REPORT OF THE REVIEW COMMITTEE ON PREDOCTORAL DENTAL EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair:  Dr. Bruce Rotter. Committee Members:  Dr. William Akey, Dr. Abby Brodie, Dr. Carla Evans, Dr. Susan Long, Dr. Thomas McConnell, Dr. Marsha Pyle, Dr. Charlotte Royeen and Dr. Karl Self. Commissioner Trainees: Dr. Scott DeVito, Dr. Jan Lancaster, Dr. Timmothy Schwartz, Ms. Ambika Srivastava, and Dr. Marshall Titus observed the meeting as a Commissioner trainee.  Guests (Open Session Only):  Ms. Ann Lynch, director, Advocacy and Education, American Dental Hygienists’ Association and Dr. Anthony Palatta, chief learning officer, American Dental Education Association attended the policy portion of the meeting. Staff Members: Dr. Sherin Tooks, director, and Ms. Danielle Patrick-Wade, senior project assistant, Commission on Dental Accreditation (CODA).  Ms. Peggy Soeldner, manager, CODA and Ms. Cathryn Albrecht, senior associate general counsel, CODA attended a portion of the meeting. The meeting of the Review Committee on Predoctoral Dental Education (PREDOC RC) was held on July 8-9, 2019 at the ADA Headquarters, Chicago, Illinois.

CONSIDERATION OF MATTERS RELATED TO PREDOCTORAL DENTAL AND DENTAL THERAPY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Dental Education Programs (p. 100): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on the frequency of citings for dental education programs, and noted the standards with the highest number of citings overall are: Standard 2 on Educational Program (63 citings) and Standard 5 on Patient Care Services (32 citings). The highest number of citings for a single area of compliance (with 9 citings) was Standard 2-24.h, regarding competency in the replacement of teeth including fixed, removable and dental implant prosthodontic therapies. Overall, Standard 2-24.a-o totaled 28 citings and is the most frequently cited Standard within dental education. The second most frequently cited Standard (with 25 citings total) was Standard 5-3.a-e, which requires programs to conduct a formal system of continuous quality improvement for patient care. The PREDOC RC noted that these standards may warrant further review at the time of the next validity and reliability study of the Accreditation Standards.

Recommendation:  This report is informational in nature and no action is required.

Informational Report on Frequency of Citings of Accreditation Standards for Dental Therapy Education Programs (p. 101): The Review Committee on Predoctoral Dental Education (PREDOC RC) reviewed the annual report on frequency of citings for dental therapy education programs, noting there have been no site visits for dental therapy education programs since implementation of the Accreditation Standards in August 2015.

Recommendation:  This report is informational in nature and no action is required.
Consideration of Proposed Revision to Standard 2-24d of the Accreditation Standards for Dental Education Programs (p. 102): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to Dental Education Standard 2-24d related to “caries management” (Appendix 1, Policy Report p. 102) and the comments received during the period of public comment (Appendix 2 and 3, Policy Report p. 102). The Review Committee noted that comments ranged from full support of the revision to a lack of support, and included recommendations that the requirement of caries management be applied to the current 2-24f rather than the proposed 2-24d, or inserted as its own sub-standard within 2-24. Following discussion, the PREDOC RC reiterated its support for inclusion of the revised wording in its current location, Standard 2-24d, as this location reinforces the concept of “caries management” as a component of health promotion and disease prevention activities within the scope of dental care. The PREDOC RC believed that the proposed revision to Standard 2-24d (Appendix 1) should be adopted by the Commission with implementation July 1, 2020.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to Standard 2-24d of the Accreditation Standards for Dental Education Programs, found in Appendix 1, with an implementation date of July 1, 2020.

