

**COMMISSION FOR CONTINUING EDUCATION PROVIDER RECOGNITION  
AMERICAN DENTAL ASSOCIATION  
HEADQUARTERS BUILDING, CHICAGO  
SEPTEMBER 17-18, 2015**

**Call to Order:** Dr. Alan L. Felsenfeld, chair, called a regular meeting of the Commission for Continuing Education Provider Recognition to order on Thursday, September 17, 2015 at 1:00 p.m. in the Executive Conference Room of the ADA Headquarters Building in Chicago.

**Roll Call**

**CCEPR members:** Dr. Eva F. Ackley, Dr. Brian A. Beitel, Dr. Hardeep K. Chehal, Dr. Debra Dixon, Dr. Joseph P. Fiorellini, Dr. Alan E. Friedel, Ms. Janice Gibbs-Reed, Dr. Timothy C. Kirkpatrick, Dr. Paul Leary, Dr. Eugene J. McGuire, Mr. Conor McNulty, Dr. Ann Steiner, Dr. Mary A. Tavares, and Dr. Timothy T. Wheeler were present.

**Absent:** Dr. Mark C. Hutten and Dr. Red Stevens, Fifth District Trustee, Board of Trustees liaison, were not able to attend the meeting.

**Guests (for all or portions of the meeting):** Incoming CCEPR commission members: Dr. Jeffrey D. Bennett, Dr. