REPORT OF THE AD HOC COMMITTEE ON REVIEW COMMITTEE AND COMMISSION STRUCTURE AND FUNCTION

**Background:** At its August 2019 meeting, the Commission on Dental Accreditation (CODA) considered a report of its Standing Committee on Quality Assurance and Strategic Planning, which included a recommendation regarding a request from the American Society of Dentist Anesthesiologists (ASDA) to establish a separate Review Committee for dental anesthesiology. Following consideration, the Commission directed the formation of an Ad Hoc Committee on Review Committee and Commission Structure and Function to study the Commission’s Review Committee and Board of Commissioners structure and function, with consideration of appropriate Commission policies and development of new policies, as applicable, to established criteria by which the Commission may assess the need for a change in CODA’s structure. The Commission further directed the Ad Hoc Committee to consider how a change in the Commission’s Review Committee and Board of Commissioners structure and function will impact the Commission, and how a change may be implemented, including the Ad Hoc Committee’s recommendations on the potential need for change in the Commission’s current structure. In Fall 2019, the Commission Chair appointed the following individuals to the Ad Hoc Committee: Dr. Linda Casser, Dr. Monica Hebl, Dr. Bradford Johnson (chair of ad hoc committee), Dr. James Katancik, Dr. Sanjay Mallya, Dr. Marsha Pyle, Dr. Marybeth Shaffer, and Ms. Deanna Stentiford. The Ad Hoc Committee conducted tele-/web-conference calls on October 29, 2019 and December 4, 2019 and provided a summary report to the Commission at its Winter 2020 meeting (Appendix 1).

On April 13, 2020 the Commission conducted a special meeting for the purpose of discussing the impact of COVID-19 on dental and dental-related education programs. During the meeting, the Commission discussed its ad hoc committees and noted that the Ad Hoc Committee on Review Committee and Commission Structure and Function had reviewed a significant amount of material related to the Commission’s structure and function; however, additional information was to be collected and reviewed by the Committee prior to making a recommendation to the Commission in Summer 2020. The Commission believed that under the circumstances in which Commissioner and staff time was primarily focused on managing the interruption of education resulting from the COVID-19 pandemic, it would be difficult to complete the work of this Committee by Summer 2020. Following discussion, the Commission directed that the work of the Ad Hoc Committee continue into Fall 2020, with a report to CODA in Winter 2021.

At its Summer 2020 meeting, the Commission considered a request from The American Academy of Oral Medicine that CODA establish an oral medicine review committee. Following consideration of this matter, the Commission directed that the request for an oral medicine review committee be reviewed by the Ad Hoc Committee on Review Committee and Commission Structure and Function.

In Fall 2020, the Commission Chair appointed the following individuals to the Ad Hoc Committee: Dr. Linda Casser (chair of ad hoc committee), Dr. Maxine Feinberg, Dr. Susan Kass, Dr. James Katancik, Dr. Sanjay Mallya, Dr. Marybeth Shaffer, Dr. Alan Stein, and Dr. Lawrence
Wolinsky. The Ad Hoc Committee conducted virtual meetings on November 17, 2020 (all members present except Dr. Mallya), December 8, 2020 (all members present) and January 7, 2021 (all members present except Dr. Feinberg). Additionally, Dr. Jeffery Hicks, chair, CODA was in attendance at all meetings, and Dr. Bruce Rotter, vice chair, CODA was in attendance at the December 8, 2020 and January 7, 2021 meetings. Dr. Sherin Tooks, director, CODA, and Mr. Gregg Marquardt, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, were in attendance at all meetings. Ms. Dawn Herman and Ms. Kirsten Nadler, managers, CODA, were in attendance during the January 7, 2021 meeting.

Below is the Ad Hoc Committee’s report and recommendations to the Commission following its meetings of November 17, 2020, December 8, 2020, and January 7, 2021.

**Report and Recommendations of the Ad Hoc Committee:**
The Ad Hoc Committee initiated each meeting with a review of the history of and charge to the Committee along with a summary of the prior meetings’ discussion and considerations. In follow-up to the Ad Hoc Committee’s requested information at the December 2019 meeting, the Committee reviewed additional materials, including: 1) current United States Department of Education (USDE) regulations on composition of accrediting agencies (Appendix 2), 2) an updated comparison of current and potential alternative models for CODA (Appendix 3), 3) an informal environmental scan of the benefits and risks in making changes to CODA’s structure and function, 4) information on the number and types of site visits conducted annually for each discipline, 5) the last and next site visit date for each educational program under CODA’s purview, 6) current CODA policies related to structure and function, and 7) potential budget impacts to CODA related to its current and potential alternative structure and function. The Ad Hoc Committee also considered the structure of other health-related accrediting organizations, such as the Liaison Committee on Medical Education and the Accreditation Council for Graduate Medical Education; however, the Committee concluded that CODA is unique from other accrediting agencies in that CODA’s accreditation program spans predoctoral, postdoctoral (residency and fellowship), and allied dental education programs.

As with prior meetings, the Ad Hoc Committee continually focused on several key concepts related to CODA’s structure and function, noting the role of each level within CODA’s overall operation and mission (Appendix 4), including Site Visitors, the Review Committees, the Board of Commissioners, and the Appeal Board. The Committee considered historical information, including the initial composition of the Commission, changes to CODA’s review committee structure in the mid-1990’s, and the most recent restructuring of review committees in 2006. The Committee also discussed the historical addition of review committees, noting the Oral and Maxillofacial Radiology Review Committee was the last to be established by CODA in 2000. The Committee noted that 12 members of the Board of Commissioners [four (4) American Dental Association (ADA), four (4) American Dental Education Association (ADEA), and four (4) American Association of Dental Board (AADB)] are dictated by the Governance and Organizational Manual of the American Dental Association (ADA); therefore, changes in these
members would require approval by the ADA House of Delegates. The Commission has full and sole authority of its Review Committees, Site Visitors, and Appeal Board.

The Ad Hoc Committee believed there should be careful consideration of the Commission’s potential changes to its structure and function, to ensure that CODA can apply similar processes to other disciplines that may seek a separate Review Committee and Commissioner in the future. The Committee also believed that the Commission should carefully consider expansion of its Board of Commissioners to ensure that the Commission does not become too large to manage its operations. The Ad Hoc Committee was reminded that two (2) current requests are under review by the Commission in the disciplines of dental anesthesiology and oral medicine.

In consideration of the potential changing landscape of dental and allied dental education, the Committee discussed whether CODA should establish additional review committees for disciplines under its purview while maintaining a consistent number of 30 members on the Board of Commissioners. Under this maintained 30-member Board of Commissioners model, disciplines that do not have a minimum threshold of programs to warrant an independent Commissioner would be grouped with similar dental disciplines and jointly represented by a single Commissioner who may serve as an ex-officio member on each review committee that they represent on the Board of Commissioners. Each review committee would additionally have its own chair who may/may not be a Commissioner. The appointment of Commissioners would be based on a rotation schedule between the multiple disciplines represented by the single Commissioner. The Committee considered several structures that included separate review committees for each advanced dental education discipline and a retained 30-member Board of Commissioners, in which multiple review committees were represented by a single Commissioner who was appointed on a rotation cycle by the disciplines this individual would represent on the Board of Commissioners. The Ad Hoc Committee also discussed whether there should be an additional administrative level between the Review Committees and the Board of Commissioners; however, it was determined that an additional level of administration could create unnecessary delays in CODA’s processes.

Regarding the financial impact to the Commission, the Ad Hoc Committee noted that a number of review committees conduct meetings using virtual methods as a result of their workload. The use of virtual meetings results in a negligible financial impact to the Commission. The Ad Hoc Committee believed that the disciplines requesting separate review committees would likewise conduct meetings virtually, based upon the potential workload of these committees. The Ad Hoc Committee also noted a negligible financial impact on CODA regarding changes to the Board of Commissioners. The Committee discussed CODA’s appointment of public members on the Board of Commissioners consistent with USDE regulations under the “separate and independent” criterion, although CODA is not currently required to comply with this criterion. Furthermore, the advanced dental education review committees each include a public member and general dentist in addition to discipline-specific members. As such, an increase in the Board of Commissioners or the creation of additional review committees would result in increases in the need for public members and general dentists although, again, the Committee believed that the financial impact to CODA would be negligible.
When considering the functional and operational impact of changes in the Commission’s structure and function, the substantive concern of the Ad Hoc Committee was the assurance that each discipline with its own review committee would ensure a sufficient and sustainable number of volunteers at all levels of the Commission (i.e., site visitors, review committee members, commissioners, and appeal board) to sustain the Commission’s operations and accreditation program for the discipline. The Ad Hoc Committee believed that CODA should anticipate additional requests for establishment of discipline-specific review committees and corresponding Commissioners, as the Commission considers future requests for accreditation of programs in new dental education areas or disciplines. The Committee believed that CODA could develop policies to require a minimum number of accredited programs and assurance of sufficient volunteers in the discipline to warrant establishment of a separate Review Committee and additional Commissioner. The Committee noted that for the past four (4) disciplines (dental anesthesiology, oral medicine, orofacial pain, and dental therapy) for which CODA has established an accreditation program, the Commission had essentially utilized this method. The continued review and development of policy could occur either through this Ad Hoc Committee, CODA’s strategic planning activities, or assignment to another standing or ad hoc committee of the Commission.