Consideration of Proposed Revision to Standard 2-25 of the Accreditation Standards for Dental Education Programs (p. 103): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to Dental Education Standard 2-25 related to patients with special needs (Appendix 1, Policy Report p. 103) and the comments received during the one (1) year period of public comment (Appendix 2 and 3, Policy Report p. 103). The Review Committee affirmed its support for assessing and managing the treatment of patients with special needs, noting that “managing” treatment is the most appropriate approach since some treatment may be beyond the capabilities of students in predoctoral dental education programs. The PREDOC RC also believed that dental education programs should define patients with special needs within the context of the clinical setting. Upon further consideration, the intent statement regarding assessment with emphasis on non-dental considerations and use of respectful nomenclature and supported decision making was stricken as it was redundant to another area of the intent statement. Language related to respectful nomenclature was included with the concept of proper communication techniques to further clarify the intent. The PREDOC RC believed that the proposed revision to Standard 2-25, with additional modification of the intent statement found in Appendix 2, should be adopted by the Commission with implementation July 1, 2020.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to Standard 2-25 of the Accreditation Standards for Dental Education Programs, found in Appendix 2, with an implementation date of July 1, 2020.

Consideration of Proposed Revision to Standard 2-3 of the Accreditation Standards for Dental Education Programs (p. 104): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to the intent statement of Dental Education Standard 2-3 related to use of educational activity sites (Appendix 1, Policy Report p. 104) and
the comments received during the six (6) month period of public comment including a comment received after the deadline (Appendix 2, 3 and 4, Policy Report p. 104).

The Review Committee engaged in lengthy discussion related to the potential use of international educational activity sites. The PREDOC RC believed there is value to international experiences for dental education students; however, there remains a concern related but not limited to calibration of faculty, assurance of the quality of the site rotation, time away from a program, legal and regulatory requirements, oversight of the educational experience, and complexity of how a dental education program may use an international site (e.g., observation, clinical care, for/not for program credit, etc.).

The PREDOC RC also discussed the expectation that students leave dental school adequately and appropriately trained to practice general dentistry; therefore, international or other extracurricular rotations should not interfere with the educational program. Additionally, while the PREDOC RC acknowledges the access to care issues within the United States and internationally, student educational rotations should not be solely used to address access to care issues since, first and foremost, dental education should be focused on ensuring student competence and readiness for dental practice. When discussing program length and competency based education, the PREDOC RC noted that while the standards are competency based, dental education programs and institutions are under a credit/clock hour system (i.e., semesters, quarters, an academic year), which may be dictated by federal regulations for awarding degrees or financial aid. Institutional and federal regulations, including those related to financial aid, may dictate the expectation of program length and student attendance requirements. As such, a student’s absence for a protracted period of time for experiences outside of the program, beyond institutionally permissible absences, could have broad-reaching implications.

For these reasons, the PREDOC RC affirms its belief that international sites should not be used to provide education related to program goals, objectives or educational requirements. The Committee continues to believe that use of international sites for supplemental (non-educational) experiences, such as mission trips, to enrich a student’s experience, is permissible as long as the international enrichment does not interfere with the educational program (program content or length). The PREDOC RC encourages international experiences that do not impact the educational program. Therefore, the PREDOC RC affirmed: 1) the expectation that a dental education program be at least four academic years of instruction or its equivalent, 2) that international enrichment experiences not interfere with curricular content and length, and 3) that co-curricular (extracurricular) international enrichment experiences be provided in accordance with institutional and programmatic policies on attendance and applied equitably to all students within the established policies for eligibility to participate.

Recognizing that the use of educational site rotations is expanding within dental education, and understanding the globalization of education opportunities, the PREDOC RC believed that the Commission should further study the topic of the use of educational activity sites (both within the United States and internationally) among all programs under the Commission’s purview, to determine whether or not there should be changes to the Commission’s policies for use of sites
and monitoring of sites. The PREDOC RC believed that the Commission should consider topics such as: 1) whether to allow international sites; 2) the type and complexity of sites used by programs (e.g., mission trips, formal educational exchange, etc.), including purpose, length, oversight, educational impact, and other factors; 3) how much time away from a program (for a site or for the program in total) is permissible for educational sites used; 4) federal, state, institutional accreditation and CODA accreditation implications for use of educational sites; and 5) potential need for policies and/or procedures that clearly inform the programs under the Commission’s purview of the allowable use of educational activity sites.

