results and determined that additional information is needed regarding the utilization of the 3PL scoring model with the DAT.

> **Action:** The Council directed staff to continue its investigation concerning utilization of the 3PL scoring model with the DAT, providing a formal recommendation to the Council in 2020.

In a related discussion, the Council expressed concern regarding the lack of understanding of the two different scoring models (1PL model vs. 3PL model) by dental school deans and admission officers.

Action: The Council directed staff to communicate the differences between the two scoring models, 1 PL model vs. 3PL model, to dental school deans and admission officers in an effort to increase understanding of potential implications concerning the scoring and reporting of DAT scores under a different scoring model.

Advanced Dental Admission Test (ADAT) Program Activities: The Council noted during 2018, 385 ADAT administrations occurred, as reported by Pearson, and 17 examinees received fee waivers. The Council was pleased to learn that the Department of Testing Services pursued the following initiatives to enhance and improve the services provided to the ADAT program and examinees: placement of ADAT scores on ADEA CAAPID applications for international dentists seeking advanced placement in CODA-accredited dental programs and development of functionality to make ADAT scores available to dental schools through the DTS Hub. The Council was also pleased to learn of the following 2018 communication activities for the ADAT which included the release of the 2018 ADAT Candidate Guide; DTS staff's ADAT presentations at conferences; posting of the 2017 ADAT Examination Information Report; and updates throughout the year to the ADAT website to reflect the most current testing information.

In addition, the Council reviewed and discussed a written report on ADAT content development noting 13 test construction committees were convened during 2018. The Council also noted the status of the ADAT Item Bank which includes thousands of items in six stages of development: new, retired or conditional, pretest (PT) ready, pretest, and available items. The Council learned that in the June 2018 issue of the Journal of Periodontology, the American Academy of Periodontology (AAP) published updates to its Classification of Periodontal and Peri-Implant Diseases and Conditions. Due to these classification updates, items from the ADAT bank were reviewed by a team of periodontists to ensure their accuracy and currency. The Council was pleased to learn that the team did not recommend any changes to items in the ADAT item bank based on the classification updates.

The Council reviewed and discussed a written report on ADAT Research and Development. Specifically, the Council noted 2018 research and development findings with regards to examinee performance and trends for a three year period from 2016 through 2018, including scale score frequencies and examinee characteristics. The report also provided Council members information on ADAT test specifications and score results reporting for the 2019 ADAT administration year. Accordingly, the Council noted sections of the written report that presented data comparing the percentage of males versus females taking the ADAT and the percentage of administrations by ethnicity or race for each examinee.

Consideration of Nominations for Vacancies on the Dental Admission Testing Committee: The Council discussed the expiring terms of Dental Admission Testing Committee members, Dr. Nader A. Nadershahi, Dr. Judith A. Porter and Dr. Venita J. Sposetti who complete their terms in September 2019. The Council sought nominations to fill these positions with an individual who is employed by dental education programs and/or advanced dental education programs accredited by the Commission on Dental Accreditation (CODA) and has knowledge and experience in dental school admission procedures, testing and predoctoral and/or advanced dental education; an individual who serves as the dean of a dental school accredited by CODA and has knowledge, experience and interest in admissions practices and matters; and an individual who serves as faculty in a dental or advanced dental education program accredited by CODA and has knowledge, experience and interest in current admission practices.

In addition, the DAT Committee recommended and the Council agreed, that there was a need to expand the composition of the DAT Committee to include an individual that is using the ADAT for his/her program. The Committee carefully reviewed the nominees and recommended that the Council appoint Dr. Kathleen Boesze-Battaglia, Dr. Stan Constantino, Dr. Janet Guthmiller, and Dr. Craig Hirschberg. The Council concurred with the Committee's recommendation.

> **<u>Action</u>:** The Council appointed Dr. Kathleen Boesze-Battaglia, Dr. Stan Constantino, Dr. Janet Guthmiller, and Dr. Craig Hirschberg to serve on the Dental Admission Testing Committee for a four-year term commencing at the close of the 2019 ADA House of Delegates.

Approval of Test Constructors to Serve in Test Constructor Pools 2020: The Council reviewed and discussed a written report that addressed open test constructor positions for the Dental Admission Test (DAT) and Advanced Dental Admission Test (ADAT) and also presented candidates who are eligible for reappointment as Test Constructors within the DAT and ADAT programs.

> **<u>Action</u>:** The Council appointed the individuals indicated in Appendix 5 to serve as test constructors in the DAT and ADAT Test Constructor Pools and indicated subject areas for 2020.

The Council also reviewed the current DAT and ADAT Test Constructors who are already members of the DAT and ADAT Test Constructor Pools. These individuals were considered for placement onto specific TCTs in 2020, along with any additional new Test Constructors who were approved to join the Test Constructor Pool.

> **<u>Action</u>:** The Council re-appointed the current DAT and ADAT Test Constructors listed in Appendix 6 to serve in the 2020 DAT and ADAT Test Constructor Pool.

In addition, the Council agreed with the Committee that the DAT and ADAT Programs have a need for additional Medical Illustrator Experts in support of item development.

> **<u>Action</u>:** The Council appointed the individuals indicated in Appendix 7 to serve as Medical Illustrator Experts in 2020.

Recognition of Specialties and Interest Areas in General Dentistry Committee: 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.

Consideration of Resolution 21-2018: Rescission of Policy: Use of the Term "Specialty": The Council recalled that the ADA Board of Trustees and the House of Delegates Reference Committee on Dental Education, Science and Related Matters supported the Council's recommendation to adopt Resolution 21, calling for rescission of the policy, Use of the Term "Specialty."

However, during the House of Delegates meeting, concern was expressed about rescinding the policy, noting that editorial changes to Advisory Opinion 5.H. citing the National Commission on Recognition of Dental Specialties and Certifying Boards had not yet been completed. Further, some delegates may have misinterpreted the intent of the proposed rescission due to its title, "Use of the Term Specialty." 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 the Council on Ethics, Bylaws and Judicial Affairs (CEBJA) as the lead agency and CDEL.

A workgroup comprised of CEBJA/CDEL members reviewed the policy in light of the editorial updates to Advisory Opinion 5.H. Rather than recommending rescission of the policy, the CEBJA/CDEL working group recommended amendment of the policy so that it (1) aligns with the responsibility of NCRDSCB to recognize specialties, and (2) acknowledges that jurisdictions may use means other than reliance on NCRDSCB recognition in allowing practitioners to announce as specialists within their borders. The Council's Recognition Committee supported the proposed amendment.

The Council supported the proposed amendment (additions are underlined and deletions are ~~stricken~~) and suggested the addition of the term "groups" for clarity.

> Use of the Term "Specialty"
>
> Resolved, that use of the term "specialty" be reserved for those ~~by any~~ groups ~~which~~ that ~~does not~~ represent ~~a~~ dental specialties ~~specialty~~ formally recognized by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards and/or groups ~~are~~ accepted as specialties in the jurisdictions in which they practice ~~be disapproved~~.

Mr. Elliott reported that CEBJA was supportive of adding the term "groups" to the proposed amendments and noted that the final version of the proposed revisions would be forwarded by CEBJA to the 2019 House of Delegates.

In addition, in accord with a directive from CDEL's January 2019 meeting, the Council was requested to consider definitions for commonly used terms related to the dental specialties and how the members and the communities of interest can be better informed on the roles of the Commission on Dental Accreditation (CODA), National Commission on Recognition of Dental Specialties and Certifying Boards (NCRDSCB), and ADA and CDEL in accreditation and specialty recognition matters. The Council supported the following definitions and their consistent application:

- **Accreditation:** Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest.

- **Dental Specialty/Specialty Recognition:** A specialty is an area of dentistry that has been formally recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards as meeting the specified Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties. The responsibilities of the different areas of specialization, the requirements and other information can be found here in Dental Specialties. Currently there are ten dental specialties recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

The Council reviewed CODA's and NCRDSCB's Frequently Asked Questions, as well as the PowerPoint slides presented to the Board of Trustees annually, titled, "Commissions at the ADA." The

1 Council believed that the information in these resources is useful and urged that it be shared annually
2 with the ADA House of Delegates via the House of Delegates Manual and ADA Connect.
3
4 **Action:** The Council requested the Speaker of the House to authorize the addition of
5 information pertaining to the roles of the Commission on Dental Accreditation, National
6 Commission on Recognition of Dental Specialties and Certifying Boards, ADA and CDEL in
7 accreditation and specialty recognition matters to the House of Delegates Manual and the
8 House of Delegates ADA Connect Community.
9
10 **Point/Counterpoint JADA Articles from March 2019 Issue:** The Council discussed the articles titled
11 "Point: A 21st- century paradigm for the recognition of dental specialties in the United States" and
12 "Counterpoint: The 21st- century paradigm for recognition of dental specialties is not much different
13 than the existing paradigm," which was co-authored by the ADA Senior Vice-president for Professional
14 Affairs, Dr. Ziebert, and the Chair of the National Commission, Dr. Charles Norman. The Council
15 learned that during the Committee's April 2019 conference call, Dr. Boden expressed concern that the
16 Council on Dental Education and Licensure was not contacted to provide input into the articles.
17
18 While acknowledging that CDEL should have been informed prior to the article being published in
19 JADA, both the senior vice-president of Education and Professional Affairs and the chair of the National
20 Commission explained the rationale for not soliciting the opinions of CDEL members during the process
21 of writing the article. Dr. Norman reminded the Council that the article was not considered an opinion
22 piece by the editor of JADA; rather, the editor directly solicited Dr. Ziebert to write a peer-review
23 counterpoint to the initial submission. As such, there were limitations placed on the number of co-
24 authors. In addition, as the National Commission is now the agency that recognizes dental specialties,
25 it was considered more appropriate that the Chair of the National Commission provide volunteer input
26 and expertise as the co-author. The Council was also reminded that Dr. Norman chaired the Taskforce
27 on Specialty Recognition which was established to develop the National Commission governance
28 structure, and as such, he has been significantly involved and understands the process of setting up
29 the commission structure. Dr. Norman and Dr. Ziebert concluded by apologizing to the Chairs of the
30 Recognition Committee and the Council for not making them aware of the articles published in JADA.
31 Members of the Council acknowledged that the Counterpoint article was well-written and an effective
32 rebuttal.
33
34 **Anesthesiology Committee:** Dr. R. Bruce Donoff was unable to attend the CDEL meeting; Dr.
35 Meaghan Strotman provided an update on the Anesthesiology Committee's actions and
36 recommendations.
37
38 **Discussion of CE Guidelines on Pediatric Sedation and Anesthesiology for General Dentists:**
39 Actions to date regarding the possible development of continuing education guidelines on pediatric
40 sedation and anesthesiology for general dentists were reviewed. Part of the discussion centered on the
41 concept that said guidelines could provide a framework for state boards to use in developing rules and
42 regulations related to pediatric dental anesthesia. The Council also discussed the offer of financial
43 support from the American Dental Society of Anesthesiology to convene a consensus conference on
44 this topic, likely to occur in late 2020.
45
46 **Action:** The Council directed that a letter of appreciation be sent to the American Dental
47 Society of Anesthesiology for its generous offer of $25,000 to support a consensus
48 conference on pediatric sedation teaching guidelines, noting that the conference is
49 tentatively planned for 2020.
50
51 **Consideration of ADA Appointment to the Anesthesiology Committee:** It was noted that Dr. Bryan

Moore will conclude his four-year term as the ADA representative to the Anesthesiology Committee at the close of the 2019 House of Delegates. Communications were sent via multiple outlets for nominations to fill this role. The Committee supported Dr. Steven's nomination to represent the American Dental Association on the CDEL Anesthesiology Committee; the Council concurred.