Following multiple meetings and lengthy discussion, the Ad Hoc Committee concluded that the disciplines of dental anesthesiology, oral medicine and orofacial pain have been effectively and consistently represented by the Commission’s current Review Committee and Commission structure. However, given CODA’s commitment to representation of content experts at the decision-making level, the Ad Hoc Committee concluded that the Commission should expand its Review Committee, Commissioner, and Appeal Board structure in the disciplines of dental anesthesiology, oral medicine and orofacial pain. The Ad Hoc Committee noted that the financial and operational impact to the Commission in making the changes to CODA’s structure and function will be negligible, as noted above.

The Ad Hoc Committee recommended that CODA establish three (3) Review Committees and three (3) Commissioners for the disciplines of dental anesthesiology, oral medicine and orofacial pain. The current and proposed revised structures for the Board of Commissioners and Review Committees are found in Appendix 5 and 6, respectively. The Ad Hoc Committee suggested that each discipline-specific Review Committee consist of five (5) members. Additionally, the Committee believed that the Commission should establish three (3) Appeal Board members, for the disciplines of dental anesthesiology, oral medicine and orofacial pain. All proposed changes to CODA’s structure and function are noted in the proposed revisions to policies within the Evaluation and Operational Policies and Procedures manual (Appendix 7). The Ad Hoc Committee also recommended that the Commission implement the changes to each Review Committee, the Commission and Appeal Board effective January 1, 2022, with a notice to the respective sponsoring organizations and certifying boards, as applicable based upon appointing role, that the new structure will not be implemented until the discipline provides an appointee for Commissioner, appointee for Appeal Board member, and a sufficient number of nominees for Review Committee members, without depleting the site visitor pool in the discipline.
Additionally, the appointments and terms of current Review Committee members will be retained to ensure a level of ongoing consistency and staggered appointment of Review Committee members.

**Ad Hoc Committee on Review Committee and Commission Structure and Function Recommendation:** It is recommended that the Commission on Dental Accreditation direct the establishment of a five-person Review Committee for Dental Anesthesiology Education, effective January 1, 2022 pending sufficient nominees from the appropriate sponsoring organization and certifying board without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the establishment of a five-person Review Committee for Oral Medicine Education, effective January 1, 2022 pending sufficient nominees from the appropriate sponsoring organization and certifying board without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the establishment of a five-person Review Committee for Orofacial Pain Education, effective January 1, 2022 pending sufficient nominees from the appropriate sponsoring organization and certifying board without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the addition of a Commissioner for dental anesthesiology, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the addition of a Commissioner for oral medicine, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the addition of a Commissioner for orofacial pain, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 6 and 7).

It is further recommended that the Commission on Dental Accreditation direct the appointment of an Appeal Board member for dental anesthesiology, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 7).
It is further recommended that the Commission on Dental Accreditation direct the appointment of an Appeal Board member for oral medicine, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 7).

It is further recommended that the Commission on Dental Accreditation direct the appointment of an Appeal Board member for orofacial pain, effective January 1, 2022 pending appointment of an individual from the appropriate sponsoring organization without depletion of CODA site visitors in the discipline (Appendix 7).

It is further recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Evaluation and Operational Policies and Procedures manual (Appendix 7), with immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct Commission staff to operationalize the revision to the Commission’s Review Committee, Board of Commissioners, and Appeal Board structure and function, including but not limited to the establishing meeting dates of the new Review Committees, revision to CODA numbering system for Commission meeting agendas, updates to CODA documents and website, training of new volunteers, and other areas as needed.

It is further recommended that the Commission on Dental Accreditation direct further review of CODA policies and procedures on CODA structure by the appropriate ad hoc or standing committee, which may include development of policies to initiate a discipline’s oversight within the appropriate existing Review Committee, and require a minimum number of accredited programs and assurance of sufficient volunteers in the discipline, to warrant establishment of a separate Review Committee and additional Commissioner.

Commission Action:

Prepared by: Dr. Sherin Tooks
REPORT OF THE AD HOC COMMITTEE ON REVIEW COMMITTEE AND COMMISSION STRUCTURE AND FUNCTION

Background: At its August 2019 meeting, the Commission on Dental Accreditation (CODA), through its Standing Committee on Quality Assurance and Strategic Planning (QASP), considered a request from the American Society of Dentist Anesthesiologists (ASDA) to establish a separate Review Committee for dental anesthesiology. Following consideration of, and in accordance with, the QASP recommendations, the Commission directed the formation of the Ad Hoc Committee on Review Committee and Commission Structure and Function to study the Commission’s Review Committee and Board of Commissioners structure and function, with consideration of appropriate Commission policies and development of new policies, as applicable, to established criteria by which the Commission may assess the need for a change in CODA’s structure. The Commission further directed the Ad Hoc Committee to consider how a change in the Commission’s Review Committee and Board of Commissioners structure and function will impact the Commission, and how a change may be implemented, including the Ad Hoc Committee’s recommendations on the potential need for change in the Commission’s current structure. Finally, the Commission directed that a report be submitted for the Commission’s consideration in Summer 2020.

In fall 2019, the Commission Chair appointed the following individuals to the Ad Hoc Committee: Dr. Linda Casser, Dr. Monica Hebl, Dr. Bradford Johnson (chair of ad hoc committee), Dr. James Katancik, Dr. Sanjay Mallya, Dr. Marsha Pyle, Dr. Marybeth Shaffer, and Ms. Deanna Stentiford.

The Ad Hoc Committee conducted tele-/web-conference calls on October 29, 2019 and December 4, 2019. Below is a summary of the activities related to the Ad Hoc Committee’s meetings.

October 29, 2019 Meeting: All Ad Hoc Committee members were present for the first meeting. Dr. Arthur Chen-Shu Jee, chair, and Dr. Jeffery Hicks, vice chair, Commission on Dental Accreditation, ex-officio, were also in attendance. Additionally, Dr. Sherin Tooks, director, CODA, Mr. Gregg Marquardt, manager, CODA, and Ms. Cathryn Albrecht, senior associate general counsel, ADA/CODA, were in attendance.

The Ad Hoc Committee initiated its first meeting with a review of the history of and charge to the Committee. The Ad Hoc Committee also reviewed meeting materials and proposed materials for future meetings, which included: 1) the Committee’s charge, 2) reports leading to development of the Ad Hoc Committee, 3) current policies on the Commission’s structure and function, and 4) a topical outline of potential data to gather for committee consideration related
to the Commission’s current structure, scenarios for potential restructure, and policy implications including, for example, information on CODA’s current structure at each level of the Commission and workload considerations, the number of accredited programs, the number of CODA volunteers, potential factors related to restructure scenarios, data on prior restructures of the Review Committees, and data on the structure of other accrediting agencies.

The Committee noted several factors that should be considered through review of the Commission’s structure and function, including the Commission’s current and future strategic plan, the potential future landscape of dental education, the Commission’s current structure strengths and weaknesses, CODA’s capacity to operationalize changes and resource implications (e.g., volunteers, staff, facility, infrastructure, technology), requirements of the United States Department of Education (USDE), and policy implications.

The Ad Hoc Committee discussed several key concepts related to the Commission’s structure and function at all levels of the organization. The Committee engaged in preliminary discussion related to the concepts of equitability and efficiency in the Review Committees’ composition and operations, noting that CODA revised its Review Committee structure in 2006. The Ad Hoc Committee also considered and discussed CODA’s policy to request additional Review Committee members to support increases in workload. The Ad Hoc Committee further discussed the structure of Review Committees, Commission and the Appeal Board in accordance with USDE regulations. The Committee noted that 12 Commissioner appointees [four (4) American Dental Association (ADA), four (4) American Dental Education Association (ADEA), and four (4) American Association of Dental Board (AADB)] are prescribed in the ADA Bylaws, which would require an ADA House of Delegates action to amend. Regarding the Appeal Board, the Ad Hoc Committee noted that further review is warranted to ensure the appeal board membership includes appropriate individuals to consider each appeal. Additionally, the Ad Hoc engaged in preliminary discussions related to CODA’s leadership structure (i.e., chair and vice-chair) noting that CODA may want to consider formation of an executive committee.

Following lengthy discussion, the Ad Hoc Committee requested that Commission staff obtain additional information to provide a graphical representation of CODA’s structure, and to gather additional information on the history of CODA’s structure, the composition of each level, and further details on the number of programs and volunteers to support each level of Commission oversight.

**December 4, 2019 Meeting:** All Ad Hoc Committee members except Dr. Marsha Pyle were present for the second meeting. Dr. Jeffery Hicks, vice chair, Commission on Dental Accreditation, *ex-officio*, was also in attendance. Additionally, Dr. Sherin Tooks, director,
CODA, Ms. Michelle Smith, Ms. Jennifer Snow, and Ms. Peggy Soeldner, managers, CODA, were in attendance.

The Ad Hoc Committee initiated its second meeting with a review of the agenda materials that were prepared, which included: 1) a history of CODA’s structure, 2) a graphical representation of CODA’s site visitor, Review Committee, Commission, and Appeal Board structure and the role of each level of Commission oversight, 3) current policies on the Commission’s structure and function, 4) the number of programs and current accreditation status in each discipline, 5) the number of programs and CODA volunteers in each discipline at each level of the Commission, 6) CODA’s meeting date schedule, format for meetings (e.g., in-person versus virtual) and cost implications for each meeting, 7) information on possible Review Committee structure options considered previously by CODA in Summer 2018, and 8) historical resources related to the Commission’s prior consideration of its structure and function.

The Ad Hoc Committee noted CODA’s historic structure began with a 12-member Commission in 1974, which was changed to a 20-member Commission in 1975 when the ADA House of Delegates transferred dentistry’s accreditation program from the Council on Dental Education to the Commission on Dental Accreditation of Dental and Dental Auxiliary Education Programs. The 20-member Commission included the original 12 members and an additional eight (8) members [two (2) dental specialists, one (1) dental hygienist, one (1) dental assistant, one (1) dental laboratory technician, one (1) student representative, and two (2) public representatives]. In 1997, the Commission adopted revised Rules and its membership changed to the current 30-member structure of today.

The Committee also discussed the current structure of Review Committees, noting that the size of each committee is dictated by a need for diverse representation and workload. It was noted that some advanced dental education committees include five (5) members while others include six (6) members. In accordance with CODA policy, a Review Committee may request additional members as the workload increases. The Ad Hoc Committee also noted CODA’s recent revisions to the structure of the Review Committee on Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain (AGDOO), which includes a joint appointment of this Committee’s chair by the sponsoring organizations of the five (5) disciplines represented on the Committee. The Ad Hoc Committee considered whether it should survey the existing Review Committees to obtain their perspective on the structure and operation but determined that a survey was not necessary at this time.

The Ad Hoc Committee discussed the number of programs, accreditation statuses, and number of volunteers at each level for each discipline under the Commission’s purview. The Committee also discussed preliminary restructure of Review Committees and the Commission, with
discussion on the USDE requirements, particularly in the area of public member representation. The Ad Hoc Committee discussed whether CODA should reduce the number of Review Committees or reduce the membership on some Review Committees, due to the limited number of programs and/or workload under a Committee’s purview. The Committee determined that changes to the current structure must be well thought out and supported. It was noted that Review Committees with heavy workload meet in person, while Committees with less workload meet virtually; therefore, the cost impact to CODA is minimal.

The Ad Hoc Committee also considered the 2014 and 2015 work of the Commission through its Standing Committee on Quality Assurance and Strategic Planning, which included a comparative analysis of the Commission and other accrediting agencies related to the Commission’s structure, and potential alternative models for the structure of the Commission. The Ad Hoc Committee members believed that updated information in a similar presentation would be helpful. The Ad Hoc Committee also suggested that CODA’s Director speak with other accrediting agencies that have recently revised their structure to determine how they considered and accomplished this activity. While discussing other accrediting agencies, the Ad Hoc Committee noted that some agencies select their members at all levels of the organization; it was noted that within the Commission, the Commissioners are appointed by sponsoring organizations, while Review Committee members and Site Visitors are selected appointed by the Commission.

Following lengthy discussion, the Ad Hoc Committee requested that additional information be collected for its next meeting, including: 1) current USDE regulations on composition of accrediting agencies, 2) an updated comparison of current and potential alternative models for CODA, 3) an updated comparison of the structure of health-related accrediting bodies including all levels (Review Committee and Commission) and applicable policies that govern the agencies with special emphasis on agencies that have recently modified their structure or function, 4) an informal environmental scan on the benefits and risks in making changes to CODA’s structure and function, 5) information on the number and types of site visits conducted annually for each discipline, 6) the last and next site visit date for each educational program under CODA’s purview, 7) CODA policy on structure and function, with areas of consideration highlighted, and 8) potential budget impacts to CODA related to its current and potential alternative structure and function.

**Ad Hoc Committee on Review Committee and Commission Structure and Function Recommendation:** This report is informational in nature and no action is required.

**Commission Action:**

Prepared by: Dr. Sherin Tooks
§602.3 What definitions apply to this part?

Representative of the public means a person who is not—
(1) An employee, member of the governing board, owner, or shareholder of, or consultant to, an institution or program that either is accredited or preaccredited by the agency or has applied for accreditation or preaccreditation;
(2) A member of any trade association or membership organization related to, affiliated with, or associated with the agency; or
(3) A spouse, parent, child, or sibling of an individual identified in paragraph (1) or (2) of this definition.

### 602.14 Category of Agency

<table>
<thead>
<tr>
<th>(a) The Secretary recognizes only the following four categories of accrediting agencies:</th>
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<tbody>
<tr>
<td>(1) A State agency that—</td>
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<tr>
<td>(i) Has as a principal purpose the accrediting of institutions of higher education, higher education programs, or both; and</td>
</tr>
<tr>
<td>(ii) Has been listed by the Secretary as a nationally recognized accrediting agency on or before October 1, 1991.</td>
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<tr>
<td>(2) An accrediting agency that—</td>
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<tr>
<td>(i) Has a voluntary membership of institutions of higher education;</td>
</tr>
<tr>
<td>(ii) Has as a principal purpose the accrediting of institutions of higher education and that accreditation is used to provide a link to Federal HEA programs in accordance with §602.10; and</td>
</tr>
<tr>
<td>(iii) Satisfies the “separate and independent” requirements in paragraph (b) of this section.</td>
</tr>
<tr>
<td>(3) An accrediting agency that—</td>
</tr>
<tr>
<td>(i) Has a voluntary membership; and</td>
</tr>
<tr>
<td>(ii) Has as its principal purpose the accrediting of institutions of higher education or programs, and the accreditation it offers is</td>
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</tbody>
</table>
used to provide a link to non-HEA Federal programs in accordance with §602.10.

(4) An accrediting agency that, for purposes of determining eligibility for title IV, HEA programs—

(i) (A) Has a voluntary membership of individuals participating in a profession; or

(B) Has as its principal purpose the accrediting of programs within institutions that are accredited by another nationally recognized accrediting agency; and

(ii) Satisfies the "separate and independent" requirements in paragraph (b) of this section or obtains a waiver of those requirements under paragraph (d) of this section.

(b) For purposes of this section, "separate and independent" means that—

(1) The members of the agency's decision-making body, who decide the accreditation or preaccreditation status of institutions or programs, establish the agency's accreditation policies, or both, are not elected or selected by the board or chief executive officer of any related, associated, or affiliated trade association, professional organization, or membership organization and are not staff of the related, associated, or affiliated trade association, professional organization, or membership organization;

(2) At least one member of the agency's decision-making body is a representative of the public, and at least one-seventh of the body consists of representatives of the public;

(3) The agency has established and implemented guidelines for each member of the decision-making body including guidelines on avoiding conflicts of interest in making decisions;

(4) The agency's dues are paid separately from any dues paid to any related, associated, or affiliated trade association or membership organization; and

(5) The agency develops and determines its own budget, with no review by or consultation with any other entity or organization.
(c) The Secretary considers that any joint use of personnel, services, equipment, or facilities by an agency and a related, associated, or affiliated trade association or membership organization does not violate the "separate and independent" requirements in paragraph (b) of this section if —

(1) The agency pays the fair market value for its proportionate share of the joint use; and

(2) The joint use does not compromise the independence and confidentiality of the accreditation process.

(d) For purposes of paragraph (a)(4) of this section, the Secretary may waive the "separate and independent" requirements in paragraph (b) of this section if the agency demonstrates that—

(1) The Secretary listed the agency as a nationally recognized agency on or before October 1, 1991, and has recognized it continuously since that date;

(2) The related, associated, or affiliated trade association or membership organization plays no role in making or ratifying either the accrediting or policy decisions of the agency;

(3) The agency has sufficient budgetary and administrative autonomy to carry out its accrediting functions independently;

(4) The agency provides to the related, associated, or affiliated trade association or membership organization only information it makes available to the public.

(e) An agency seeking a waiver of the "separate and independent" requirements under paragraph (d) of this section must apply for the waiver each time the agency seeks recognition or continued recognition.

(NOTE: An agency must respond to this section only if it is requesting a waiver of the "separate and independent" requirement.)
602.15 – Administrative and fiscal responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that—

(a) The agency has—

(1) Adequate administrative staff and financial resources to carry out its accrediting responsibilities;

(2) Competent and knowledgeable individuals, qualified by education or experience in their own right and trained by the agency on their responsibilities, as appropriate for their roles, regarding the agency's standards, policies, and procedures, to conduct its on-site evaluations, apply or establish its policies, and make its accrediting and preaccrediting decisions, including, if applicable to the agency's scope, their responsibilities regarding distance education and correspondence courses;

(3) Academic and administrative personnel on its evaluation, policy, and decision-making bodies, if the agency accredits institutions;

(4) Educators, practitioners, and/or employers on its evaluation, policy, and decision-making bodies, if the agency accredits programs or single-purpose institutions that prepare students for a specific profession;

(5) Representatives of the public, which may include students, on all decision-making bodies; and

(6) Clear and effective controls, including guidelines, to prevent or resolve conflicts of interest, or the appearance of conflicts of interest, by the agency’s—

(i) Board members;
(ii) Commissioners;
(iii) Evaluation team members;
(iv) Consultants;
(v) Administrative staff; and
(vi) Other agency representatives; and
COMPARISON OF CURRENT AND ALTERNATIVE MODELS FOR CODA – updated 11/2020

Assumptions:

1. All RCs retain current structure and function.
2. All standing committees retain current structure and function.
3. Expenses for RCs and standing committees remain constant across all models
4. Estimated meeting expenses (travel, meals, etc.): $1,300 per person per 1-day meeting
   $1,700 per person per 2-day meeting
5. All direct operating expenses the same except as specifically listed under each model.
6. All indirect/overhead expenses the same for all models.
7. Regardless of model adopted/retained, a significant communications initiative will be required to inform stakeholders.
8. The total operating expense budget of CODA for 2019 was $3,282,335, with budgeted revenue of $4,102,546.
   The total operating expense budget of CODA for 2020 was $3,434,957, with budgeted revenue of $4,060,886.