At the conclusion of its discussion, the PREDOC RC recommended that the Commission formally study the use of educational activity sites (domestic and international) for all programs under its purview, including but not limited to a study of the aspects (#1-5) noted above. The PREDOC RC further recommended that the Commission table its consideration of the proposed intent statement for Predoctoral Dental Education Standard 2-3 until conclusion of the study related to the use of educational activity sites, and reaffirm that international sites are not permitted at this time to provide education related to program goals, objectives or educational requirements, and their use must not impact program length.

**Recommendation:** It is recommended that the Commission on Dental Accreditation formally study the use of educational activity sites (domestic and international) for all programs under its purview.

It is further recommended that the Commission on Dental Accreditation table its consideration of the proposed intent statement for Predoctoral Dental Education Standard 2-3 until conclusion of the study related to the use of educational activity sites.

It is further recommended that the Commission on Dental Accreditation reaffirm that international sites are not permitted at this time to provide education related to program goals, objectives or educational requirements, and may not impact program length.

**Consideration of Proposed Revision to Accreditation Standards Definition of Terms Related to Special Needs (p. 105):** On May 28, 2019, the Commission on Dental Accreditation (CODA) received a request from the Special Care Dentistry Association (SCDA) to consider the standardization of a definition for “Special Needs” across the various Accreditation Standards under the Commission’s purview instead of using different iterations of the definition of special needs. The Special Care Dentistry Association believes that the definition of special needs in many of the educational program Accreditation Standards is missing vulnerable older adults. The SCDA has proposed a definition for “Special Needs” that is derived from the Dental Education Standards (Appendix 1, Policy Report p. 105).

The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the proposed revision to the Accreditation Standards Definition of Terms submitted by the Special Care Dentistry Association. The PREDOC RC noted that both the predoctoral dental education standards and dental therapy education standards include a definition for “Patients with special
needs” that is very similar to the proposed language submitted by the SCDA. As such, the PREDOC RC did not believe that a revision to the predoctoral dental and dental therapy standards is warranted at this time.

Recommendation: It is recommended that the Commission on Dental Accreditation direct that the Accreditation Standards for Dental Education Programs be retained as written.

It is further recommended that the Commission on Dental Accreditation direct that the Accreditation Standards for Dental Therapy Education Programs be retained as written.

Consideration of Proposed Revision to the Accreditation Standards for Dental Education Programs Related to Temporomandibular Disorders (p. 106): On May 31, 2019, the Commission on Dental Accreditation (CODA) received a request on behalf of the American Academy of Orofacial Pain (AAOP) proposing a revision to the CODA Accreditation Standards for Dental Education Programs to include a minimal clinical competency requirement for the management of temporomandibular disorders (TMD). The American Academy of Orofacial Pain’s request is found in Appendix 1, Policy Report p. 106. The American Academy of Orofacial Pain believed that all dentists should be familiar with prevention, diagnosis, and initial management of TMD; therefore, inclusion of a clinical competency should be required for all dental students. The Review Committee on Predoctoral Dental Education (PREDOC RC) noted that the AAOP advocated for the addition of a phrase to Standard 2-24 to require: “screening, risk assessment, prevention, and early intervention of temporomandibular disorders.”

The PREDOC RC believed that inclusion of temporomandibular disorders may be appropriate within Standard 2-24k, to require that graduates be competent, as defined by the school and within the scope of general dentistry, to provide oral healthcare for “oral mucosal and osseous disorders” with the inclusion of “temporomandibular” disorders. As noted by the PREDOC RC, programs could define the competency in this area as appropriate based on the school’s resources and patient population. Following consideration, the PREDOC RC recommended that the proposed revision to Predoctoral Dental Education Standard 2-24k be circulated to the communities of interest for a period of one (1) year, including hearings during the September 2019 American Dental Association (ADA) and March 2020 American Dental Education Association (ADEA) annual meetings, with further consideration at the Commission’s Summer 2020 meeting.