> **Action**: The Council appointed Dr. Roy L. Stevens to serve on the Anesthesiology Committee as a representative of the American Dental Association for a four-year term commencing at the close of the 2019 ADA House of Delegates.

Consideration of Academy of General Dentistry (AGD) Appointment to the Anesthesiology Committee: In June of 2018 the Council adopted the Committee's recommendation that a new general dentist member with expertise in enteral sedation be added to the Anesthesiology Committee and that nomination be sought from the Academy of General Dentistry. The Committee supported Dr. Acheson's nomination to represent the Academy of General Dentistry on the CDEL Anesthesiology Committee; the Council concurred.

> **Action**: The Council appointed Dr. Guy E. Acheson to serve on the Anesthesiology Committee as a representative of the Academy of General Dentistry for a four-year term commencing at the close of the 2019 ADA House of Delegates.

Joint Advisory Committee on Dental Education Information: Dr. Hangorsky noted that the Joint Advisory Committee met via conference call on March 15, 2019. The JACDEI reviewed its charge and discussed the benefit of developing a schedule to document the timing of each agency's surveys. It was noted that a schedule was previously developed but may not have been inclusive of all education related surveys that may be distributed by the agencies. In further discussion, the JACDEI considered and concluded that it would be beneficial for JACDEI to serve as the clearinghouse for surveys related to predoctoral dental education programs. The staff of ADEA, ADA, and CODA were requested to establish a schedule that illustrates the surveys distributed by these agencies for review at its next meeting.

The JACDEI also discussed overlap in survey data collected by ADA, ADEA and CODA. The Committee discussed staff investigating the technology tools that are available to all represented organizations to facilitate a program's ability to upload the same data among multiple surveys that are sponsored by different agencies. In creating such a tool to share data among surveys, the JACDEI believed that an audit of the dental education surveys distributed by ADA, ADEA and CODA should be conducted to determine the commonality and/or overlap in survey questions. After some discussion, JACDEI concluded that the staff supporting the Committee study this matter with a report to JACDEI in late summer 2019.

In further discussion related to sharing information, JACDEI noted that the ADA Health Policy Institute is interested in other opportunities to use the information collected through the education surveys. The JACDEI primarily discussed the CODA Annual Survey data in which programs are required to complete the survey as an ongoing monitoring mechanism for accreditation. The JACDEI agreed that programs are entitled to know how their data is being used, by whom it is being used, and to opt out if the program does not want to share data for the secondary use. Following lengthy discussion, the JACDEI again emphasized the desire to explore a software solution to enable programs to download their own data (for example, an Excel file) that could be used by the program should it decide to share data within surveys conducted by other agencies. The staff of ADEA, ADA, and CODA were requested to conduct an audit of the dental education surveys distributed by each agency to

determine the commonality and/or overlap in survey questions, for review at its next meeting. The staff of ADEA, ADA, and CODA also will investigate the technology tools that are available to all represented organizations to facilitate a program's ability to upload the same data among multiple surveys that are sponsored by different agencies, for review at its next meeting.

In fulfilling its primary committee function, the JACDEI reviewed the CODA Annual Survey Curriculum data, collected in 2018, for predoctoral dental education programs. The Committee discussed CODA's use of the survey data within CODA's Data Profile and learned that the Data Profile was recently enhanced to include more information from the annual survey that directly relates to the educational standards and that the Profile's layout was modified to a contemporary, reader-friendly design. The JACDEI noted that the quantity of clock hour data items was significantly reduced over the years and that fewer predoctoral dental education programs take advantage of the custom survey of their curriculum data compared with cumulative results, with less than one quarter of the predoctoral dental education programs requesting a custom report.

Continuing Education Committee: Dr. Jacqueline Plemons provided an update on the Continuing Education Committee's actions and recommendations.

Update on Resolution 74H: Continuing Education to Identify Abused and Neglected Patients: At its October 2018 meeting, the House of Delegates adopted Resolution 74H calling for the development of 1.) State regulations that could be used by licensing jurisdictions, including continuing education (CE) courses, on identifying and reporting patients who may have been abused or neglected, and 2.) Free continuing education course on this subject matter for members. To address the CE piece, the Council on Advocacy for Access and Prevention hosted the free webinar on April 24, 2019 titled "Recognizing and Reporting Child Maltreatment: Child Abuse, Neglect and the Sex Trafficking of Minors." A second free webinar was scheduled for April 16, 2019 titled "Diagnostic Signs of Human Abuse." Both webinars were recorded and will be posted as free CE online.

Update on Allied Dental Personnel Representation on CE Planning Committees: Standard XI.3 of CERP Recognition Standards and Procedures requires an approved CE provider to have an advisory committee with representation from the intended audience, including members of the dental team for which the continuing education courses are offered. To meet this standard, the CE Committee sought dental assistants and dental hygienists to be appointed to serve in this capacity. The Committee received one nomination and will continue to seek additional consultants. The Committee recommended the appointment of Ms. Ana Thompson to serve as a CE consultant; the Council concurred.

> **Action**: The Council appointed Ana Thompson, RDH, and MHE to serve as a continuing education consultant to assist and advise on CE activities that target allied dental personnel.

Consideration of Department of Continuing Education Business: Based on CE Committee input and the current CE Business Plan, the Department of Continuing Education (DCE) has moved toward a pricing model of live streaming and building a catalog of online CE courses. Currently there are 231 published courses in the ADA CE Online catalog. The DCE launched Subscription Model pricing in October 2018, and as of April 2019 a total of 1,112 individuals have joined generating an additional $60,000 in revenue, which is a top line revenue growth of 23% over 2018 actuals and a 47% increase over 2018 adjusted net actuals. The Children's Airway Conference 2019, "Optimizing Pediatric Airway Health: The Critical Role of Dentists" was the first time ADA live-streamed an event from ADA Headquarters, and was very successful with 150 in attendance and 94 joining virtually. Live CE: "Botulinum Toxins and Dermal Fillers for Every Dental Practice" on May 10-11, 2019 sold out with 60

dentists registered. State licensure campaigns are continuing to states that have licensure renewal in 2019 with messaging emphasizing ADA Online CE offerings.

Emerging Issues, Trends and Miscellaneous Affairs

Selection of Chair and Vice-Chair for 2019-2020:

> **Action:** The Council elected Dr. Linda Niessen to serve as its chair and Dr. Jacqueline Plemons to serve as vice chair for 2019-2020.

ADA Executive Director's Update: Dr. Anthony Ziebert presented the Executive Director's Update on behalf of Dr. Kathleen O'Loughlin. He discussed several Association matters and highlighted the new ADA Strategic Plan: Common Ground 2025. He noted per the Association's Constitution, the object of the Association is to encourage the improvement of the health of the public *and* to promote the art and science of dentistry. "Inclusion" has been added to the Association's Core Values (Commitment to members; Integrity; Excellence; Commitment to the improvement of oral health; Science/Evidence-based; and Diversity). Membership, financial, organizational and public goals have been established and are supported by achievable objectives. The Council was informed that the Common Ground 2025 will be the basis of budget and operational planning for 2020 and beyond.

Report on the Results and Analysis of the 2019 Self-assessment of the Council on Dental Educations and Licensure: In accordance with Resolution 41H-2018, the Council conducted a self-assessment in 2019 via electronic survey to members that served 2016-2019. The results of the survey were aggregated and analyzed, with initial review by the Chair and Vice-chair of the Council. Respondents were satisfied with the composition, subject matter responsibilities, structure, and function of the Council. All Council members agreed that two in—person meetings per year are the most effective means of accomplishing CDEL business. Suggestions were made about how to enhance conference call meeting and increase usage of ADA Connect. The Council concluded that its duties align with and support the current strategic plan, Members First 2020, as well as the upcoming strategic plan, Common Ground 2025. Reasons given include the championing for elimination of patients in licensure exams which will ultimately impact membership, and supporting the advancement of health of the public by maintaining educational standards. The sentiment that CDEL has some impact on every goal and objective of the ADA was noted. A summary of the assessment will be reported to the 2019 House of Delegates.

Update on Activities of the Coalition for Modernizing Dental Licensure: Dr. Meaghan Strotman provided an update on the Coalition for Modernizing Dental Licensure. The Coalition Executive Committee met for the first time on February 4, 2019 and adopted the governance structure, strategic plan, initial rotation schedule of Executive Committee members, and the Coalition launch timeline. The Coalition's website, www.dentallicensure.org, was launched in early April, and houses a variety of information including a list of current Members and Supporters, applications for membership, resources, and information about upcoming meetings. A webinar, was held on May 22, 2019 that provided background into why the Coalition was established, explained how organizations and agencies can join the Coalition, and addressed questions from the audience. A copy is posted on the CMDL website. The Executive Committee will meet again on July 1, 2019 to discuss the election of the at-large and public members of the Coalition Executive Committee, as well as development of individual state marketing and communication plans.

Consideration of Recent Admission Test Matters: Council members were briefed on the Business

Innovation Committee's (BIC) proposal to develop a new admission test for dental hygiene programs and their program applicants. The Council was pleased to learn that the Board of Trustees, at its most recent meeting, approved the BIC's proposal and funded the development of the test.

The Council agreed with the BIC and the Board that the dental hygiene education community currently lacks an examination that is specifically designed or constructed for use in evaluating the qualifications of applicants to dental hygiene programs. The Council understands that dental hygiene program directors have expressed interest in the development of an admission test that is valid, fair, and reliable, and capable of providing relevant information concerning a candidate's likelihood of success in dental hygiene programs and dental hygiene practice. The Council believes that with guidance from a Steering Committee, the ADA's Department of Testing Services (DTS) certainly has the expertise to develop, administer, and score such a test.

> **Action:** The Council directed that correspondence be sent to the president of the American Dental Association expressing the Council's support for the development of a new admission test for dental hygiene programs and their program applicants.

In addition, Council members were informed that the executive director of the National Dental Examining Board (NDEB) of Canada contacted the ADA Department of Testing Services expressing interest in using the ADA's Advanced Dental Admission Test (ADAT) as part of the Canadian admission and licensure process for individuals who are graduates of non-accredited dental specialty residency programs. The Council noted that informational materials on the ADAT were shared with the executive director of NDEB, who concluded that while there are some difference between the ADAT and DSCKE (Canadian admission test), the ADAT would represent a suitable alternative to the DSCKE.

Dr. Gehani and Dr. Niessen were apprised of NDEB's request and considered the financial implications of using the ADA's ADAT on the Canadian population, noting that doing so may result in a modest non-dues revenue source for the ADA. Dr. Gehani approved the concept of making the ADAT available to Canadians who are graduates of non-accredited dental specialty programs, and interested in and applying to DSATPs in order to become licensed specialists in Canada. The Council noted that the executive director of NDEB is further exploring the concept with DSATP directors, to confirm the ADAT could serve as a reasonable alternative to the DSCKE. The Council will be kept apprised of this matter via a report at its January 2020 meeting.

Update on Efforts to Address Dental Student Debt: Dr. Marko Vujicic provided the Council with an update on the Association's continuing efforts to address dental student debt. He reported that activities have included the conduct of studies on dental education economics, dental education models, research on the impact of student debt on career choices, legislative advocacy (Higher Education Act and Student Loan Reform, Student Loan Interest Deduction, and National Health Service Corp Funding) and development of financial management resources for dentists and students (Laurel Road, Managing Debt and Wealth Tools via CPS, ASDA, Success Program, Helping New Dentists in their Careers and ADAPT). Dr. Vujicic highlighted the following data trends and/or points during his presentation:

- Trends in student debt for graduating dentists are not changing. The amount of debt continues to rise slowly and steadily over the years.
- Student debt is not unique to dentistry. Student debt is common in all areas of higher education with debt rising more than earnings.
- Enrollment in dental schools continues to rise. The applicant pool continues to be strong.

- Data demonstrates that default rates are close to zero; dentists are able to pay off their debt.

Dr. Vujicic concluded his presentation by highlighting questions that the ADA Board discussed at their recent meeting which included: 1) What are we trying to achieve when it comes to student debt?; 2) Are there actions we could be taking that we currently are not?; and 3) Where does this issue fit in to our 'Common Ground 2020' priorities? The Council noted that although the ADA may not be able to reduce student debt, the ADA recognizes that helping manage student debt is an important service the Association should be providing to its members.

Consideration of Dental Licensure Compacts: Dr. Meaghan Strotman provided an oral update on the April 10-11, 2019 meeting hosted by the Council on State Governments (CSG) to discuss the possibility of developing a dental interstate licensure compact. The meeting was attended by representatives from several associations including the ADA, ADEA, ASDA, ADHA, AADB, American Dental Support Organization (ADSO), as well as the Iowa, Minnesota, Florida, and Virginia state dental boards. CSG is offering a way to help facilitate the development of interstate compacts which allows states to exercise autonomy in determining common licensure requirements before regulations are potentially placed upon them by the federal government. Mr. Jim Puente, Director of the Nurse Licensure Compact, presented to the Council an overview of interstate compacts and the process of how the Nurse Licensure Compact was developed. He related some of the initial challenges in getting stakeholder buy in, as well as successes of increased state acceptance. The Council asked questions and discussed the implications interstate compacts may have for dental licensure. At the conclusion of the presentation, the Council determined the Licensure Committee should investigate further into the possibility of the development of interstate licensure compacts for the profession of dentistry. The Licensure Committee will provide an update at the January 2020 CDEL meeting.

Adjournment: 11:31 AM, Friday, June 28, 2019

Appendices

Appendix 1: Policies Recommended to Retain as Written

Appendix 2: Criteria for Recognition of a Certification Board for Dental Assistants to be Recommended for Revision

Appendix 3: Criteria for Recognition of a Certification Board for Dental Laboratory Technicians to be Recommended for Revision

Appendix 4: Report on Feasibility of Accreditation for Geriatric Dentistry Residency Programs

Appendix 5: Appointments for 2020 DAT & ADAT Test Constructors

Appendix 6: Re-appointments for 2020 DAT & ADAT Test Constructors

Appendix 7: 2020 Appointments for Medical Illustrator Experts

POLICIES TO BE RETAINED

Statement on Credentialing Dental Assistants (*Trans.*1995:634)

Resolved, that the American Dental Association recognizes and encourages the advancement of education and job qualifications for dental assistants and thus believes that voluntary credentialing is appropriate for dental assistants who perform duties as defined by the state dental practice acts.

Development of Alternate Pathways for Dental Hygiene Training (*Trans.*1998:714; 2014:459)

Resolved, the American Dental Association supports the alternate pathway model of Dental Hygiene Education as used in Alabama.

Dentist Administered Dental Assisting and Dental Hygiene Education Programs (*Trans.*1992:616; 2010:542)

Resolved, that licensed or legally permitted dentists must be actively involved in the clinical supervision of dental assisting and dental hygiene educational programs, and be it further

Resolved, that dental assisting and dental hygiene educational programs should be administered or directed by a dentist whenever possible.

Certifying Board in Dental Assisting (*Trans.*1990:551; 2014:460)

Resolved, that the American Dental Association approves the Dental Assisting National Board, Inc. as the national certifying board for dental assisting.

Certifying Board in Dental Laboratory Technology (*Trans.*2002:400; 2014:460)

Resolved, that the American Dental Association approves the National Board for Certification in Dental Laboratory Technology as the national certifying board for dental laboratory technology.

RECOMMENDED FOR REVISION
(Proposed additions are underscored and proposed deletions are ~~stricken~~.)

Criteria for Recognition of a Certification Board for Dental Assistants

~~**Introduction:**~~ An area of subject matter responsibility ~~duty~~ of the Council on Dental Education and Licensure as indicated in the Governance and Operational Manual ~~*Bylaws*~~ of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council ~~to~~ studies~~y~~ and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to herein after as “the Board”).

A mechanism should be made available for providing evidence that a dental assistant has acquired the knowledge and ability that is expected of an individual employed as a dental assistant through a program of certification. Such a certification program should be based on the educational requirements for dental assistants approved by the Commission on Dental Accreditation.

The dental profession is committed to assuring appropriate education and training of all personnel who participate in the provision of oral health care to the public. The following basic requirements are ~~prescribed~~ applied by the Council on Dental Education and Licensure for the evaluation of an agency which seeks ~~approval~~ recognition of the American Dental Association for a program to certify dental assistants that reflects ~~on the basis of~~ educational standards approved by the dental profession.

I. Organization

1. The Board shall have no less than five nor more than nine voting members designated on a rotating~~on~~ basis in accordance with a method approved by the Council on Dental Education and Licensure. The following organizations/interests shall be represented on the Board:

   a. American Dental Assistants Association
   b. American Dental Association
   c. American Dental Education Association
   d. American Association of Dental Boards
   e. Public
   f. The at-large population of Board Certificants

All dental assistant members shall be currently certified by the Board.

2. The Board shall submit to the Council on Dental Education and Licensure evidence of adequate financial support to conduct its program of certification.

3. The Board may select suitable consultants or agencies to assist in its operations, such as the preparation and administration of examinations and the evaluation of records and examinations of candidates. Dental assistant consultants should be certified by the Board.

4. The Board shall submit in writing to the Council on Dental Education and Licensure a program sufficiently comprehensive in scope to meet the requirements established by the American Dental Association for the operation of a certifying board for dental assistants. This statement should include evidence that the Board has the support of the American Dental Assistants Association, the organization representative of dental assistants, as well as other groups within the communities of interest represented by the Board.

II. Operation of Board

1. The Board shall grant certification to individuals who have provided evidence of knowledge-based competence in dental assisting.

2. The Board shall submit in writing to the Council on Dental Education and Licensure a plan for renewal of certificate currently held by certified persons.

3. The Board shall submit annually to the Council on Dental Education and Licensure data relative to its financial operations, applicant eligibility criteria, examination procedures and pass/fail results of its certifying examination. The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish, analyze, publish and review examination content outlines which lay the foundation for the knowledge and skills tested on the assessment instruments and provide evidence of validity and reliability.

4. The Board shall administer the certification examinations at least twice each calendar year with administrations publicized at least six months prior to the examination.

5. The Board shall maintain and make available a current list of all persons certified.

6. The Board shall have authority to conduct the certification program; i.e., the Board shall be responsible for evaluating qualifications and competencies of persons certified and for maintaining adequate standards for the annual renewal of certificates. However, proposals for important changes in the examination eligibility criteria or the Board procedures and policies must be circulated reasonably well in advance of consideration to affected communities of interest for review and comment. Proposed changes must have the approval of the Council on Dental Education and Licensure.

7. The Board shall maintain close liaison with the organizations represented on the Board. The Board shall report on its program annually to the organizations represented on the Board.

III. Granting Certificates

1. In the evaluation of its candidates for certification, the Board shall use standards of education and clinical experience approved by the Commission on Dental Accreditation. The Board shall require for eligibility for certification the successful completion of a dental assisting education program accredited by the Commission on Dental Accreditation, and satisfactory performance on an examination prescribed by the Board.

2. The Board shall grant certification or recertification annually to those who qualify for certification. The Board may require an annual certificate renewal fee to enable it to carry on its program.

IV. Waivers

It is a basic view of the Council that all persons seeking certification shall qualify for certification by completing satisfactorily a minimum period of approved training and experience and by passing an examination. However, the Council realizes that there may be need for a provision to recognize candidates who do not meet the established eligibility criteria on educational training. Therefore, the Board may make formal requests to the Council on Dental Education and Licensure regarding specific types of waivers which it believes essential for certification and/or certificate renewal. Such requests shall be substantiated and justified to and supported by the organizations represented on the Board; only waivers approved by the Council on Dental Education and Licensure may be used.

RECOMMENDED FOR REVISION
(Proposed additions are underscored and proposed deletions are ~~stricken~~.)

Criteria for Recognition of a Certification Board for Dental Laboratory Technicians

An area of subject matter responsibility ~~duty~~ of the Council on Dental Education and Licensure as indicated in the *Governance and Operational Manual* ~~*Bylaws*~~ of the American Dental Association is certifying boards and credentialing of allied dental personnel. The Council ~~to~~ studies~~y~~ and makes recommendations on policy related to the approval or disapproval of national certifying boards for allied dental personnel (each of which is referred to herein after as “the Board”).

A mechanism for the examination and certification of dental laboratory technicians is necessary to provide the dental profession with an indication of those persons who have demonstrated their ability to fulfill the dental laboratory work authorization. Such a certification program should be based on the educational requirements for dental laboratory technicians approved by the Commission on Dental Accreditation.

The following basic requirements are applied ~~prescribed~~ by the Council on Dental Education and Licensure for the evaluation of an agency which seeks recognition ~~approval~~ of the American Dental Association for a program to certify dental laboratory technicians on the basis of educational standards approved by the dental profession.

I. Organization: An agency that seeks approval as a Certification Board for Dental Laboratory Technicians should be representative of or affiliated with a national organization of the dental laboratory industry and have authority to speak officially for that organization. It is required that each dental laboratory technician member of the Certification Board hold a certificate in one of the areas of the dental laboratory technology.

II. Authority and Purpose: The rules and regulations established by the Certification Board of Dental Laboratory Technicians will be considered for approval by the Council on Dental Education and Licensure on the basis of these requirements. Changes that are planned in the rules and regulations of the Certification Board should be reported to the Council before they are put into effect. The Board shall submit data annually to the Council on Dental Education and Licensure relative to its financial operations, applicant admission and examination procedures, and results thereof.

The principal functions of the Certification Board shall be:

a. to determine the levels of education and experience of candidates applying for certification examination within the requirements for education established by the Commission on Dental Accreditation;
b. to prepare and administer comprehensive examinations to determine the qualifications of those persons who apply for certification; and
c. to issue certificates to those persons who qualify for certification and to prepare and maintain a roster of certificants.

III. Qualifications of Candidates: It will be expected that the minimum requirements established by the Certification Board for the issuance of a certificate will include the following:

a. satisfactory legal and ethical standing in the dental laboratory industry;
b. graduation from high school or an equivalent acceptable to the Certification Board;
c. a period of study and training as outlined in the Accreditation Standards for Dental Laboratory Technology Education Programs, plus an additional period of at least two years of working experience as a dental laboratory technician; or, five years of education and/or experience in dental technology; and
d. satisfactory performance on examination(s) prescribed by the Certification Board.

IV. Standards: The Certification Board must establish and maintain documented policies concerning current, prospective and lapsed certificants including, but not limited to: eligibility, application, assessments, certification renewals and appeals. Additionally, the Certification Board must establish,

1 analyze, publish and review examination content outlines which lay the foundation for the knowledge
2 and skills tested on the assessment instruments and provide evidence of validity and reliability.