<table>
<thead>
<tr>
<th>Current Review Committee Structure</th>
<th>Cost per in-person meeting</th>
<th>Total cost for in-person meeting per year</th>
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<tbody>
<tr>
<td>Predoc RC (9 member) (1 or 2 days)</td>
<td>$11,700 (1 day) $15,300 (2 day)</td>
<td>$23,400 (1 day) $30,600 (2 day)</td>
</tr>
<tr>
<td>Advanced RC (5 member) (1 day)</td>
<td>3RC @ $6,500 each ($19,500 total)</td>
<td>3RC @ $13,000 each ($39,000 total)</td>
</tr>
<tr>
<td>Advanced RC (6 member) (1 day)</td>
<td>6RC @ $7,800 each ($46,800 total)</td>
<td>6RC @ $15,600 each ($93,600 total)</td>
</tr>
<tr>
<td>AGDOO RC (12 member) (2 day)</td>
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</tr>
<tr>
<td>DA RC (10 member) (2 day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DH RC (11 member) (2 day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DLT RC (5 member) (1 day)</td>
<td>$6,500</td>
<td>$13,000</td>
</tr>
<tr>
<td>Total RC Expense:</td>
<td>$281,200 (with one day Predoc RC) $288,400 (with two day Predoc RC)</td>
<td></td>
</tr>
<tr>
<td>Description/Structure</td>
<td>Current</td>
<td>Option 1</td>
</tr>
<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td><strong>Single Commission with 30 members:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADA</td>
<td>4</td>
<td>ADA</td>
</tr>
<tr>
<td>AADB</td>
<td>4</td>
<td>AADB</td>
</tr>
<tr>
<td>ADEA</td>
<td>4</td>
<td>ADEA</td>
</tr>
<tr>
<td>AEGD, GPR, OFP OM, DentAnesth</td>
<td>1</td>
<td>AEGD, GPR</td>
</tr>
<tr>
<td>DPH, OMP, OMR</td>
<td></td>
<td>DPH, OMP, OMR</td>
</tr>
<tr>
<td>ENDO, OMS, ORTHO, PED, PERIO, PROS</td>
<td>9</td>
<td>OFP OM</td>
</tr>
<tr>
<td>ADAA</td>
<td>1</td>
<td>DentAnesth</td>
</tr>
<tr>
<td>ADHA</td>
<td>1</td>
<td>ADAA</td>
</tr>
<tr>
<td>NADL</td>
<td>1</td>
<td>ADHA</td>
</tr>
<tr>
<td>Public</td>
<td>4</td>
<td>NADL</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>Public</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student</td>
</tr>
</tbody>
</table>

*May be reduced to 3, 2 or 1 individual.*

| **Single Commission with 27 members** | | | | |
| ADA | 2* | ADA | 4 | ADA | 4 |
| AADB | 2* | AADB | 4 | AADB | 4 |
| ADEA | 2* | ADEA | 4 | ADEA | 4 |
| AEGD, GPR | 1 | AEGD, GPR | 1 | AEGD, GPR | 1 |
| DPH, OMP, OMR | | DPH, OMP, OMR | | DPH, OMP, OMR |
| ENDO, OMS, ORTHO, PED, PERIO, PROS | | OFP OM | | OFP OM |
| OFP OM | | DentAnesth | 12 | DentAnesth | 12 |
| | | ADAA | 1 | ADAA | 1 |
| | | ADHA | 1 | ADHA | 1 |
| | | NADL | 1 | NADL | 1 |
| | | Public | 4 | Public | 4 or 5 |
| | | Student | 1 | Student | 1 |

| **2 separate Commissions with oversight/executive committee** | | | | |
| **Advanced Commission (16 members):** | | | | |
| AEGD, GPR | 1 | AEGD, GPR | 1 | AEGD, GPR | 1 |
| DPH, OMP, OMR | | DPH, OMP, OMR | | DPH, OMP, OMR |
| ENDO, OMS, ORTHO, PED, PERIO, PROS | | OFP OM | | OFP OM |
| OFP OM | | DentAnesth | 12 | DentAnesth | 12 |
| Resident | 1 | Resident | 1 | Resident | 1 |
| Public | 2 | Public | 2 | Public | 2 |

*May need to consider whether education, licensure and/or practicing community should be represented.*

| **Predoc/Allied Commission (8 members):** | | | | |
| ADA | 1 | ADA | 1 | ADA | 1 |
| ADEA | 1 | ADEA | 1 | ADEA | 1 |
| AADB | 1 | AADB | 1 | AADB | 1 |
| ADHA | 1 | ADHA | 1 | ADHA | 1 |
| ADAA | 1 | ADAA | 1 | ADAA | 1 |
| NADL | 1 | NADL | 1 | NADL | 1 |
| Student | 1 | Student | 1 | Student | 1 |
| Public | 1 | Public | 1 | Public | 1 |

**Oversight Committee (4 members):**
Advanced Com. 2 (chair + vice)
Predoc/Allied Com. 2 (chair + vice)
1. Current structure and functionality
2. Funding model subject to separate consideration and potential revision.

1. Current established communities of interest represented, but numbers reduced for some organizations
2. Similar functionality to current model.
3. Would require establishing three (3) new review committees of 5 members each (see above for in-person meeting cost)

1. All current communities of interest represented, numbers increased in some areas
2. Similar functionality to current model.
3. Would require establishing three (3) new review committees of 5 members each (see above for in-person meeting cost)

1. A small oversight body, consisting of the chairs and vice-chairs of the two commissions plus CODA Director, makes sure that the functioning of the two commissions is similar and coordinates policy discussions. The oversight body plays no role in the accrediting decisions of either commission, but may serve as a forum for the leadership of the two commissions to discuss issues common to both.
2. Adoption of this model would require reporting to USDE with a request to recognize the two new commissions.
3. The oversight committee would meet twice per year in conjunction with the commissions and twice between commission meetings.
4. Additional staff support will be required since there would be two separate commissions and an oversight committee.