Recommendation: It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revision to Standard 2-24k of the Accreditation Standards for Dental Education Programs (Appendix 3) to the communities of interest for a period of one (1) year, with hearings at the September 2019 American Dental Association (ADA) and March 2020 American Dental Education Association (ADEA) annual meetings, with comments reviewed at the Commission’s Summer 2020 meeting.
Consideration of Proposed Revision to Standard 2-24n of the Accreditation Standards for Dental Education Programs (p. 107): On June 10, 2019, the Commission on Dental Accreditation received a request from Dr. Carla Evans, a current member of the Predoctoral Dental Education Review Committee, proposing that the Commission review Standard 2-24n of the Accreditation Standards for Dental Education Programs related to “malocclusion and space management.” Dr. Evans’ request is found in Appendix 1, Policy Report p. 107.

While data and a narrative describing Dr. Evans’ concern with Standard 2-24n was provided, the PREDOC RC noted that there was no proposed revision submitted with the documentation. As such, the PREDOC RC recommended that there be no change to the Accreditation Standards at this time.

Recommendation: It is recommended that the Commission on Dental Accreditation retain Standard 2-24n of the Accreditation Standards for Dental Education Programs, as written.

Report of the Joint Advisory Committee on Dental Education Information (p. 108): The Review Committee on Predoctoral Dental Education (PREDOC RC) considered the report on the Joint Advisory Committee on Dental Education Information.

Recommendation: This report is informational in nature and no action is required.

NEW BUSINESS

Discussion Regarding Commission Site Visitors: Dental Therapy Educator Role on Site Visits: The Review Committee on Predoctoral Dental Education (PREDOC RC) learned that a two (2) year grace period related to dental therapy site visit team composition was due to expire in August 2019. The Committee recalled that in August 2017, the Commission noted that there was a lack of a sufficient number of dental therapy educators to participate as part of the site visit team to a dental therapy education program.

The PREDOC RC noted that the Commission requires that a dental therapy site visit team consist of three (3) members as follows: one (1) dental therapist educator, one (1) predoctoral dentist educator (curriculum or clinical site visitor), and one (1) additional site visitor that could be either a second dental therapist educator, second predoctoral dentist educator, or an allied dentist educator. In August 2017, the Commission directed a temporary exception to the dental therapy site visit team composition, if needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three-person site visit team may be composed of predoctoral educators and allied dentists, three (3) people total in any combination, for a grace period of two (2) years through August 2019.

The PREDOC RC noted that no (0) dental therapy programs are accredited by the Commission at this time. Further, there are a limited number of dental therapy educators currently appointed as active site visitors within the Commission. Therefore, the PREDOC RC believed that the
exception enacted in August 2017 and due to expire in August 2019 should be extended for an additional two (2) years until August 2021.

**Recommendation:** It is recommended that the Commission on Dental Accreditation direct a temporary exception to the dental therapy site visit team composition, if needed due to lack of dental therapy educator availability, such that if a dental therapy educator cannot be identified in accordance with Commission policy then the three-person site visit team may be composed of predoctoral educators and allied dentists (three people total in any combination) for a grace period of two (2) years through August 2021.

**Consideration of Proposed Revision to the Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program:** The Review Committee on Predoctoral Dental Education (PREDOC RC) discussed increases in enrollment within dental education programs, noting that the current predoctoral guidelines for requesting an enrollment increase could be enhanced. It was identified that a program may increase enrollment of 5% or less, annually, without the requirement of reporting the change to the Commission for official review and approval. The Review Committee was concerned that if a program incrementally increased enrollment at a level below the Commission’s review benchmark, the program may, over time, significantly increase enrollment without appropriate oversight of the sufficiency of resources to support the enrollment increase, including but not limited to faculty, facilities, and patient availability.

The PREDOC RC believed that a predoctoral dental education program should be able to enroll additional students to fill vacancies resulting from attrition. However, it was believed that all increases in enrollment must be reported to and reviewed by the Review Committee Chair prior to implementation. Additionally, it was believed that the Guidelines should be enhanced to request additional information on patient availability. Upon submission of the enrollment increase report, a substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair will require prior approval by the Commission. Accordingly, the PREDOC RC believed that revision of the Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program (Appendix 4) was warranted, with immediate implementation. The PREDOC RC believed that this change aligns with the Commission Policy on Reporting Program Changes in Accredited Programs and does not require circulation to the communities of interest.