Report on Feasibility of Accreditation for Geriatric Dentistry Residency Programs

Excerpts of CODA Accreditation Standards Referencing "Geriatrics/Older Adults/Seniors/Elderly/Special Needs/All Stages of Life"

Accreditation Standards for Dental Education Programs

2-23 Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life

2-24 At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including
a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
b. screening and risk assessment for head and neck cancer;
c. recognizing the complexity of patient treatment and identifying when referral is indicated;
d. health promotion and disease prevention;
e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
f. restoration of teeth;
g. communicating and managing dental laboratory procedures in support of patient care;
h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
i. periodontal therapy;
j. pulpal therapy;
k. oral mucosal and osseous disorders;
l. hard and soft tissue surgery;
m. dental emergencies;
n. malocclusion and space management; and
o. evaluation of the outcomes of treatment, recall strategies, and prognosis

Intent:
Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice. Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of general dentistry.

2-25 Graduates **must** be competent in assessing the treatment needs of patients with special needs.

Intent:
An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. The assessment should emphasize the importance of non-dental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques and assessing the treatment needs compatible with the special need.

Standards for Advanced Dental Education Programs

Accreditation Standards for Advanced Education Programs in General Practice Residency

Goals:
1. Act as a primary care provider for individuals and groups of patients. This includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; and directing health promotion and disease prevention activities.
2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.

2-1. The program **must** provide didactic and clinical training to ensure that upon completion of training, the resident is able to:
b) Assess, diagnose, and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.

Accreditation Standards for Advanced Education Programs in General Dentistry

The goals of these programs should include preparation of the graduate to: 1. Act as a primary care provider for individuals and groups of patients. This includes: providing emergency and multidisciplinary comprehensive oral health care; providing patient focused care that is coordinated by the general practitioner; and directing health promotion and disease prevention activities. 2. Plan and provide multidisciplinary oral health care for a wide variety of patients including patients with special needs.

2.1 The program **must** provide didactic and clinical training to ensure upon completion of training, the resident is able to:
b) Assess, diagnose and plan for the provision of multidisciplinary oral health care for a wide variety of patients including patients with special needs.

Accreditation Standards for Advanced Dental Education Programs in Dental Anesthesiology

2-1 The program **must** list the written competency requirements that describe the intended outcomes of residents' education such that residents completing the program in dental anesthesiology receive training and experience in providing anesthesia care in the most comprehensive manner using pharmacologic and non-pharmacologic methods to manage anxiety and pain in adult and child dental patients, including patients with special needs.

Intent: *The program is expected to develop specific competency statements that describe what the resident will be able to do upon completion of the program. These statements should describe the resident's abilities rather than educational experiences the residents may participate in. These competency statements are to be circulated to program faculty and staff and made available to applicants of the program.*

2-2 Upon completion of training, the resident **must** be:
a) Able to demonstrate in-depth knowledge of the anatomy and physiology of the human body and its response to the various pharmacologic agents used in anxiety and pain control;
b) Able to demonstrate in-depth knowledge of the pathophysiology and clinical medicine related to disease of the human body and effects of various pharmacological agents used in anxiety and pain control when these conditions are present;
c) Competent in evaluating, selecting and determining the potential response and risk associated with various forms of anxiety and pain control modalities based on patients' physiological and psychological factors;

2-4 Didactic instruction at an advanced and in-depth level beyond that of the pre-doctoral dental curriculum **must** be provided and include:
a) Applied biomedical sciences foundational to dental anesthesiology,

Intent: *Instruction should include physiology, pharmacology, anatomy, biochemistry, pathology, physics, pathophysiology, and clinical medicine as it applies to anesthesiology. The instruction should be sufficiently broad to provide for a thorough understanding of the body processes related to anxiety and pain control. Instruction should also provide an understanding of the mechanisms of drug action and interaction, as well as information about the properties of drugs used.*

b) Physical diagnosis and evaluation,

Intent: *This instruction should include taking, recording and interpreting a complete medical history and physical examination, and understanding the indications for and interpretations of diagnostic procedures and laboratory studies.*

c) Behavioral medicine,

Intent: *This instruction should include psychological components of human behavior as related to the management of anxiety and pain.*

2-6 The following list represents the minimum clinical experiences that **must** be obtained by each resident in the program at the completion of training:
(3) Seventy five (75) patients with special needs,
b) Clinical experiences sufficient to meet the competency requirements (described in Standard 2-1 and 2-2) in managing ambulatory patients, geriatric patients, patients with physical status ASA III or greater, and patients requiring moderate sedation; and

2-9 At the completion of the program, each resident **must** have the following experiences in the administration of the full spectrum of anesthesia service for same-day surgery dental patients:
1. At least one hundred (100) cases of the experiences listed in Standard 2-6 in outpatient anesthesia for dentistry that are supervised by dentist anesthesiologists.
2. Experience as the provider of supervised anesthesia care.

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

Accreditation Standards for Advanced Dental Education Programs in Endodontics

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

4-8 The educational program must provide in-depth instruction and clinical training so that students/residents are competent in:
f. Management of endodontic treatment of medically compromised patients;

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

4-8 The program must ensure a progressive and continuous outpatient surgical experience, including preoperative and postoperative evaluation, as well as adequate training in a broad range of oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience must include the management of dentoalveolar surgery, the placement of implant devices, traumatic injuries and pathologic conditions, augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues. Faculty cases may contribute to this experience, but they must have resident involvement.

4-9 The off-service rotation in anesthesia must be supplemented by longitudinal and progressive experience throughout the training program in all aspects of pain and anxiety control. The ambulatory oral and maxillofacial anesthetic experience must include the administration of general anesthesia/deep sedation for oral and maxillofacial surgery procedures to pediatric, adult, and geriatric populations, including the demonstration of competency in airway management.

4-9.1 The cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Pathology

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

4-2.2 Although quality of education is stressed, the laboratory must receive at least 2000 oral and maxillofacial pathology accessions of adequate variety annually.

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Radiology

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

Accreditation Standards for Advanced Dental Education Programs in Oral Medicine

2-10 Formal instruction in the biomedical sciences **must** enable graduates to:
a) detect and diagnose patients with complex medical problems that affect various organ systems and/or the orofacial region according to symptoms and signs (subjective/objective findings) and appropriate diagnostic tests;
b) employ suitable preventive and/or management strategies (e.g. pharmacotherapeutics) to resolve oral manifestations of medical conditions or orofacial problems; and

2-12 The educational program **must** provide training to the level of competency for the resident to:
a) perform a comprehensive physical evaluation and medical risk assessment on patients who have medically complex conditions and make recommendations for dental treatment plans and modifications;

Accreditation Standards for Advanced Dental Education Programs in Orofacial Pain

Definition of Terms
Patients with special needs: Those patients whose medical, physical, psychological, or social situations 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 developmental disabilities, complex medical problems, and significant physical limitations.

Accreditation Standards for Advanced Dental Education Programs in Orthodontics and Dentofacial Orthopedics

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

Accreditation Standards for Advanced Dental Education Programs in Periodontics

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

4-6 Each student/resident must: (a) treat a variety of patients with different periodontal diseases and conditions as currently defined by The American Academy of Periodontology; and (b) complete an adequate number of documented moderate to severe periodontitis cases to achieve competency

4-7 An ongoing record of the number and variety of clinical experiences accomplished by each student/resident must be maintained. This must include periodontal diagnosis, disease severity, periodontal treatment, as well as patient's age, gender and health status.

Accreditation Standards for Advanced Dental Education Programs in Prosthodontics

Preface
The profession has a duty to consider patients' preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

4-13 Instruction must be provided at the understanding level in each of the following clinical areas:
e. Geriatric considerations in prosthodontic care;

Standards for Allied Dental Education Programs

Accreditation Standards for Dental Hygiene Education Programs

Definition of Terms
Patients with special needs: Those patients whose medical, physical, psychological, or social situations 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 developmental disabilities, complex medical problems, and significant physical limitations.

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with blood borne infectious diseases.

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

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, or social situations 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 needs compatible with these patients.

Accreditation Standards for Dental Laboratory Technology Education Programs

- No standards mention geriatric dentistry and/or patients with special needs.

Accreditation Standards for Dental Therapy Education Programs

Definition of Terms
Patients with special needs: Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

2-13 Didactic dental sciences content **must** ensure an understanding of basic dental principles, consisting of a core of information in each of the following areas within the scope of dental therapy:
o. geriatric dentistry

2-14 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Intent: *Students should learn about factors and practices associated with disparities in health status among populations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental therapy education in:*

- *basic principles of culturally competent health care;*
- *recognition of health care disparities and the development of solutions;*
- *the importance of meeting the health care needs of dentally underserved populations, and;*
- *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*

Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

2-20 Graduates **must** be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.

	hope to achieve this paradigm shift in clinical practice.	Kadambari Rawal	111	112	Free
	Just like all of us, our patients are advancing in years and are facing some complicated age-related consequences. This course will chew on the facts and spit out potential solutions that will help participants and their patients age tastefully.	Judy Bendit	233	233	Free
	This course will examine the widespread problem of substance abuse and addiction among older adults. Elderly adults present with higher risks for cancer, infections and infectious diseases due to past and continued use of alcohol, tobacco and illicit drugs. The number of adults aged 50 and older with substance abuse disorders is expected to double by 2020 across genders, ethnicities and all age groups. Dependency on prescription drugs is widespread with a multifactorial etiology. Strategies for how to safely manage these patients in the dental setting will also be discussed.	Ann Spolarich	140	140	Free
	Attendees will construct a custom bleaching tray on a properly trimmed cast. Casts will be provided for patient demonstration. Other options, such as boil and form disposable trays, single dark teeth trays, sensitivity treatment with tray application of potassium nitrate, and caries control in elderly patients will be addressed.	Van Haywood	12	30	Paid
	Our population is aging and seniors often have special dental needs and complicated histories that require careful consideration. This presentation will review dental diseases that most effect our older patients and what are current and possible future treatment options for these diseases. Discussion will include use of silver diamine fluoride and delivering portable care.	Charles Doring	182	200	Free
	Attainment of optimal oral health and wellness is a challenging and dynamic process that occurs along the aging continuum. This course will present a new model of health prevention for older adults, with an emphasis on ensuring safety, minimizing disease risks, maintaining function, and optimizing oral health quality of life. Oral health care professionals will learn how to individualize preventive strategies to improve desired health outcomes for their elderly patients.	Ann Spolarich	12	112	Paid
	Participants in this course will construct and adjust a custom bleaching tray on a properly trimmed cast. Casts will be provided for all course participants to use and take with them for patient demonstration purposes.	Van Haywood	5	30	Paid
	Telehealth technology is playing an increasing role in the delivery of health care nationally. It is now possible to reach underserved groups through expanded teams using telehealth strategies that employ cost-effective methods. Learn about team organization, equipment needed, communication strategies and considerations for working within individual state's legal and regulatory environments to make telehealth a reality.	Paul Glassman	353	470	Free
	This year, OHAP is focusing on prevention (through good oral hygiene) and treatment (adapted to the special needs of the elderly) and worked on developing practical guides for oral health professionals and patients. On one hand, oral health professionals will have the tools to assess their patients and their oral health in the context of their dependency. On the other hand, patients will be provided with tailored guidelines to help them take care of their oral health based on their level of dependency. In addition, this session will further promote the advocacy and strategic documents developed by the OHAP Task Team in 2018. These documents highlight a series of actions that interested stakeholders can use to positively engage with the elderly community.				