<p>| Expense of convening Commission (based on 2 day meeting) | $102,000 ($51,000 per meeting) | $91,800 ($45,900 per meeting) | $112,200 ($56,100 per meeting) | $108,800 (2 meetings of Commissions and 4 meetings of Oversight Committee) ($40,800 per meeting for 2 Commissions plus $6,800 per meeting for Oversight Committee) |
| Restructure and additional staffing (on- | 0 | 0 | 0 | $100,000+ plus hiring additional staff |</p>
<table>
<thead>
<tr>
<th>Going Expense)</th>
<th>Total on-going expense</th>
<th>$102,000</th>
<th>$91,800 to $130,800</th>
<th>$112,200 to $151,200</th>
<th>$108,800</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plus additional staff expenses</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>$30,000-$50,000 Estimate for USDE petition, development of new Commission rules and regulations, structural changes, etc.</td>
</tr>
<tr>
<td>USDE petition, temporary staffing, travel + misc exp. (one-time initial + every 5 years addl. expense)</td>
<td>0</td>
<td>Reporting to USDE and possible travel</td>
<td>Reporting to USDE and possible travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall impact on expenses</strong></td>
<td>No impact/same</td>
<td>Commission meeting travel expense reduced by $10,200 with 3 fewer members if the, if 3 new RCs conduct meetings virtually.</td>
<td>Commission meeting travel expense increase with addition of 3 Commissioners and 1 public member. Expenses may further increase if 3 new RCs conduct meetings in-person.</td>
<td>If only Commissions meet in person, meeting travel expense would be almost the same as Option 1. However, if Oversight Committee meets in person for 2 additional meetings, there is a slight increase in meeting travel expense.</td>
<td></td>
</tr>
<tr>
<td>Stakeholder representation, inclusivity and membership balance</td>
<td>Equal representation of practitioners, educators and examiners (ADEA, ADA, AADB). Advanced Education Commissioners may also be educators or practitioners with impact on balance.</td>
<td>Equal representation of practitioners, educators, examiners. Addition of three (3) areas with own Commissioner and Review Committee Structure</td>
<td>Equal representation of practitioners, educators, examiners. Addition of three (3) areas with own Commissioner and Review Committee Structure</td>
<td>Separate commissions will lack balance. Advanced general dentistry will be under-represented in Advanced Commission. General dentists likely to be over-represented in Predoc/Allied Commission.</td>
<td></td>
</tr>
<tr>
<td>Commissioner Workload</td>
<td>ADA, ADEA, AADB appointees may have advanced training.</td>
<td>Advanced education more likely to predominate if also appointed by ADA, ADEA, AADB</td>
<td>Advanced education more likely to predominate if also appointed by ADA, ADEA, AADB</td>
<td>Public, practicing, and licensing community representation limited.</td>
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<td></td>
</tr>
<tr>
<td>Commissioner Workload</td>
<td>Same/no impact</td>
<td>Same or Increased. Commissioners may have to serve on multiple RCs, standing committees and ad hoc committees.</td>
<td>Same or Increased. Commissioners may have to serve on multiple RCs, standing committees and ad hoc committees.</td>
<td>Predoc/Allied Commission and Oversight Committee will have substantially increased workload, including service on multiple RCs, standing committees and ad hoc committees. Slight impact on advanced commissioners.</td>
<td></td>
</tr>
<tr>
<td>Preservation of Dental Team</td>
<td>Continuity, integration, interface and interdisciplinary communication and coordination maintained</td>
<td>Continuity, integration, interface and interdisciplinary communication and coordination maintained</td>
<td>Continuity, integration, interface and interdisciplinary communication and coordination maintained</td>
<td>Lack of continuity, integration, interface and interdisciplinary communication and coordination between advanced and predoc and advanced and allied.</td>
<td></td>
</tr>
</tbody>
</table>
| "Pros" of model: | - No single group’s agenda can predominate  
  - Strong conflict of interest and simultaneous service policies ensure that Commission decisions are based on the good of the profession, not parochial interests  
  - Current structure provides program review at three different levels: site visitor, review committee, and the Commission itself-this provides due process for the programs and ensures that bias is eliminated (evidence: the Appeal Board is rarely convened) | - Multi-disciplinary participation retained for credibility, continuity and input of varied perspectives for policy issues.  
  - RC chairs available as content resources.  
  - Reduced size is more efficient and may be more cost effective.  
  - Retains balance in decision-making so no single community of interest controls | - Multi-disciplinary participation retained for credibility, continuity and input of varied perspectives for policy issues.  
  - RC chairs available as content resources.  
  - Maintains balance of practitioner, educator and examiner representation so no single community of interest controls | - The commissions are smaller and, therefore, have a smaller scope of accrediting activities.  
  - The members of each commission are specifically "matched" to the programs being evaluated, i.e., there would only be advanced dental representatives on one commission and only predoctoral and allied dental on the other. There would still be student/resident and public members on each. |
1. Orientation and training for new Commissioners and RC members now addresses the issue of conflict of interest and the roles of these individuals in conducting the work of the Commission.
   - Current structure allows the continuum of dental education to be more coordinated—“team concept”

1. All communities of interest have a say on all aspects of dental education; i.e., employers of allied dental team members have input on allied education; advanced education disciplines have input on the predoctoral and postdoctoral general dental education that applicants for their programs receive, etc.…
   - Practicing dentists and dental educators are a majority under the current structure and accreditation is based on the concept of peer review
   - Public and non-content expert perspective is important, as many standards and policies of the Commission are for public and student protection, not
Current size of the Commission allows for division of work related to the large number of standing committees and ad hoc committees.

- Already USDE recognized for this structure; recognition of a different structure by USDE would be time-consuming and could be costly.

- Staff resources are most efficiently used in the current structure; restructuring will require an increase in the number of staff to administer and potential for greater expense.

- The vast majority of accrediting agencies in the US have a similar structure.

- The ability to add content experts to review committees for workload, is noted in current policy.

- Ability to add Commission members is noted in current policy.

- Use of the consent calendar and consideration of accreditation actions on the first
day of the meeting have allowed more time for discussion of accreditation decisions  
- Training efforts for review committee members and site visitors have been enhanced

<table>
<thead>
<tr>
<th>“Cons” of model:</th>
<th>“Cons” of model:</th>
<th>“Cons” of model:</th>
<th>“Cons” of model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Non-content experts have input into accreditation decisions; content experts on review committees can only make recommendations to the Commission, not actual accreditation decisions</td>
<td>▪ Disciplines that do not have as many seats on CODA as previously will feel alienated.</td>
<td>▪ Unclear whether all RCs have sufficient peers to support CODA process at site visit, review committee, and Commission levels.</td>
<td>▪ The model does not allow for a forum for communication/discussion among all disciplines within dentistry on either educational issues that affect dentistry as a whole or standards, policies, and procedures that should govern all of dentistry.</td>
</tr>
<tr>
<td>▪ One of the largest Commissions in the U.S. in terms of number of Commissioners-agreement on policy issues may be difficult to achieve; agenda can be long and involved, so time cannot be spent on important issues</td>
<td>▪ Will require ADA Bylaws change to reduce seats for ADA, ADEA, AADB</td>
<td>▪ Unclear whether all RCs have sufficient peers to support CODA process at site visit, review committee, and Commission levels.</td>
<td>▪ The model effectively splits dentistry into two autonomous “silos” – Advanced education and Predoctoral/Allied education.</td>
</tr>
<tr>
<td>▪ Difficult for the Commission to act in a nimble/quick manner on pressing issues</td>
<td>▪ Number of commissioners may not be sufficient to handle ad hoc and standing committee assignments</td>
<td>▪ Cost savings may be small in relation to overall budget.</td>
<td>▪ The model would encourage the creation of other autonomous “silos,” e.g., a predoctoral silo, an allied dental silo, etc.</td>
</tr>
<tr>
<td>▪ Commission size may have to increase to accommodate new dental team members; exacerbating the issues outlined above</td>
<td>▪ Unclear whether all RCs have sufficient peers to support CODA process at site visit, review committee, and Commission levels.</td>
<td>▪ It would be very difficult to keep the “silos” operating in parallel, even with the oversight body in place.</td>
<td>▪ It would be very difficult to keep the “silos” operating in parallel, even with the oversight body in place.</td>
</tr>
<tr>
<td>▪ Commission seats are not allocated proportionately to the number of programs in a particular discipline (some disciplines/communities of</td>
<td>▪ The workload for staff would increase because of the</td>
<td>▪ Each Commission would have to seek recognition from USDE and/or CHEA on its own.</td>
<td></td>
</tr>
<tr>
<td>disciplines/communities of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Cons” of model:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| interest over-represented, and visa-versa) |  |  | need to service two commissions rather than one. Additional staff would be required to manage workload.  
- Meeting logistics would be more complicated and possibly more expensive due to the need for separate meeting space and additional meetings of the oversight body. |
## Possible Review Committee Structure Options

<table>
<thead>
<tr>
<th>Option</th>
<th>Scenario</th>
<th>Increase in Annual Expense to Commission</th>
<th>#Programs</th>
<th>#Site Visitors</th>
</tr>
</thead>
</table>
| A      | Establish one or more discipline-specific Review Committee(s) with AGDOO Commissioner or another CODA Commissioner as Chair: Five (5) Member RC:  
- 1 AGDOO or another Commissioner  
- 1 sponsoring organization representative  
- 1 certifying board representative  
- 1 general dentist  
- 1 public | Training  
Possible site visit observers (as needed) - $1,300 per person  
Teleconference meetings = approx. $100  
In-person meeting= approx. $6,500 (about $1,300 per person) – There may be a slight cost savings if existing Commissioner travels only once for in-person meetings during Review Committee Week | Dent Anes  
Currently 8  
Oral Med  
Currently 6  
Orofacial Pain  
Currently 12 | Dent Anes  
19 active  
Oral Med  
13 active  
Orofacial Pain  
10 active |
<table>
<thead>
<tr>
<th></th>
<th>Establish one or more discipline-specific Review Committee(s) with a new discipline-specific Commissioner as Chair:</th>
<th>Training</th>
<th>Dent Anes</th>
<th>Dent Anes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Five (5) Member RC:</td>
<td></td>
<td>Currently</td>
<td>19 active</td>
</tr>
<tr>
<td></td>
<td>• 1 Discipline-Specific Commissioner</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 sponsoring organization representative</td>
<td></td>
<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>• 1 certifying board representative</td>
<td></td>
<td>Currently</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 general dentist</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td></td>
<td>• 1 public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
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<tr>
<td></td>
<td>Possible site visit observers (as needed) - $1,300 per person</td>
<td></td>
<td>Dent Anes</td>
<td>19 active</td>
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<tr>
<td></td>
<td>Teleconference meetings = approx. $100</td>
<td></td>
<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>In-person meeting= approx. $6,500 (about $1,300 per person)</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td></td>
<td>Possible site visit observers (as needed) - $1,300 per person</td>
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<td>Possible site visit observers (as needed) - $1,300 per person</td>
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<td></td>
<td>Teleconference meetings = approx. $100</td>
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<td>Dent Anes</td>
<td>19 active</td>
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<td></td>
<td>In-person meeting= approx. $6,500 (about $1,300 per person)</td>
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<td>Oral Med</td>
<td>13 active</td>
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<td>In-person meeting= approx. $6,500 (about $1,300 per person)</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
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<tr>
<td></td>
<td>There may be a slight cost savings if existing Commissioner travels only once for in-person meetings</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Establish a new joint RC for Dental Anesthesiology, Oral Medicine and Orofacial Pain with AGDOO Commissioner or another CODA Commissioner as Chair:</th>
<th>Training</th>
<th>Dent Anes</th>
<th>Dent Anes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nine (9) Member RC:</td>
<td></td>
<td>Currently</td>
<td>19 active</td>
</tr>
<tr>
<td></td>
<td>• 1 AGDOO or another Commissioner</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 dental anesthesiology organization representative</td>
<td></td>
<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>• 1 dental anesthesiology board representative</td>
<td></td>
<td>Currently</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 oral med organization representative</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td></td>
<td>• 1 oral med board representative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1 orofacial pain organization representative</td>
<td></td>
<td>Dent Anes</td>
<td>19 active</td>
</tr>
<tr>
<td></td>
<td>• 1 orofacial pain board representative</td>
<td></td>
<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>• 1 general dentist</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td></td>
<td>• 1 public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Possible site visit observers (as needed) - $1,300 per person</td>
<td></td>
<td>Dent Anes</td>
<td>19 active</td>
</tr>
<tr>
<td></td>
<td>Teleconference meetings = approx. $100</td>
<td></td>
<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>In-person meeting= approx. $11,700 (about $1,300 per person)</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td></td>
<td>In-person meeting= approx. $11,700 (about $1,300 per person)</td>
<td></td>
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<tr>
<td></td>
<td>There may be a slight cost savings if existing Commissioner travels only once for in-person meetings</td>
<td></td>
<td>Dent Anes</td>
<td>19 active</td>
</tr>
<tr>
<td></td>
<td>There may be a slight cost savings if existing Commissioner travels only once for in-person meetings</td>
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<td>Oral Med</td>
<td>13 active</td>
</tr>
<tr>
<td></td>
<td>There may be a slight cost savings if existing Commissioner travels only once for in-person meetings</td>
<td></td>
<td>Orofacial Pain</td>
<td>12 active</td>
</tr>
<tr>
<td>D</td>
<td>Establish a new RC for Dental Anesthesiology, Oral Medicine and Orofacial Pain with joint appointment of a single new Commissioner as Chair:</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nine (9) Member RC:</td>
<td>during Review Committee Week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 joint appointment - Dent Anes/Oral Medicine/Orofacial Pain Commissioner</td>
<td>Dent Anes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 dental anesthesiology organization representative</td>
<td>Currently 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 dental anesthesiology board representative</td>
<td>Oral Med</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 oral med organization representative</td>
<td>Currently 6</td>
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<tr>
<td>• 1 oral med board representative</td>
<td>Orofacial Pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 orofacial pain organization representative</td>
<td>Currently 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1 orofacial pain board representative</td>
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<td>• 1 general dentist</td>
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Training
Possible site visit observers (as needed) - $1,300 per person
Teleconference meetings = approx. $100
In-person meeting= approx. $11,700 (about $1,300 per person)
Commission Composition