**Recommendation:** It is recommended that the Commission on Dental Accreditation adopt the proposed revisions to the Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program (Appendix 4), with immediate implementation.

It is further recommended that the Commission on Dental Accreditation direct revision of the Commission’s Evaluation and Operational Policies and Procedures manual, as needed, to reflect the revised predoctoral dental education enrollment guideline revisions.
Consideration of the Policy on Reporting and Approval of Sites Where Educational Activity Occurs: The Review Committee on Predoctoral Dental Education (PREDOC RC) discussed the increased utilization of educational activity sites within predoctoral dental education programs, noting that the current Policy on Reporting and Approval of Sites Where Educational Activity Occurs states: “Off-Campus training sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight do not need prior approval before utilization but must be reported to the Commission in accordance with the Policy on Reporting Program Changes in Accredited Programs.” The PREDOC RC noted the Reporting Program Changes in Accredited Programs policy, states that “moving a program from one geographic site to another, including but not limited to geographic moves within the same institution” is a reportable program change that requires prior review and approval by the Commission. The Review Committee noted a potential discrepancy in the level of oversight of educational activity sites by the Commission when comparing these two regulations.

The PREDOC RC believed that establishing educational activity sites, including those that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight, may require the same level of oversight by the Commission as a geographic move, since a predoctoral dental education program could use educational activity sites for a significant amount of a student’s educational experience. Following discussion, the PREDOC RC believed that the Commission should further review the Policy on Reporting and Approval of Sites Where Educational Activity Occurs, particularly related to the process of reporting and approval of sites, including those that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight, to ensure appropriate Commission oversight. The PREDOC RC believed the Commission could consider the applicable policies through a study of the use of educational activity sites (domestic and international) for all programs under the Commission’s purview.

**Recommendation:** It is recommended that the Commission on Dental Accreditation consider the applicable policies related to oversight of educational activity sites that are owned by the sponsoring institution or where the sponsoring organization has legal responsibility and operational oversight through a study of the use of educational activity sites (domestic and international) for all programs under the Commission’s purview.

Discussion Related to the Accreditation Standards for Predoctoral Dental Education Programs: The Review Committee on Predoctoral Dental Education (PREDOC RC) discussed the Accreditation Standards for Dental Education Programs, noting the next validity and reliability of the standards will occur in 2020. The PREDOC RC believed that this validity study will help to identify current trends in predoctoral dental education and will provide an opportunity to engage in a comprehensive review and enhancement of the standards, including enhancement of supportive documents, like the Self-Study, to better compliment the Standards.

**Recommendation:** This report is informational in nature and no action is required.
CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. Bruce Rotter
Chair, Review Committee on Predoctoral Dental Education
Commission on Dental Accreditation

At its Summer 2018 meeting, the Commission directed that the proposed revision to Standard 2-24d of the Accreditation Standards for Dental Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2019, for review at the Summer 2019 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from August 3, 2018 to June 1, 2019.

This document will be considered by the Commission in Summer 2019.

Additions are Underlined

Standard 2-24d of the Accreditation Standards For Dental Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

2-24 At a minimum, graduates must be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:

a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;

b. screening and risk assessment for head and neck cancer;

c. recognizing the complexity of patient treatment and identifying when referral is indicated;

d. health promotion and disease prevention, including caries management;

e. local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;

f. restoration of teeth;

g. communicating and managing dental laboratory procedures in support of patient care;

h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;

i. periodontal therapy;

j. pulpal therapy;

k. oral mucosal and osseous disorders;

l. hard and soft tissue surgery;

m. dental emergencies;

n. malocclusion and space management; and

o. evaluation of the outcomes of treatment, recall strategies, and prognosis

Intent:

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

At its Summer 2018 meeting, the Commission directed that the proposed revision to Standard 2-25 of the Accreditation Standards for Dental Education Programs be distributed to the appropriate communities of interest for review and comment, with comment due June 1, 2019, for review at the Summer 2019 Commission meeting.