	Root surface caries is increasingly common among older adults as they are retaining more natural teeth into older age. Management of root caries includes prevention of new caries and treatment of the existing carious lesions. This lecture will focus on a review of the clinical evidence of the various agents that are effective in preventing and/or arresting root caries. Clinical indications and protocols for using these agents will be presented and discussed.	Edward Lo	101	450	Paid
	The course will discuss the future of dentistry as we prepare to treat an exploding population of older Americans. The course will review special considerations for the dental team to keep in mind when treating the elderly with coplicated medical and dental needs. Easy ways to provide dental care in non-traditional settings, such as long term care facilities will be considered. The ADA's "Dentistry in Long Term Care: Creative Pathways to Success" as well as the Maryland State Dental Association's "Long Term Care Dental Initiative" will be reviewed. New techniques and procedures for preventing and treating dental root caries, such as use of silver diamine fluoride will also be discussed and cases presented.	Charles Doring			
	Attainment of optimal oral health and wellness is a challenging and dynamic process that occurs along the aging continuum. This course will present a new model of health prevention for older adults, with an emphasis on ensuring safety, minimizing disease risks, maintaining function, and optimizing oral health quality of life. Oral health care professionals will learn how to individualize preventive strategies to improve desired health outcomes for their elderly patients.	Ann Spolarich			
	The aging of our population presents the dental team with increasing challenges when older patients require oral surgery. Even a "simple" extraction can become complex due to the patient's medical conditions, medication interactions and side-effects or mental status. Provide excellent care while eliminating "headaches" for you and your staff by learning simple techniques Dr. Huffines uses in his own practice. Some of the topics discussed are: hemostatic techniques for patients on "blood thinners", local anesthesia in older patients, new instruments, simple pre-prosthetic surgery, endocarditis prophylaxis myths, managing common medical conditions (including hypertension, diabetes, stroke and Alzheimer's disease), medication interactions and side-effects, ecchymosis, anxiolysis, new extraction instruments, and pain control in the elderly. Special emphasis is given to learning how to avoid complications that are become more common as we age. Techniques are clearly explained by extensive use of clinical images and video clips so they can immediately be put into practice. In addition to handouts, course participants will be given free access to online patient resources they can customize for their practices.	Randy Huffines			
	Providing quality dental care for older patients can be very rewarding but also very challenging. In this entertaining and informative presentation, solutions to common everyday problems that arise with older patients are clearly explained to give you increased confidence when treating seniors. Learn practical tips on root caries, wheelchair transfers, fluoride varnishes, medical conditions of concern, patient-specific preventive strategies, communicating with the visual and/or hearing impaired, proper patient positioning, aging and periodontal disease, remineralization products, implants, marketing to seniors, denture care, and medication side-effects (including bisphosphonates). In addition to handouts, course participants will be given free access to online resources they can use in their practices.	Randy Huffines			

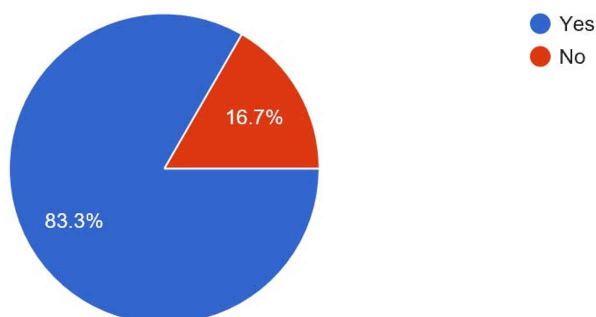
Appendix 4

Continuing Education Courses Related to Elder Care/Geriatrics via CE Online

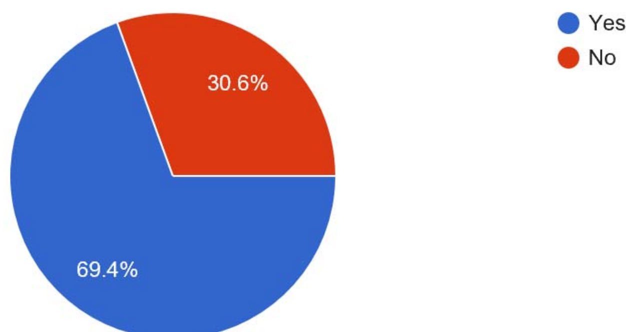
- Oral Health Topics: Aging and Dental Health
- Clinical Complications In Fixed Prosthodontics: Causes, Prevention, and Management, Part 4
- Using the Beers criteria to identify potentially inappropriate medication use by older adult dental patients (May 2017 Article 3)
- Tooth loss among older adults according to poverty status in the United States from 1999 through 2004 and 2009 through 2014 (January 2019 Article 1)
- Preventive dental care in older adults with diabetes (October 2016 Article 3)
- Strategies to improve dental health in elderly patients with cognitive impairment (April 2017 Article 3)
- Local Anesthesia Part 9: What's New in Dental Local Anesthesia?
- Emergency Medicine Part 9: Cardiac Arrest

ADA Council on Dental Education and Licensure
Results of the Survey on Feasibility of Accreditation for Geriatric Dentistry Residency Programs

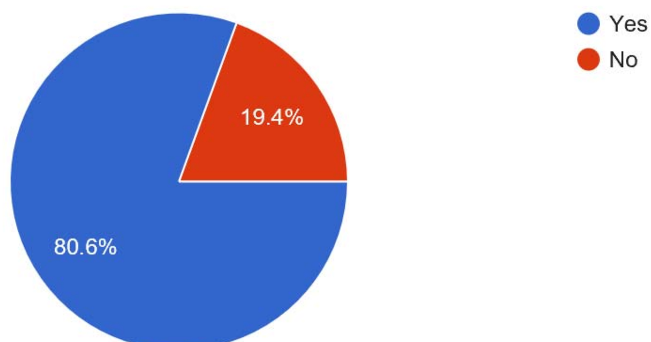
1. Do you believe that a well-defined body of established scientific dental knowledge exists and supports advanced education programs in geriatric dentistry?



2. Is this knowledge in large part distinct from, or more detailed than, that of other advanced education programs already accredited by CODA (for example, general practice residencies, advanced education in general dentistry programs, prosthodontics programs)?



3. Is the scope and depth of this body of knowledge sufficient to educate individuals in geriatric dentistry and not merely one or more techniques?



4. To your knowledge, how many geriatric dentistry programs exist?

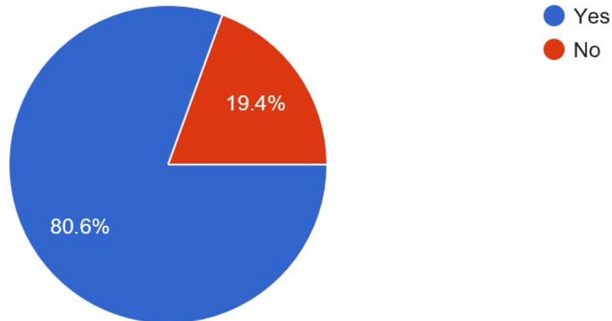
12
0
6
I don't know
7
16
18
unknown
6
4-Mar
6
none of any consistent value
None
10-Jun
12
0
5
Just a couple
5
6
4
5
15-20
My understanding is that only 6 accept applications
8
3
1
5
Unknown; speculate very few to none
3
I do not know the number but along with our aging demographics, I see a growing interest and increase in the number of continuing education opportunities.
4 programs that I know of.
5
3 that offer an extended program with a certificate or degree upon completion
9
5

5. Please list their sponsoring institutions (e.g., accredited universities or hospitals) and locations.

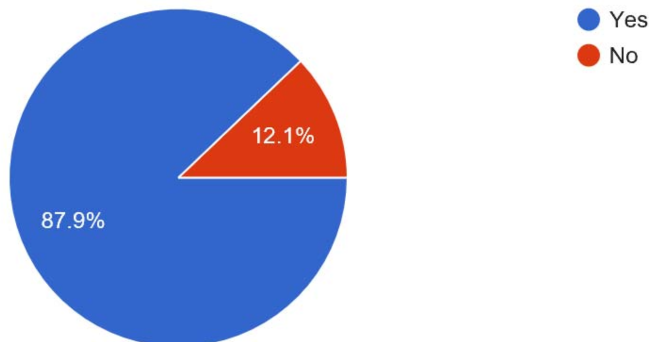
Boston University, Minnesota, Harvard, Rochester, Iowa, USC, Penn, Duke, John Hopkins, Mt Sinai, Drew, North Texas U, U Texas at San Antonio, USC LA, Las Vegas U
n/a
Boston University, University of Iowa, University of Minnesota, University of Rochester, Harvard University, University of Southern California
I don't know
Harvard, University of Maryland, USC, UCLA, University of Iowa, Ohio State, Duke, University of Louisville

Univ of Minnesota, Minneapolis, MN; Univ of Rochester, Rochester, NY; Harvard Univ, Boston, MA; Univ of Iowa, Iowa City, IO; Univ of Southern California, Los Angeles, CA; Boston Univ, Boston, MA
See: http://www.jdentaled.org/content/81/10/1220
unknown
6
don't know
University of Minnesota, University of Rochester, Harvard University, University of Iowa, University of Southern California, Boston University
none
N/A
UT San Antonio
Harvard, BU, Maryland, Rochester, USC, Minnesota, Rutgers, Univ Penn, UCLA, San Antonio, Iowa, Mt. Sinai
0
University of Iowa, University of Rochester (New York), USC (California), Boston University, Harvard
Duke University, USCF, UCLA and Harvard
University of Iowa, Boston University, Harvard University, UCSF, UCLA
Iowa, Boston Univ, USC, Rutgers, Washington, u of Pacific, one more?
xx
University of Iowa USC Rochester Boston
USC, Duke, Harvard, Ohio State, Louisville
Uncertain of complete program list
University of Iowa; University of Minnesota, Harvard University; University of South California; University of California at San Francisco; Boston University; University of California at Los Angles; Duke University
university
Iowa
Boston Univ.; Harvard; University of Iowa; University of Minnesota; University of Southern California
unknown
Boston Univ., Harvard, University of Iowa, University of Minnesota and the University of Southern California
The University. of Minnesota has a mini-residency in geriatric dentistry.
University of Iowa, University of Southern California, University of Minnesota, Eastern Institute of Oral Health.
Iowa, USC (online), Harvard (didactic mostly), ??
USC, Iowa, Harvard
Harvard School of Dental Medicine, Boston University, University of Minnesota School of Dentistry, University of Iowa College of Dentistry, Eastman Dental Center Rochester NY, University of Southern California, University of California San Francisco, University of Florida, University of Connecticut School of Dentistry
Herman Ostrow School of Dentistry of the University of Southern California; Harvard University; University of Iowa; Boston University; University of Rochester

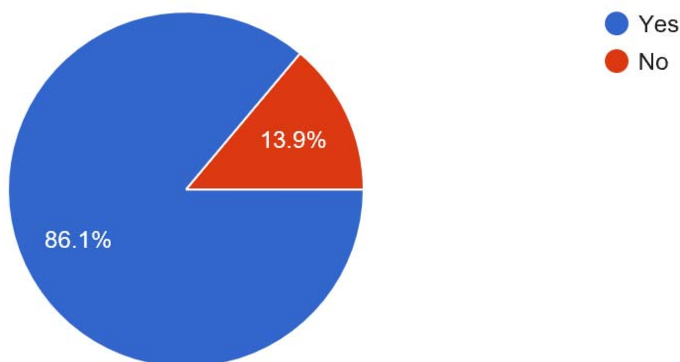
6. Do they contain structured curricula, qualified faculty and residents making accreditation a viable method of quality assurance?