Commission on Dental Accreditation:

- 30 Commissioners
  - 4 ADA
  - 4 ADEA
  - 4 AADB
  - 4 public members
  - 1 each AAOMP, AAOMR, AAPD, AAP, AAE, AAOMS, AAO, AAPHD, and ACP
  - 1 joint ADEA, SCDA, ASDA, AAOM, and AAOP
  - 1 dental hygiene
  - 1 dental assisting
  - 1 dental laboratory technology
  - 1 dental student (ADEA/ASDA)

Note – 4 in blue are noted in ADA Governance Manual

Review Committees:

- Predoctoral Dental Education Review Committee (includes Dental Therapy) (9 members)
- DPH, OMP, and OMR Review Committees (5 members each)
- ENDO, OMS (residency and fellowship), ORTHO (residency and fellowship), PERIO, PED and PROS Review Committees (6 members each)
- AEGD, GPR, Dental Anesth, Oral Med, Orofacial Pain Review Committee (12 members)
- Dental Assisting Education Review Committee (10 members)
- Dental Hygiene Review Committee (11 members)
- Dental Laboratory Technology Review Committee (5 members)

Appeal Board:

- Separate membership from the Commission
  - ADA, ADEA, AADB, Public (permanent members = 4)
  - 5th member - In addition, a representative from either an allied or advanced dental education discipline would be included on the Appeal Board depending upon the type and character of the appeal. Such special members shall be selected by the appropriate allied or advanced dental education organization. Since there is no national organization for general practice residencies and advanced education programs in general dentistry, representatives of these areas shall be selected by the American Dental Education Association and the Special Care Dentistry Association.
Site Visitors

- Conduct on-site reviews of programs
- Site visitors are specific to each discipline within CODA
- Site visitors apply annually and are reviewed by Review Committees and appointed by CODA

Review Committees

- 14 review committees (RC)
- Each RC Chair serves on the Commission
- Members are nominated, with appointment by CODA
- Some RCs oversee one discipline while others oversee multiple disciplines

Board of Commissioners (Commission)

- Board of Commissioners that serves as the final decision-making body
- Made up of 30 Commissioners who are appointed by organizations
- Standing and Ad Hoc Committees are subsumed within CODA structure

Appeal Board

A separate body, outside of the Commission, that will convene to consider appeals related to adverse accreditation actions taken by the Commission
CURRENT STRUCTURE OF THE COMMISSION ON DENTAL ACCREDITATION
(Commissioner Appointments and Review Committee Structure)

BOARD OF COMMISSIONERS (N=30 Commissioners)

- 4 ADA
- 4 AADB
- 4 ADEA
- 4 PUBLIC
- 1 STUDENT
- 3 ALLIED DENTAL*
- 10 ADVANCED DENTAL**

REVIEW COMMITTEES (RC) (N=14 Review Committees)

- Predoctoral Dental Education RC
  - Predoctoral Dental
  - Dental Therapy
- Dental Assisting RC*
- Dental Hygiene RC*
- Dental Laboratory Technology RC*
- Dental Public Health RC**
- Endodontics RC**
- Oral and Maxillofacial Pathology RC**

- AGDOO RC**
  - Oral and Maxillofacial Radiology RC**
- Oral and Maxillofacial Surgery RC**
- Orthodontics and Dentofacial Orthopedics RC**
- Pediatric Dentistry RC**
- Periodontics RC**
- Prosthodontics RC**

- Advanced Education in General Dentistry
- General Practice Residency
- Dental Anesthesiology
- Oral Medicine
- Orofacial Pain
PROPOSED STRUCTURE OF THE COMMISSION ON DENTAL ACCREDITATION
(Commissioner Appointments and Review Committee Structure)

BOARD OF COMMISSIONERS (N=33 Commissioners)

4 ADA 4 AADB 4 ADEA 4 PUBLIC 1 STUDENT 3 ALLIED DENTAL*
1 POSTDOCTORAL GENERAL DENTISTRY
12 ADVANCED DENTAL**
(3 New Proposed)

REVIEW COMMITTEES (RC) (N=17 Review Committees)

Predoctoral Dental Education RC
  Predoctoral Dental
  Dental Therapy

Dental Assisting RC*

Dental Hygiene RC*

Dental Laboratory Technology RC*

Postdoctoral General Dentistry RC
  Advanced Education in General Dentistry
  General Practice Residency

Advanced Dental Review Committees**

Dental Public Health RC
Endodontics RC
Oral and Maxillofacial Pathology RC
Oral and Maxillofacial Radiology RC
Oral and Maxillofacial Surgery RC
Orthodontics and Dentofacial Orthopedics RC
Pediatric Dentistry RC
Periodontics RC
Prosthodontics RC
Dental Anesthesiology RC (New)
Orofacial Pain RC (New)
Oral Medicine RC (New)
PROPOSED REVISIONS TO THE COMMISSION ON DENTAL ACCREDITATION
POLICIES ON REVIEW COMMITTEE AND COMMISSION
STRUCTURE AND FUNCTION

(Underline indicates addition; Strikethrough indicates deletion)

2. Rules Of The Commission On Dental Accreditation:

   Article II. BOARD OF COMMISSIONERS

Section 2. COMPOSITION: The Board of Commissioners shall consist of:

Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency.

Four (4) members who are active, life or retired members of this Association and also active members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards. None of these members shall be a faculty member of any dental education program.

Four (4) members who are active, life or retired members of this Association and also active members of the American Dental Education Association shall be selected by the American Dental Education Association. None of these members shall be a member of any state board of dental examiners or jurisdictional dental licensing agency.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist selected by the American Dental Hygienists’ Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students, Residents and Fellows of the American Dental Education Association, one (1) dentist who is board certified in the respective discipline-specific area of practice and is selected by each of the following organizations: American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists, American Society of Dentist Anesthesiologists; one (1) dentist who is jointly appointed by the American Dental Education Association; and the Special Care Dentistry Association, the American Society of Dentist Anesthesiologists, the American Academy of Oral Medicine, and the American Academy of Orofacial Pain and four (4) members of the public who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate
representative to serve as a Commissioner. The Director of the Commission shall be an ex-officio member of the Board without the right to vote.

Section 3. TERM OF OFFICE: The term of office of the members of the Board of Commissioners shall be one four (4) year term except that the member jointly selected by the American Dental Education Association and the American Student Dental Association shall serve only one two (2) year term.

Article III. APPEAL BOARD

Section 1. APPEAL BOARD: The appellate body of the Commission shall be the Appeal Board which shall have the authority to hear and decide appeals filed by predoctoral and advanced dental educational and allied dental educational programs from decisions rendered by the Board of Commissioners denying or revoking accreditation. Such appeals shall be heard pursuant to procedures established by these Rules and the Commission’s Evaluation and Operational Policies and Procedures manual.