This document represents the proposed revisions based upon review of comment received from communities of interest from August 3, 2018 to June 1, 2019.

This document will be considered by the Commission in Summer 2019.

Additions are Underlined
Strikethroughs indicate Deletions

Standard 2-25 of the Accreditation Standards For Dental Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

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

**Intent:**

An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. As defined by the school, these individuals may include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. The assessment should emphasize the importance of non-dental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques including the use of respectful nomenclature, and assessing the treatment needs compatible with the special need, and providing services or referral as appropriate.
Commission on Dental Accreditation

Additions are Underlined

Standard 2-24k of the Accreditation Standards For Dental Education Programs
STANDARD 2-EDUCATIONAL PROGRAM

Clinical Sciences

2-24 At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:

- patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
- screening and risk assessment for head and neck cancer;
- recognizing the complexity of patient treatment and identifying when referral is indicated;
- health promotion and disease prevention;
- local anesthesia, and pain and anxiety control, including consideration of the impact of prescribing practices and substance use disorder;
- restoration of teeth;
- communicating and managing dental laboratory procedures in support of patient care;
- replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
- periodontal therapy;
- pulpal therapy;
- oral mucosal, temporomandibular, and osseous disorders;
- hard and soft tissue surgery;
- dental emergencies;
- malocclusion and space management; and
- evaluation of the outcomes of treatment, recall strategies, and prognosis

**Intent:**

*Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted general practitioner responsibilities and other influencing factors. Programs should define overall competency, in order to measure the graduate’s readiness to enter the practice of general dentistry.*
Proposed Revisions to Predoctoral Dental Education Enrollment Guidelines

Additions are Underlined
Deletions are Stricken

Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program

TIMING OF REQUESTS AND RESPONSE: Approval of an increase in enrollment in predoctoral dental education programs of greater than 5% of the first year enrollment, as it was documented in the last evaluation (i.e. last site visit or prior approval of enrollment increase) by CODA, must take place prior to the implementation of the increase, if the increase would result in an increase in enrollment. The Commission must review the request prior to implementation. It should be noted that the requirement for prior approval for an increase in enrollment is commensurate with the Commission’s Program Change policy under which previous enrollment increases were reported.

Example(s)

1) Base line of 100
   a. 2 repeating students
   b. Max increase 5%
   c. Only eligible for 3 additional students

RATIONALE FOR GUIDELINES: These Guidelines were drafted to focus upon adequacy of programmatic resources in support of additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not exceed the resources of the program.

If the percentage of increase is considered reportable, then the Commission must review the request prior to implementation. It should be noted that the requirement for prior approval for an increase in enrollment is commensurate with the Commission’s Program Change policy under which previous enrollment increases were reported.

Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. The Commission will not consider retroactive requests, nor will it consider inter-cycle requests unless there are documented extenuating circumstances.
Requests should be sent to the Commission on Dental Accreditation (211 E. Chicago Avenue, 19th floor, Chicago, IL 60611-2678) for initial review by the Review Committee Chair and, as needed, by the Predoctoral Dental Education Review Committee and subsequent review and approval by the Commission. The Predoctoral Dental Education Review Committee will review the request at the next regularly scheduled meeting. **Reports submitted by June 1 will be considered at the Summer Commission meeting, and reports submitted by December 1 will be considered at the Winter Commission meeting.**

**POLICY ON MISSED DEADLINES:** So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, or a prescribed deadline, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

Revised: 2/16; Reaffirmed: 8/15; 8/10, 7/07, 7/01, 5/88

**FORMAT:** The report must be clear and concise and must follow the “Required Documentation” and “Mechanics” sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

**REQUIRED DOCUMENTATION (9 areas):** Program directors (deans) must ensure that the proposed enrollment increases does not jeopardize the program’s ability to meet the Accreditation Standards.