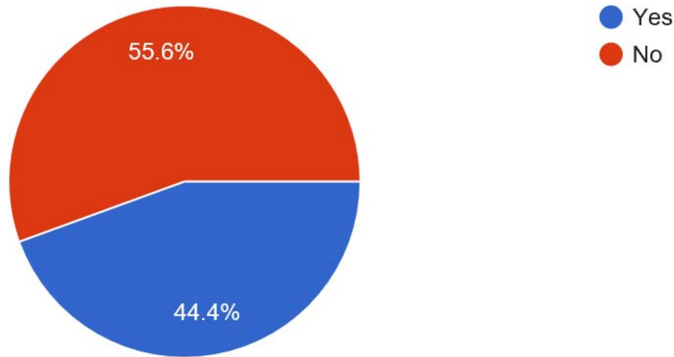
7. If yes, are these geriatric dentistry programs at least one 12-month full-time academic year in length?



8. Do they grant certificates or degrees to residents upon completion?



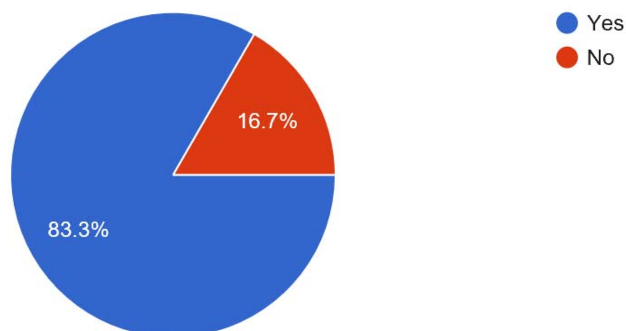
9. Are you aware of an association/organization/entity that may be interested in leading the pursuit of CODA-accreditation for geriatric dentistry programs?



If yes, please explain:

Special Care Dentistry
Special Care Dentistry Association - SCDA
Special Care Dentistry
Special care in Dentistry Association
Special Care Dentistry Association
Special Care in Dentistry Association
The Geriatrics Council of the Special Care Dentistry Association
SCDA - but only if it is called "Geriatrics and Special Care Dentistry"
I would hope the Geriatric Dentistry section of SCD would take the lead
Special Care Dentistry Association
Council on Geriatric Dentistry (part of the Special Care Dentistry Association)
Special Care Dentistry Assoc.
ADEA section on geriatrics and gerontology, Special Care Dentistry
Special Care Dentistry - American Society of Geriatric Dentistry

10. Do you think that dental care for older adults will benefit by having an accredited advanced education program in geriatric dentistry?



If yes, please explain.

Provide an in depth integration of medicine, pharmacology, and behavioral sciences and dentistry
I believe that a geriatric dentistry program should be expanded to include adult disabled and special needs since the majority of disabilities occur after 65.
It might allow for a large number of highly trained dental workforce to treat the growing number of frail older adults in alternative care settings
It will train Geriatric dentists that will focus on providing care for older patients with specific needs that general dentists can't or don't know how to treat
Many general practitioners are not comfortable treating medically compromised geriatric patients. These programs would provide practitioners specifically trained to treat these patients who are growing in number with every passing day. Also, this proposal does not suggest that every geriatric patient will go to a geriatric dentist just as not every pediatric patient goes to a pediatric dentist.
Probably would support wider understanding of and interest in this area of gen den
Advanced level of knowledge of the graduates to treat more complicated patients and provide an appropriate level of care.
Enhanced understanding of oral health challenges (local and systemic).
It gives legitimacy to those teaching in Universities, and in Long term care
Education is always to the benefit and could also lead to research to enhance care
Older adults can have a combination of complex medical histories due to the progression of chronic diseases and have complex dental needs. Teeth have generally been filled multiple times over their life and a decline in general health can cause a unplanned decline in dental health. Treating these patients takes a different philosophy focusing on quality of life. Dental schools have a limited time to teach ideal treatment planning and dental care let alone a different philosophy needed for older adults. Thus geriatric dentistry can be better taught in advanced education. GPRs and AEGDs are generally confined to a hospital setting allowing experiences treating adults with select medical conditions or allow treatment under general anesthesia allowing ideal working conditions. Thus GPRs and AEGDs somewhat touch on geriatric dentistry, but it is not their primary focus. With increasing numbers of elderly patients, increasing complexity, increased risk of oral disease, and increased demand for dental care, I believe it is time for geriatric dentistry programs to be accredited so future dentists are adequately prepared for the task of treating older adults.
There is a whole different set of skills that you need to pull together in order to treat elderly patients. Since 25% of the US population soon will be 65+ and need extra attention for their dental care, I believe that there is a huge benefit in creating accredited geriatric dentistry programs in order to secure quality of care.

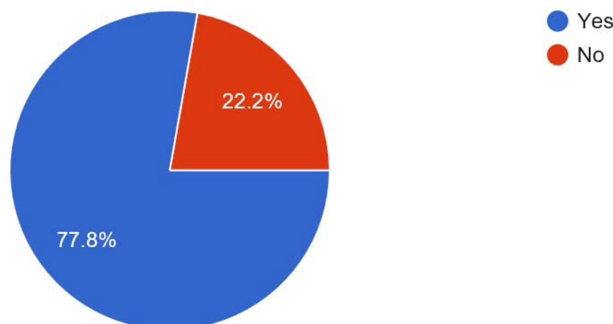
	Fosters financial support for education, encourages research. It works in Europe.
	There is a body of knowledge, skills and attitude in Geriatrics and Special Care
	The care of medically, functionally and cognitively compromised adults is a critical challenge now and will only get worse with an increasing older population. The medical, physical and pharmaceutical challenges with this population is beyond the scope of the GP in many cases, especially those residing in long term care facilities. A cohort of trained Geriatric dentists is essential to meet this demand and provide adequate access to care.
	With an aging population and the complexity of aging and medication, accredited program are very much need.
	I believe that it is important to train dentist to be competent in treating the large, growing, diverse segment of the geriatric population, including managing the medical complexities this involves
	the complex medical history, polyphamacy, cognitive impairment and functional disability can substantially compromise oral health, which in turn can lead to serious systemic complications. This two way relationship should be carefully incorporated into clinical treatment planning for geriatric patients to achiever desired treatment outcome
	I think additional education in this area will benefit any practitioner but I am dubious it should be a separate program given that all dentists will be treating geriatric patients. We should be focusing this type of education in dental schools, not residencies.
	Older adults have more extensive health issues and corresponding pharmacy issues. It would be focusing on a segment of the population similar to pediatric dentistry. Just as those who provide care to children have special training those who provide care to older adults should have the equivalent.
	With the growing population of older adults, geriatric specialists are needed to distinguish best practices in all aspects of health care. Dentistry is lagging behind, so more is needed.
	Both in terms of increased access to specialty care, I think that an advanced education program will provide support to general practitioners much as pediatric dentists support general dentists and dental hygienists. I also think that a specialty will help increase inter-professional practice.
	Maybe
	To the extent these programs train future educators who can then train future general practitioners and other dental specialists about the needs of this population as well as carry out relevant research and advocacy, I think this could be very beneficial. If this can provide some means or argument to make these programs sustainable in the long term that is needed. It seems unlikely that even with such programs, there would be enough of these providers to care for the entire geriatric population and we should take care that general providers are not then dissuaded from treating older adults, across the spectrum of dependence nor that they default to saying older adults with any complexity must be treated by someone with such certification. If this were the perception, this could end up being a disservice.
	Treatment of older adults requires specific knowledge among others on biology, physiology and psychology of aging and their effects on an individual. Moreover knowledge about specific chronic diseases common in older adults, medications their impact on oral health and necessary dental management modifications when caring for older adults. These are just a few aspects to name.
	By 2030, projections show that 1 in every 5 residents will be age 65 and older and by 2035 residents 65 years of age and older will for the first time out number the population of children living in the United States (U.S. Census CB18.41). We are already appreciating these increases in the older adult population with more and more older adults seeking dental care than ever before. Nor is it just the volume of patients that is concerning but the fact that, just as with children, the older adult demonstrates unique physiologic and pathologic findings and demonstrates increasing instances and presentations of oral diseases and oral manifestations of systemic diseases rarely seen in the average adult or middle aged dental patient. Findings of multiple co-morbidities, physical frailties, and cognitive disturbances often further complicate the presentation of an older adult patient. The recognition of these multitudes of conditions, the understanding of underlying physiologic and pathologic disease processes, the ability to collaborate with the patient's entire health care team, contributing to the overall management plan, and to incorporate thoughtful consideration of the patient's unique presentation, in collaboration with the patient and his/her family, are the keys that will allow a practitioner to deliver the most appropriate care utilizing necessary treatment

modifications. To achieve this goal we must provide an in-depth educational opportunity that is available to as many dentists as possible, thus equipping them to appropriately care for older adults in their practice environments.

If no, please explain.

I am glad that there are programs for dentists who wish to pursue advanced education in Geriatrics and Special Needs patients. However, there will never be enough dentists who wish to pursue this educational pathway to take care of the current aging population. A better way to improve Geriatric care, in my opinion, would be to include quality education in Geriatrics/Special Needs in dental school and offer more advanced continuing education courses for currently practicing dentists who wish to pursue caring for this population in their practices or expand their practices to nursing home, home bound, etc.
There is not an adequate scientific database and set of special skills requiring CODA accreditation.
There are far too many seniors to limit access to specialize geriatric care
The worry is that there are practices where dentists age into being a practice for older adults, especially prosthodontists and periodontist ms. How does this remain compatible.

11. Do you believe that existing geriatric dentistry programs would be interested in pursuing accreditation by the Commission on Dental Accreditation?



Why?

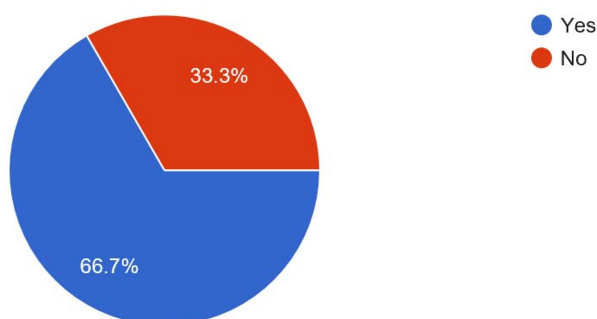
Very important to have a highly trained geriatrician-dental to be able to communicate with medical colleagues and provide excellent patient care. Patients are the real winners. With the senior population increasing at an accelerated rate, that aged will be over 25% of the population.
Don't know of any
Accreditation by the Commission on Dental Accreditation would probably increase their candidates pool
Because it's important to have solid educational programs that follow the CODA standards
I can't say with certainty, however, this proposal was being pursued some 10-12 years ago, but federal government funding at the time was severely cut for graduate programs, effectively terminating the process before it picked up steam.
unsure and do not feel qualified to answer the question+
Standardized the program to other accredited programs
Elevation of standards of educational process formally.
To give legitimacy to their programs
That is the push behind this survey, I assume
status
I would like to see the geriatric dentistry programs focused on accomplishing the same goals and standards with a focus on patient care.

Job positions might soon require a certified Geriatric Dentist from an accredited program.
Financial support
Again, much more likely if it was "Geriatric AND Special Care Dentistry"
To give legitimacy to what they know is needed. It will also make it easier to attract qualified (and interested) students. And get GME money.
Thanks to AAID and court cases the public has no idea who has accredited specialty education.
It is important to legitimize the fellowship training
If the existing programs could be accredited by ADA, these programs would receive more attention, support and resources from their institutes. They would also be able to attract more students to attend the fellowship programs.
It may help the programs advertise and create awareness for their programs.
Not really sure without involving them in the discussion. Maybe isn't an option on this survey. I would not say no without furthering the discussion.
It will strengthen their effort
To further legitimize the practice of geriatric dentistry
To attract students.
credibility
I have no way of knowing this but I was forced to answer the question.
Over the years these discussions have ensued among the academics involved in these programs. Interested students regularly ask if these programs are accredited.