Section 2. COMPOSITION: The Appeal Board shall consist of four (4) permanent members. The four (4) permanent members of the Appeal Board shall be selected as follows: one (1) selected by the Board of Trustees of the American Dental Association from the active, life or retired membership of the American Dental Association giving special consideration whenever possible to former members of the Council on Dental Education and Licensure, one (1) member selected by the American Association of Dental Boards from the active membership of that body, one (1) member selected by the American Dental Education Association from the active membership of that body and one (1) consumer member who is neither a dentist nor an allied dental personnel nor teaching in a dental or allied dental educational program and who is selected by the Commission, based on established and publicized criteria. In addition, a representative from either an allied or advanced dental education discipline would be included on the Appeal Board depending upon the type and character of the appeal. Such special members shall be selected by the appropriate allied or advanced dental education organization. Since there is no national organization for general practice residencies and advanced education programs in general dentistry, representatives of these areas shall be selected by the American Dental Education Association and the Special Care Dentistry Association. One (1) member of the Appeal Board shall be appointed annually by the Chair of the Commission to serve as the Chair and shall preside at all meetings of the Appeal Board. If the Chair is unable to attend any given meeting of the Appeal Board, the other members of the Appeal Board present and voting shall elect by majority vote an acting Chair for that meeting only. The Director of the Commission shall provide assistance to the Appeal Board.

Section 3. TERM OF OFFICE: The term of office of members on the Appeal Board shall be one four (4) year term.

Article V. OFFICERS

Section 1. OFFICERS: The officers of the Commission shall be a Chair, Vice-chair, a Director and such other officers as the Board of Commissioners may authorize. The Chair and Vice-chair shall be elected by the Board of Commissioners.

Section 2. ELIGIBILITY: The Chair and Vice-chair shall be dentists who are members of the Board of Commissioners. The Chair and Vice-chair shall be active, life or retired members of the American Dental
Section 3. ELECTION AND TERM: The Chair and Vice-chair of the Commission shall be elected annually by the Board of Commissioners. The term of the Chair and Vice-chair shall be one (1) year beginning and ending with adjournment of the closing session of the annual meeting of the House of Delegates of the American Dental Association.

Section 4: DUTIES: The duties of the officers are as follows:

A. CHAIR:  
1. Appoint members and chairs of such committees as are necessary for the orderly conduct of business except as otherwise provided in these Rules.
2. Circulate or cause to be circulated an announcement and an agenda for each regular or special meeting of the Board of Commissioners.
3. Preside during meetings of the Board of Commissioners.
4. Prepare or supervise the preparation of an annual report of the Commission.
5. Prepare or supervise the preparation of an annual budget of the Commission.

B. VICE-CHAIR: The Vice-chair of the Commission shall assist the Chair in the performance of his or her duties. If the Chair is unable to attend any given meeting of the Board of Commissioners, the Vice-chair shall preside at the meeting. If the Vice-chair also is unable to attend the meeting, the other members of the Board of Commissioners present and voting shall elect by majority vote an acting chair for the purpose of presiding at that meeting only.

C. VACANCIES: In the event the vacancy involves the Chair, the Vice-chair shall immediately assume all duties of the Chair. In the event the vacancy involves the Vice-chair, a meeting of the Commission shall be convened to select a new Vice-chair.

Section 5. DIRECTOR:

A. Appointment: The Director of the Commission shall be an employee of the American Dental Association selected by the Executive Director of that Association.

B. Duties: The Director of the Commission shall:

1. Prepare an agenda and keep minutes of meetings of the Board of Commissioners.
2. See that all notices are duly given in accordance with the provisions of these Rules or as required by law.
3. Be the custodian of records of the Commission.
4. Manage the office and staff of the Commission.
5. In general shall perform all duties incident to the office of Director.
Article VI. REMOVAL FOR CAUSE

Pursuant to the Rules of the Commission on Dental Accreditation, the following are causes for removal of a member from the Board of Commissioners, Committees, or Appeal Board:

- continued, gross or willful neglect of the duties of the office;
- failure to comply with the Commission’s policies on conflict of interest;
- failure or refusal to disclose necessary information on matters of Commission business;
- failure to keep confidential any exclusive information protected by secrecy that becomes known to the member by reason of the performance of his or her duties on the Commission’s behalf;
- failure to comply with the Association’s professional conduct policy and prohibition against harassment;
- unauthorized expenditures or misuse of Commission funds;
- unwarranted attacks on the Commission, any of its committees or any person serving the Commission in an elected, appointed or employed capacity;
- unwarranted refusal to cooperate with any Commission officer, Commission, Review Committee or Appeal Board member or staff;
- misrepresentation of the Commission and any person serving the Commission in an elected, appointed or employed capacity to outside persons;
- being found to have engaged in conduct subject to discipline pursuant to Chapter XI of the Governance and Organizational Manual of the American Dental Association; and
- conviction of a felony.

II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.
   i. The Commission will appoint all Review Committee members.
      a. Review Committee positions not designated as discipline-specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
      b. Discipline-specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, discipline-specific sponsoring organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.


ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).

iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.

iv. One public member will be appointed to each committee.

v. The size of each Review Committee will be determined by the committee’s workload.

vi. As a committee’s workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.

vii. Conflict of interest policies and procedures are applicable to all Review Committee members.

viii. Review Committee members who have not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.

ix. In the event that fewer than 50% of discipline-specific experts are present for any one discipline, the decision by a quorum of the Review Committee shall be acceptable. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.

x. Consent agendas may be used by Review Committees, when appropriate, and may be approved by a quorum of the Review Committee present at the meeting.

Revised: 8/20; 1/20; 8/18; 8/17; 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06

2. Composition

Predoctoral Education Review Committee (9 members)

1 discipline-specific Commissioner appointed by American Dental Education Association

1 public member

3 dental educators who are involved with a predoctoral dental education program (two must be general dentists)

1 general dentist

1 non-general* dentist

1 dental assistant, dental hygienist, dental therapist or dental laboratory technology professional educator

1 dental therapist educator

*a dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.
Six (6) Three (3) Advanced Dental Education Review Committees (DENTANESTH*, DPH, OFP*, OMP, OMR, OM*, - 5 members each. At least one member must be a dental educator.)

1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 general dentist

* Effective January 1, 2021

Six (6) Advanced Dental Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS - 6 members each. At least one member must be a dental educator.)

1 discipline-specific Commissioner appointed by the discipline-specific sponsoring organization
1 public member
1 dentist nominated by the discipline-specific sponsoring organization
1 dentist nominated by the discipline-specific certifying board
1 dentist nominated by the discipline-specific certifying board and discipline-specific sponsoring organization
1 general dentist

Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain Postdoctoral General Dentistry Review Committee (42-9 members)

1 discipline-specific Commissioner, jointly appointed by American Dental Education Association (ADEA), and the Special Care Dentistry Association (SCDA), the American Society of Dentist Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM), and the American Academy of Orofacial Pain (AAOP)
1 public member
2 current General Practice Residency (GPR) educators nominated by the SCDA
2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA
1 oral medicine educator nominated by the American Academy of Oral Medicine
1 dental anesthesiology educator nominated by the American Society of Dentist Anesthesiologists
1 orofacial pain educator nominated by the American Academy of Orofacial Pain
1 general dentist graduate of a GPR or AEGD
1 non-general* dentist
1 higher education or hospital administrator with past or present experience in administration in a teaching institution
*a dentist who has completed an advanced dental education program in dental anesthesiology, dental public health, endodontics, oral and maxillofacial radiology, oral and maxillofacial pathology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, or prosthodontics.

Dental Assisting Education Review Committee (10 members)

1 discipline-specific Commissioner appointed by American Dental Assistants Association
1 public member
2 general dentists (practitioner or educator)
5 dental assisting educators
1 dental assisting practitioner who is a graduate of a Commission accredited program

Dental Hygiene Education Review Committee (11 members)
1 discipline-specific Commissioner appointed by American Dental Hygienists’ Association
1 public member
4 dental hygienist educators
2 dental hygienist practitioners
1 dentist practitioner
1 dentist educator
1 higher education administrator

Dental Laboratory Technology Education Review Committee (5 members)
1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
1 public member
1 general dentist
1 dental laboratory technology educator
1 dental laboratory owner nominated by National Association of Dental Laboratories

Revised: 2/21, 8/18; 2/16; 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/17; 8/10; Adopted: 1/06

3. Nomination Criteria: The following criteria are requirements for nominating members to serve on the Review Committees. Rules related to the appointment term on Review Committees apply.

All Nominees:
• Ability to commit to one (1) four (4) year term;
• Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
• Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
• Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
• Ability to conduct business through electronic means (email, Commission Web Sites); and
• Active, life or retired member of the American Dental Association, where applicable.

Educator Nominees:
• Commitment to predoctoral, advanced, and/or allied dental education;
• Active involvement in an accredited predoctoral, advanced, or allied dental education program as a full- or part-time faculty member;
• Subject matter experts with formal education and credentialed in the applicable discipline; and
• Prior or current experience as a Commission site visitor.
Practitioner Nominees:
- Commitment to predoctoral, advanced, and/or allied dental education;
- Majority of current work effort as a practitioner; and
- Formal education and credential in the applicable discipline.