In order to build and maintain calibration of evaluating requests for reportable enrollment increases, the following documentation must be submitted with the request for enrollment increase:

1. Date the program plans to increase enrollment.
2. The enrollment at the time of the most recent site visit.
3. The current enrollment in the program. Indicate the current enrollment in each year of the program and the projected enrollment. Indicate whether the proposed increase in enrollment or on a permanent increase.
4. The ratio of attendings/teaching staff to students before and after the proposed increase.
5. A schedule after the proposed increase is in effect (typical month)-and-a schedule to indicate the (pre-) clinic coverage assignments of the faculty.

6. Support staff available to students after the proposed enrollment increase.

7. (Pre-) Clinical facility/resources: operatories, student work/study areas, computer access, etc.

8. A description of the availability of adequate patient experiences to ensure the program’s goals and objectives for training to competencies will be achieved following the increased enrollment. Submit current (past two years) and projected numbers of patients by procedure type, including an accounting for the increased student enrollment. Additionally, provide minimum, mean, and maximum patient experiences by procedure type, for the preceding graduating class.

9. Explanation of how any off-campus sites may be involved in the proposed enrollment increase. Note: If new off-campus sites may be involved in the enrollment increase being reported, then the Policy and Guidelines for Off-Campus Sites must also be followed.

Omission of any of these nine documentation areas may postpone Commission action on the request for increase in enrollment.

**MECHANICS:** The following must be observed in preparing the request.

1. Cover page must include
   a. name and address of the institution;
   b. program title;
   c. name, title, telephone number, e-mail address, and signature of individual preparing the request (this is typically the program director);
   d. name, title, and signature of the chief executive officer of the institution (the chief executive officer of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission).

   **The electronic copy must include a signed cover/verification page and must conform to the Commission’s electronic submission guidelines.**

2. If documentation is extensive, a list of what is provided should be included. The actual items can be provided in an appendix, coordinated with the list by tabs.
3. **One (1) electronic copy** must be submitted following the Electronic Submission Guidelines. (Separate document) Failure to comply with these guidelines will constitute an incomplete report.

Institutions/Programs are expected to follow Commission policy and procedure on privacy and data security, including those related to compliance with the Health Insurance Portability and Accountability Act (HIPAA). The Commission’s statement on HIPAA, as well as the Privacy and Data Security Summary for Institutions/Programs (PDF), are found in the Policies/Guidelines section of the Commission’s website at [http://www.ada.org/en/coda/policies-and-guidelines/hipaa/](http://www.ada.org/en/coda/policies-and-guidelines/hipaa/). Programs that fail to comply with CODA’s policy will be assessed an administrative fee of $4000.

**POLICY ON ELECTRONIC SUBMISSION OF ACCREDITATION MATERIALS** - All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program’s documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII).

These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess an administrative processing fee of $4,000 per program submission to the institution; a program’s resubmission that continues to contain PHI or PII will be assessed an additional $4,000 fee.

Revised: 2/19; 2/18; 8/13; 8/12, 8/11, 8/07, 7/06; Reaffirmed: 8/18; 8/13; 8/10; Adopted: 1/06

**ANNOUNCEMENT OF REVIEW RESULTS:** The Commission’s actions to approve or deny the request for reportable enrollment increases in predoctoral education programs, as are other accreditation actions, will be transmitted to the institutions/programs within 30 days following the Winter (January/February) or Summer (July/August) meetings.

**DENIAL OF REQUESTS:** Requests will be denied if the program cannot ensure continued compliance with the Accreditation Standards as demonstrated by documentation of the major program resource areas identified in the Guidelines for Enrollment Increases in Predoctoral Dental Education Programs.
OTHER CHANGES IN ENROLLMENT: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require prior approval. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are approved.

ASSISTANCE: Commission staff is available to answer questions about request preparation. They may be contacted toll-free at (800) 621-8099, extension 2721. Requests should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th floor, Chicago, IL 60611-2678.

Adopted: August 2014
Commission on Dental Accreditation
Privacy and Data Security Reminders

Protect sensitive personally identifiable information ("PII") such as social security numbers, drivers’ license numbers, credit card numbers, account numbers, etc.