Why not?

In my opinion, the current programs probably think they are doing what they think is best and functioning well without having to have the added burden of making sure they are CODA accredited. However, I have not actual knowledge of how they feel.
It would only add financial burden to the program and stifle innovation by requiring adherence to a set of standards.
There is not consistency in the instruction and quality of efforts
Just a guess but would it be worth the effort and would it improve the program. Would it attract more applicants?
I cannot see any reason why not!
Most of these programs are within universities with an Oral Medicine established programs and is considered as adjunct training to my knowledge

12. Do you believe that an accredited advanced education program in geriatric dentistry will increase access to care?



Why?

	Provide a greater comfort level for dentist to treat medically complex seniors allowing for greater access to care. With seniors comprising such a high percent of our population, comfort in treating and providing rational treatment planning, will encourage dentists to seek out this population. Win-win situation.
	We need more dentists educated in the care of the disabled and frail older adult and an expansion of long term facility care.
	Because it might increase the number of highly trained dentists in geriatrics
	Because more trained Geriatric dentists will provide better care to an increasing number of older adults
	Geriatric patients who cannot, or won't, be treated by general practitioners now have another option to see a specialist who is trained to treat that group of patients.
	Potentially by raising the standard and visibility of the discipline
	Accreditation may provide GME/IME funded residency positions
	Increased awareness and expansion of formally trained professionals.
	It will provide more Teachers and Mentors
	I don't think it would create a larger group of applicants.
	I think accredited advanced education in geriatric dentistry is a step in the right direction to increase access to care, but I also think access to care would greatly improve with increased opportunities for dental benefits. So then what comes first the chicken (advanced education programs in geriatric dentistry to increase practitioners comfort and knowledge treating complex older adults) or the egg (increased dental benefits for older adults example: Medicare Dental Benefits).
	It gives attention to the special oral and systemic conditions that accompanies aging; and shows the importance of training on the provider part.
	More trainees
	Yes, but more likely if it is a specialty on "Geriatrics and Special Care Dentistry"
	More programs will result in more trained Geriatric dentists with the goal of "specializing" and maintaining a practice devoted to the geriatric patient. It might also result in better training of predoctoral students, as it will enhance an existing paltry pool of trained geriatric dentists to teach.
	Hope it shines a lot on a forgot aspect of our population.
	I am not sure that would correlate
	Increasing in number of geriatric patients and the era of polypharmacy and all the effects on oral mucosa will need close monitoring of patients.
	Does pediatric dentistry increase access to care? The barriers will be similar.
	There will be more providers who specialize in this field available to the population
	More practitioners will seek the specialty. This provides the opportunity for a greater coverage of the growing population.
	As previously mentioned, I believe that it will create better prepared specialists who, in addition to treating their own patients, will be a resource to general practitioners to bolster their skills and willingness to treat older adults.
	Accreditation of the field of geriatric dentistry provides recognition of the field and its unique body of knowledge to the public as well as the profession. Having more practitioners who can widely indicate that they have formal training in geriatric dentistry will attract more dentists interested in this training. Ultimately more dentists trained will result in more access to care.

Why not?

There will never be enough dentists who wish to pursue this career path to care for the aging population. We need every general dentist to feel comfortable treating the aged to make a difference with access to care.
Adding CODA approval to existing or future programs in geriatric dentistry would not increase access to care.
No impact. Patients would be better served by being treated by existing specialty dentists.
Within scope of general dentistry
supply and demand
Only if it makes some dentists refuse to see some older adults.
Access to care is affected by multiple issues, Accreditation of a geriatric dentistry program would not eliminate these obstacles
I don't think there will be enough programs to have a meaningful impact. The impact would be greater if the focus was on dental schools.
Only if graduates end up working in dental schools, to teach pre-doc students. This doesn't happen often.
Again, no choice about the answer here and this is a maybe. As long as reimbursement and the many other issues around access for this population are addressed, having more providers alone will have a limited impact on access and it seems unlikely enough providers would be generated to make a huge impact on the numbers of older adults who lack for oral health care.

Thank You for Participating!

Thank you, impressed to be asked and impressed that you care to investigate.
I believe we need an accredited advanced education program for the care of the adult disabled special needs patient and frail elders.
Construction of the survey forces answers to some questions that I do not have knowledge of. I worry that the quality of overall response will be negatively impacted.
My pleasure and thanks for your work.
The first many questions of this survey are a big problem because there is no option for "I don't know" and also because several appear to assume that my answer for Question #1 would be "yes" -- which it wasn't.

Appointments for 2020 DAT Test Constructors

ID	Candidate Name	Degree 1	Area of Study 1	Degree 2	Area of Study 2
1	Goksel, Tamer	Certificate	General Body Cosmetic Surgery	Certificate	Oral and Maxillofacial Surgery
2	Nazmul-Hossain, Abu	Ph.D	Oral Biology	DDS	Dental Surgery
4	Yancoskie, Aaron	Certificate	Oral and Maxillofacial Pathology	DDS	Dentistry
5	Clare, James	DDS	Dentistry	MPH	Dental Public Health
6	Smoczer, Cristine	PhD	Developmental Genetics	MD	General Medicine
7	Takiar, Vani	CAGS	Pediatric Dentistry	DMD	Dentistry, Clinical Honors and
8	Szarejko, Mark	DDS	General Dentistry	BS	Biology
9	Blitz, Robert	DDS	Dentistry	MS	Biology
10	Britton, Fiona	PhD	Biomedical Sciences	BS	Biomedical Sciences
11	Farber, Grace	PhD	Cellular and Molecular Biology	BS	Biopsychology
12	Tomlinson, Sarah	DDS		BS	Dental Hygiene
13	Wright, Gary	D.D.S.	Dentistry	AAS	Dental Technology
14	Jethwani, Jitendra	AEGD	General Dentistry	PGDHHM	Health Management
15	Diaz-Arnold, Ana	DDS		MS	Prosthodontics
16	Bell, William	MSD	Prosthodontics	DMD	Dentistry
17	Haraszthy, Violet	PhD	Molecular Biology	Certificate	Prosthodontics
18	Ward, Karyn	GDH	Dental Hygiene	BSDH	Dental Hygiene
19	Gray, Julie	MA	Education	Certificate	Residency

Degree 3	Area of Study 3	Degree 4	Area of Study 4	Degree 5
Certificate	Categorical General Surgery Internshi	MD	Medicine	Certificate
GPR (Certificate)	General Dentistry	M.Sc	Cariology/Operative Dentistry	DDS
BS	Organismal Biology	Certificate	Biomedical Ethics	Certificate
BA	Chemisty		Biology/Chemistry	
MSc	Molecular Biology			
MA	Bioethics	BA	Neuroscience, French; University and	
BA	Biology			
DDS	Psychology			
MDS	Prosthodontics	BDS	Dentistry	
Cert. Ed.	Secondary Education	BA	Biology	
Certificate	Periodontics	MS	Dentistry	DDS
Advanced Cert in DH Science	Dental Hygiene	DDS	Dentistry	
DDS	DDS	BA	Sociology/Biology	

Area of Study 5	Concatenated	Bio, Gen/Org Chem, Quant
AEGD 1 Year	General Body Cosmetic Surgery(Cert	Medicine, MD
Dental Surgery	Oral Biology(Ph.D);Dental Surgery(D	Oral Bio PhD
Leadership and Management	Oral and Maxillofacial Pathology(Cer	Bio BS
	Dentistry(DDS);Dental Public Health(	Chem BA
	Developmental Genetics(PhD);Gene	Bio MS, Genetics PhD, MD
	Pediatric Dentistry(CAGS);Dentistry, Clinical Honors and	
	General Dentistry (DDS);Biology(BS);(	Bio BS
	Dentistry(DDS);Biology(MS);Biology(	Bio MS
	Biomedical Sciences(PhD);Biomedica	Bio PhD
	Cellular and Molecular Biology(PhD);	Bio PhD
	(DDS);Dental Hygiene(BS);();();();	
	Dentistry(D.D.S.);Dental	
	General Dentistry(AEGD);Health	
	(DDS);Prosthodontics(MS);();();();	
Dental Degree	Prosthodontics(MSD);Dentistry(DMD);Secondary	
	Molecular Biology(PhD);Prosthodont	Bio PhD
	Dental Hygiene(GDH);Dental Hygiene (BSDH);Dental	
	Education(MA);Residency(Certificate	Bio BA

Appointments for 2020 ADAT Test Constructors

ID	Candidate Name	Degree 1	Area of Study 1	Degree 2	Area of Study 2
1	Bruno, Lisa	Certificate	developmental disabilities	Certificate	pediatric dentistry
2	Cornelius, Bryant	DDS	Dentistry	Certificate	Anesthesiology
3	Diaz-Arnold, Ana	DDS		MS	Prosthodontics
4	Goksel, Tamer	Certificate	General Body Cosmetic Surgery	Certificate	Oral and Maxillofacial Surgery
5	Haraszthy, Violet	PhD	Molecular Biology	Certificate	Prosthodontics
7	Koch, Alia	Certificate OMFS	OMFS	MD	Medicine
8	Nazmul-Hossain, Abu	Ph.D	Oral Biology	DDS	Dental Surgery
9	Patel, Seena	Certificate	Orofacial Pain and Oral Medicine	DMD	Dentistry
10	Yancoskie, Aaron	Certificate	Oral and Maxillofacial Pathology	DDS	Dentistry
11	Bitter, Robert	DMD	Dentistry	Certificate	General Practice Residency
12	Flake, Natasha	PhD	Neuroscience	DDS	Dentistry
13	Hoffman, R.	BS	Biology	DMD	Dentistry
14	Ismail, Hassan	DDS		Oral Biology	
15	Jadhav, Aniket	MDS	Oral and Maxillofacial Radiology	BDS	General Dentistry (DDS)
16	Jethwani, Jitendra	AEGD	General Dentistry	PGDHHM	Health Management
17	Kakadia, Rahen	DDS	DDS	Dentistry	Certificate
18	Komabayashi, Takashi	MDS	Endodontics	M.S.C.S.	Clinical Science
19	Kumar, Vandana	MS	Oral and Maxillofacial Radiology	DDS	Doctor of Dental Surgery
20	Levitan, Marc	Certificate	Endodontics	DDS	Dentistry
21	Patel, Sanjay	BDS	General Dentistry	MDS	Conservative Dentistry & Endodontia
22	Rada, Robert	DDS		MBA	
23	Reed, John	Certificate	Oral & Maxillofacial Surgery		Oral &Maxillofacial Surgery
24	Renapurkar, Shravan	BDS		DMD	
25	Rosenthal, Nancy	BS		MAT	education
26	Sicklick, Andrew	Certificate	Orthodonitics	DDS	Dentistry
27	Sill, J.	BS	Microbiology	DMD	Dentistry
28	Spears, Robert	PhD	Bioemdical Sciences	MS	Anatomy
29	Spivakovsky, Silvia	DDS			
30	Tanbonliong, Thomas	Certificate	Pediatric Dentistry	Certificate	General Practice Residency
31	Wright, Gary	D.D.S.	Dentistry	AAS	Dental Technology