Public/Consumer Nominees:
- A commitment to bring the public/consumer perspective to Review Committee deliberations. The nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:
  a. Dentist or member of an allied dental discipline;
  b. Member of a predoctoral, advanced, or allied dental education program faculty;
  c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a predoctoral, advanced, or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
  d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental education or dentistry; and
  e. Spouse, parent, child or sibling of an individual identified above (a through d).

Higher Education Administrator:
- A commitment to bring the higher education administrator perspective to the Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Hospital Administrator:
- A commitment to bring the hospital administrator perspective to Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Revised: 8/18; 8/17; 8/14; 8/10; Adopted: 07/08

5. Chairs Of Review Committees: Review Committees are chaired by the Commissioner for the respective discipline(s). The Chair of the Predoctoral Review Committee is selected by the Chair of the Commission from among the four (4) Commissioners appointed by ADEA.

Revised: 8/17; Reaffirmed: 8/10
B. COMMISSION AND COMMISSION MEETINGS

The Commission and its Review Committees meet twice each year to consider site visit reports and institutional responses, progress reports, information from annual surveys, applications for initial accreditation, and policies related to accreditation. These meetings are held in the winter and the summer.

Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting. Commission staff can provide information about the specific dates for consideration of a particular report.

The Commission has established policy and procedures for due process which are detailed in the Due Process section of this manual.

Revised: 8/17; 8/14; 7/06, 7/96; Reaffirmed: 8/10; Adopted: 7/96

1. Composition and Criteria

Composition
The Board of Commissioners shall consist of:

Four (4) members shall be selected from nominations open to all trustee districts from the active, life or retired members of this association, no one of whom shall be a faculty member working more than one day per week of a school of dentistry or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and elected by the American Dental Association House of Delegates.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Association of Dental Boards from the active membership of that body, no one of whom shall be a member of a faculty of a school of dentistry.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Dental Education Association from its active membership. These members shall hold positions of professorial rank in dental schools accredited by the Commission on Dental Accreditation and shall not be members of any state board of dental examiners.

Four (4) members who shall be appointed by the Board of Trustees from the names of active, life or retired members of this Association. None of the appointees shall be a faculty member of any dental education program working more than one day per week or a member of a state board of dental examiners or jurisdictional dental licensing agency.

Four (4) members who are active, life or retired members of this Association and also active members of the American Association of Dental Boards shall be selected by the American Association of Dental Boards. None of these members shall be a faculty member of any dental education program.

Four (4) members who are active, life or retired members of this Association and also active members of the American Dental Education Association shall be selected by the American Dental Education
None of these members shall be a member of any state board of dental examiners or jurisdictional dental licensing agency.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (1) licensed dental hygienist selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student selected jointly by the American Student Dental Association and the Council of Students, Residents and Fellows of the American Dental Education Association, one (1) dentist who is board certified in the respective discipline-specific area of practice and is selected by each of the following organizations: American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Oral Medicine, American Academy of Orofacial Pain, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, American Association of Public Health Dentistry, American College of Prosthodontists, American Society of Dentist Anesthesiologists; one (1) dentist who is jointly appointed by the American Dental Education Association, and the Special Care Dentistry Association, the American Society of Dentist Anesthesiologists, the American Academy of Oral Medicine, and the American Academy of Orofacial Pain and four (4) consumers who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner. A member of the Standing Committee on the New Dentist (when assigned by the ADA Board of Trustees) and the Director of the Commission shall be ex-officio members of the Board without the right to vote.

Criteria (All Appointees)

- Ability to commit to one (1) four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to activities, including training, comprehensive review of print and electronically delivered materials, and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.

Revised: 2/21, 8/18; 8/17; Adopted: 8/14

2. Policy On Absence From Commission Meetings: When a Commissioner notifies the Director that he/she will be unable to attend a meeting of the Commission, the Director will notify the Chair. The Chair determines if another individual should be invited to attend the meeting in the Commissioner’s absence. A substitute will be invited if the Commissioner’s discipline would not otherwise be represented. This individual must be familiar with the Commission’s policies and procedures; and
therefore, must be a current or former member of the appropriate Review Committee and must represent the same discipline or appointing organization as the absent Commissioner. In the event that these criteria cannot be met, the Commission Chair may elect not to invite another individual to the meeting. The substitute would have the privileges of speaking, introducing business, making motions, and voting.

Revised: 8/17; 8/10, 7/97; Reaffirmed: 7/07, 7/01; CODA: 12/86:14

C. POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS

The Commission believes it is imperative that content area experts are represented on site visit committees, Review Committees and on the Commission to accomplish its mission. However, the Commission does not establish Review Committees or add Commissioner positions based upon the number of programs accredited or number of students/residents enrolled within a given discipline.

The Board of Commissioners is composed of representatives and subject area experts from the dental education, dental licensure and private practice communities, advanced dental education, allied dental education, and the public at large. The Commission’s Review Committees mirror this structure with committees devoted to dental, dental assisting, dental hygiene, dental laboratory technology, dental anesthesia, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, oral medicine, orofacial pain, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, and prosthodontics. The Review Committee on Postdoctoral General Dentistry, Advanced Education in General Dentistry, General Practice Residency, Dental Anesthesiology, Oral Medicine and Orofacial Pain reviews programs in advanced education in general dentistry, and general practice residency, dental anesthesia, oral medicine, and orofacial pain; content experts from each of these areas are represented on the Committee. The Predoctoral Dental Education Review Committee reviews programs in predoctoral dental education and dental therapy education; content experts from each of these areas are represented on the Committee. The Review Committees function to ensure the quality of predoctoral, advanced, and allied dental education programs accredited by the Commission is maintained; they are advisory to the Commission on matters of accreditation policy and program review.

As predoctoral, advanced, and allied dental education and practice continues to evolve, the Board of Commissioners may consider a change in its composition, consistent with its Rules. The Board may also modify the number or composition of its Review Committees. Such changes may be necessary to reflect changes in the makeup of the dental profession workforce and to provide standards and quality accreditation services to the educational programs in these areas.

For example, changes to the Board of Commissioners or Review Committees may be considered by the Board of Commissioners under the following circumstances:

• When a new dental workforce or discipline is recognized by a nationally accepted agency.
• When development of accreditation standards or accreditation services for a new or existing dental workforce or discipline cannot be supported by the existing structure(s).
• When the Board of Commissioners identifies the need to modify its composition or that of a
Review Committee(s).

Procedure for Requesting a New Review Committee and/or Commissioner Position:
- A request is submitted to the Commission for either a new Review Committee and/or Commissioner position.
- The Chair of the Commission may refer the request to the appropriate standing committee and/or review committee(s) for evaluation or may present the request to the Commission at its next regularly scheduled meeting.
- If referred to a committee, the committee considers the request and provides a recommendation to the Commission.
- The Commission considers the report and recommendation of standing/review committee(s) or considers the request directly as presented by the chair and makes a final determination.
- If the Commission approves the request and directs a new Review Committee, a period of implementation and training will also be provided. If a modification to the existing composition of the Board of Commissioners is approved, the Commission’s Rules will be modified.

Revised: 2/21; 8/18; 8/17; 2/16; Adopted 8/14

D. POLICY ON REMOVAL OF COMMISSION, REVIEW COMMITTEE, AND APPEAL BOARD MEMBERS

Pursuant to the Rules of the Commission on Dental Accreditation, the Commission may remove from office a member of the Commission, Review Committee, or Appeal Board for cause. The causes for removal from office are documented within the Commission’s Rules. Before a member is removed for cause, the following procedures shall be followed by the Board of Commissioners:

The Chair of the Board of Commissioners shall notify the accused member in writing of the allegations concerning the member’s performance. The written notice shall include a description of the conduct purported to constitute each charge. The accused shall be invited to respond in writing. If the accused member wishes, he or she may resign the position voluntarily or may request the opportunity to appear before the Board to respond to the allegations received. If an appearance is requested, the Board shall schedule it during the next meeting of the Board.

If the Commission, Review Committee, or Appeal Board on which the accused holds an office is scheduled to meet before the date of the appearance, the Board of Commissioners at its discretion may excuse the accused member from attending that meeting only after the Board of Commissioners offers the accused an opportunity to be heard or where it determines that compelling reasons exist for excusal. It shall specify the reasons for excusal in writing.

Formal rules of evidence shall not apply to the appearance to discuss the allegations made, but if requested, the Board of Commissioners shall permit the accused member to be assisted by legal counsel. Following the appearance, the Board shall decide by majority vote whether or not to remove the accused member. Every decision, which results in removal of a Commission, Review Committee, or Appeal Board member for cause, shall be reduced to writing and shall specify the
findings of fact which support the decision to remove the accused members. If the Board of Commissioners decides to remove the accused, that action shall create a vacancy on that Commission, Review Committee, or Appeal Board which shall be filled in accordance the appropriate provisions in these Rules. All records of the proceedings and the cause for removal shall be confidential information.

The Commission on Dental Accreditation shall provide notice to the ADA Board of Trustees once the Commission acts to remove a member for cause.

Adopted: 8/18; Revised 10/18