Security Reminder: Personally Identifiable Information

Before submitting any documents to CODA or to a CODA site visitor, an institution must:
- Review for PII and patient identifiers.
- Fully and appropriately redact any PII and patient identifiers.
- Make sure the redacted information is unreadable in hard copy and electronic form. You must use appropriate redaction methods to ensure personal information cannot be read or reconstructed.

CODA does not accept PII or patient identifiers in any materials submitted by a program.

Security Reminder: Patient Identifiers

Before submitting any information about a patient to CODA or to a CODA site visitor, you must thoroughly redact all 18 patient identifiers listed on the next page.
Examples of information about a patient:
- Dental records
- Rosters of procedures (procedure logs)
- Chart review records (chart audit records)
- Information from affiliated teaching institutions, to include items listed above
- Brochures with patient images and/or information
- Presentations with patient images and/or information
- Course materials (exams, lecture materials) with patient images and/or information

If even one identifier is readable, do not submit the information to CODA.

CODA does not accept documents containing PII or patient identifiers from institutions. Any PHI/PII that is necessary for CODA accreditation may only be reviewed by CODA site visitors when they are on-site at the institution.

When redacting identifiers, you must ensure that the information is unreadable and cannot be reconstructed in both hard copy and electronic form. For example, certain information redacted on a hard copy can become readable when the hard copy is scanned. Instead, it may be effective
to use opaque cover-up tape on the hard copy, scan, and then ensure the redacted information on
the scanned version is not visible/readable through the redaction.
1. **Sensitive Information.** To protect the privacy of individuals and to comply with applicable law, the Commission on Dental Accreditation (“CODA” or “the Commission”) prohibits all programs/institutions from disclosing in electronic or hard copy documents provided to CODA other than on-site during a site visit, any of the following information ("Sensitive Information" or "PII"):
   - Social Security number
   - Credit or debit card number or other information (e.g., expiration date, security code)
   - Drivers’ license number
   - Account number with a pin or security code that permits access
   - Health insurance information, such as policy number or subscriber I.D.
   - Medical information, such as information about an individual’s condition or treatment
   - Mother’s maiden name
   - Taxpayer ID number
   - Date of birth
   - Any data protected by applicable law (e.g., HIPAA, state data security law)
   - Biometric data, such as fingerprint or retina image
   - Username or email address, in combination with a password or security question that permits access to an online account

2. **Patient Identifiers.** Before submitting information about a patient to CODA other than on-site during a site visit, a program/institution must remove the following data elements of the individual, and of relatives, household members, and employers of the individual (the “Patient Identifiers”):
   1. Names, including initials
   2. Address (including city, zip code, county, precinct)
   3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
   4. Telephone numbers
   5. Fax numbers
   6. E-mail addresses
   7. Social Security numbers
   8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
   • that is derived from information about the individual
   • that is capable of being translated so as to identify the individual, or
   • if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

3. **Redaction.** When removing any Sensitive Information or Patient Identifier from paper or electronic documents disclosed to CODA, programs/institutions shall **fully and appropriately** remove the data such that the data cannot be read or otherwise reconstructed. Covering data with ink is not an appropriate means of removing data from a hard copy document and may sometimes be viewable when such documents are scanned to an electronic format.

4. **Administrative fee.** *If the program/institution submits any documentation that does not comply with the directives noted above, CODA will assess an administrative fee of $4000 to the program/institution; a resubmission that continues to contain prohibited data will be assessed an additional $4000 fee.*
   - CODA Site Visitors and Commission volunteers are only authorized to access Sensitive Information and Patient Identifiers:
     - Onsite during a site visit, and
     - That are necessary for conducting the accreditation site visit
   - CODA Site Visitors and Commission volunteers may not download or make hard copies or electronic copies of Sensitive Information or Patient Identifiers.

**NOTE:** If a document includes fictitious information, which may otherwise appear to be Sensitive Information or Patient Identifiers, the program is expected to clearly mark the document as “Fictitious Example”.