Degree 3	Area of Study 3	Degree 4	Area of Study 4	Degree 5	Area of Study 5
DDS	dentistry	BS	biology	BA	public policy with concentration in he
MPH	Public Health	MBA	Business Administration	BS	Biology
Certificate	Categorical General Surgery Internship	MD	Medicine	Certificate	AEGD 1 Year
Certificate	Periodontics	MS	Dentistry	DDS	Dental Degree
DDS	Dentistry	BS	Mathematics		
GPR (Certificate)	General Dentistry	M.Sc	Cariology/Operative Dentistry	DDS	Dental Surgery
MPH (dual DMD, MPH	Dental Public Health	BS	Physiology and Spanish		
BS	Organismal Biology	Certificate	Biomedical Ethics	Certificate	Leadership and Management
Certificate	Anesthesia Fellowship	Certificate	Periodontics		
MSD	Endodontics	Certificate	Endodontics	BS	Biological Sciences
MEd	Higher Education	PhD	Higher Education		
MDS	Prosthodontics	BDS	Dentistry		
Restorative Dentistry	Comprehensive Implant Dentistry	BDS	Dentistry		
DDS	Dentistry	PhD	Dental Materials	DDS	Dentistry
BS	Zoology				
DDS	Dentistry	BS	Life Science		
DDS					
BS	Biology				
DDS			Pre-Dental		
DDS	Psychology				

Concatenated	Anat/DentalAnat;Endo;Operative Dent
developmental disabilities(Certificate);pediatric dentistry(Certificate);dentistry(DDS);biology(BS);public policy with concentration in health care(BA);	
Dentistry(DDS);Anesthesiology(Certificate);Public Health(MPH);Business Administration(MBA);Biology(BS);	
(DDS);Prosthodontics(MS);();();	
General Body Cosmetic Surgery(Certificate);Oral and Maxillofacial Surgery(Certificate);Categorical General Surgery Internship(Certificate);Medicine(MD);AEGD 1 Year(Certificate);	
Molecular Biology(PhD);Prosthodontics(Certificate);Periodontics(Certificate);Dentistry(MS);Dental Degree(DDS);	
OMFS(Certificate OMFS);Medicine(MD);Dentistry(DDS);Mathematics(BS);();	
Oral Biology(Ph.D);Dental Surgery(DDS);General Dentistry(GPR (Certificate));Cariology/Operative Dentistry(M.Sc);Dental Surgery(DDS);	
Orofacial Pain and Oral Medicine(Certificate);Dentistry(DMD);Dental Public Health(MPH (dual DMD, MPH degrees));Physiology and Spanish(BS);();	
Oral and Maxillofacial Pathology(Certificate);Dentistry(DDS);Organismal Biology(BS);Biomedical Ethics(Certificate); Leadership and Management (Certificate);	
Dentistry(DMD);General Practice Residency(Certificate);Anesthesia Fellowship(Certificate);Periodontics(Certificate);();	
Neuroscience(PhD);Dentistry(DDS);Endodontics(MSD);Endodontics(Certificate);Biological Sciences(BS);	
Biology(BS);Dentistry(DMD);Higher Education(MEd);Higher Education(PhD);();	
(DDS);(Oral Biology);();();	
Oral and Maxillofacial Radiology(MDS);General Dentistry (DDS)(BDS);();();	
General Dentistry(AEGD);Health Management(PGDHHM);Prosthodontics(MDS);Dentistry(BDS);();	
DDS(DDS);Certificate(Dentistry);Comprehensive Implant Dentistry(Restorative Dentistry);Dentistry(BDS);();	
Endodontics(MDS);Clinical Science(M.S.C.S.);Dentistry(DDS);Dental Materials(PhD);Dentistry(DDS);	
Oral and Maxillofacial Radiology(MS);Doctor of Dental Surgery(DDS);();();	
Endodontics(Certificate);Dentistry(DDS);Zoology(BS);();();	
General Dentistry(BDS);Conservative Dentistry & Endodontia(MDS);();();();	
(DDS);(MBA);();();	
Oral & Maxillofacial Surgery(Certificate);Oral &Maxillofacial Surgery();Dentistry(DDS);Life Science(BS);();	
(BDS);(DMD);();();	
(BS);education(MAT);(DDS);();();	
Orthodonitics(Certificate);Dentistry(DDS);();();();	
Microbiology(BS);Dentistry(DMD);();();();	
Bioemdical Sciences(PhD);Anatomy(MS);Biology(BS);();();	
(DDS);();();();	
Pediatric Dentistry(Certificate);General Practice Residency(Certificate);(DDS);Pre-Dental();();	
Dentistry(D.D.S.);Dental Technology(AAS);Psychology(DDS);();();	

Re-appointments for 2020 DAT & ADAT Test Constructors

DAT TEST CONSTRUCTORS RE-APPOINTED

The following shows current DAT test constructors who have been re-appointed into the 2020 DAT Test Constructor Pool.

BIOLOGY

Larry Crouch, Ph.D.	University of Nebraska Medical Center College of Dentistry, Lincoln, NE	Biology
Jean DeSaix, Ph.D.	University of North Carolina, Chapel Hill, NC	Biology
Jennifer Metzler, Ph.D.	Ball State University, Muncie, IN	Biology
Kerry Openshaw, Ph.D.	Bemidji State University, Bemidji, MN	Biology
Maureen L. Tubbiola , Ph.D.	St. Cloud State University, St. Cloud, MN	Biology

GENERAL CHEMISTRY

David Nowack, Ph.D.	Andrews University, Berrien Springs, MI	General Chemistry
Anne Vonderheide, Ph.D.	University of Cincinnati, Cincinnati, OH	General Chemistry
Tanea Reed, Ph.D.	Eastern Kentucky University, Richmond, KY	General Chemistry
Linghao Zhong, Ph.D.	The Pennsylvania State University, Mont Alto, PA	General Chemistry

ORGANIC CHEMISTRY

Wheeler Conover, Ph.D.	Kentucky Community & Tech. College	Organic Chemistry
Jay Wackerly, Ph.D.	Central College, Pella, IA	Organic Chemistry
Shakena Daniel West, Ph.D	Wingate University, Wingate, NC	Organic Chemistry

QUANTITATIVE REASONING

Gokarna Aryal, Ph.D.	Purdue University Northwest, Hammond, IN	Statistics, Mathematics
Tessie St. John, MS	Seminole State College, Seminole, FLA	Statistics, Mathematics
Holly Graff, Ph.D.	Old Dominion University, Norfolk, VA	Biological Sciences, Mathematics
Hem Raj Joshi, Ph.D.	Xavier University, Cincinnati, OH	Mathematics, Actuarial Sciences

READING COMPREHENSION

Michael Johnson, Ph.D.	New Mexico State University, Las Cruces, NM	Chemistry/Biochemistry and Biology Writer
Karen Hosick, MA, ATC, NASM-CPT	Monteclair State University, Monteclair, NJ	Exercise and Sports Science Writer
Dawn Nieman, MS	Niemanville, LLC	Reading and Learning Disabilities Writer
Laura Towers, MA	Millbrook, NY	Reading Comprehension Passage Writer Dyslexia expert
Joseph D'Ambrosio, DDS	Tucson, AZ	Oral Medicine Writer
Angela Monson, RDH, Ph.D.	Minnesota State University, Mankato, MN	Hygienist and Oral Manifestations Writer
Joan Ostapenko, RDH	Lake Superior College, Duluth, MN	Hygienist and Community Dental Health Writer
Antoinette S. Barbosa, MA	Wallkill, NY	Behavioral and Special Education Literacy Reading Specialist Writer

IMAGE CONSULTANT

Julia Stack, MS	Seattle, WA	Medical Illustration

ADAT TEST CONSTRUCTORS RE-APPOINTED

The following shows current ADAT test constructors who have been re-appointed into the 2020 ADAT Test Constructor Pool.

ANATOMIC SCIENCES/DENTAL ANATOMY AND OCCLUSION

Homayan Asadi, D.D.S	University of the Pacific	Anatomic Sciences
Anita Joy-Thomas, Ph.D.	Southern Illinois University	Anatomic Sciences
Marvin Speer, D.D.S.	West Virginia University	Dental Anatomy and Occlusion

BIOCHEMISTRY-PHYSIOLOGY / MICROBIOLOGY-PATHOLOGY

Nasser Said-Al-Naief, D.D.S	Oregon Health Sciences Center	Microbiology-Pathology
Soo-Woo Kim, D.M.Sc., D.M.D	Harvard School of Dental Medicine	Biochemistry/ Physiology
Vinay Nagaraj, Ph.D.	Midwestern University, Glendale, Ariz.	Biochemistry/ Physiology
Robert Kelsch, D.M.D.	Northwell Health, Long Island Jewish Medical Center, N.Y.	Microbiology/ Pathology

DATA, RESEARCH INTERPRETATION, AND EVIDENCE-BASED DENTISTRY

Sharukh Khajotia, Ph.D.	University of Oklahoma, Oklahoma Cit	Biomaterials research
Ariel Bales-Kogan, D.M.D.	Union Community Health Center, St. Barnabas Hospital, Bronx, N.Y.	Orthodontics research

Hai Zhang, D.M.D., Ph.D.	University of Washington School of Dentistry, Seattle	Prosthodontics research

PSYCHOLOGY

Jacinta Leavell, M.S., Ph.D.	Meharry Medical College	Psychology

ENDODONTICS

Edward Lawler, D.D.S., M.B.A.	FTP – Billings, Montana	Endodontics

GENERAL DENTISTRY

Terence Imbery, D.D.S.	Virginia Commonwealth University	General Dentistry

OPERATIVE DENTISTRY

[No current test constructors]		

ORAL DIAGNOSIS

Terry Hoover, D.D.S.	University of the Pacific	Oral Diagnosis
Kurt Summersgill, D.D.S, Ph.D.	University of Pittsburgh	Oral Diagnosis

ORAL MAXILLOFACIAL SURGERY PAIN CONTROL

Pushkar Mehra, DMD	Boston University	OMS Pain Control
Andrea Schreiber, DMD	New York University	OMS Pain Control

ORTHODONTICS

Sundaralingam Premaraj, Ph.D.	University of Nebraska, Lincoln	Orthodontics

PEDIATRIC DENTISTRY

Leila Younger, D.D.S.	FTP – Lake Zurich, IL	Pediatric Dentistry
Rosalyn Sulyanto, D.M.D.	Boston Children's Hospital/Harvard School of Dental Medicine	Pediatric Dentistry

PERIODONTICS

M. Nathalia Garcia, D.D.S.	Southern Illinois University, Edwardsville	Periodontics
Keerthana Satheesh, D.D.S.	University of Missouri, Kansas City	Periodontics

PHARMACOLOGY

Lincoln Edwards, D.D.S., Ph.D.	University of Texas at Houston	Pharmacology
Debra Ferraiolo, D.M.D.	New York University	Oral and Maxillofacial Pathology, Radiology and Medicine

PROSTHODONTICS

Brian M. Chang, D.D.S.	Hospital at University of Pennsylvania	Prosthodontics
Jenny Stevens, D.M.D.	U.S. Air Force	Prosthodontics

Appointments for 2020 Medical Illustrator Experts

ID	Candidate Name	Education
1	Emily Ciosek, *B.F.A.*	Kendall College of Art and Design, Grand Rapids, MI
2	Michael Gallagher, *M.A.*, *M.S.*	University of Illinois at Chicago
3	Lauren Kalinoski, *M.S.*	University of Illinois at Chicago
4	Elizabeth Moss, *M.S.*	University of Illinois at Chicago
5	Elizabeth Paton, *M.Sc.*	University of Dundee
6	C. Wheeler Studios, *M.S.*	University of Illinois at Chicago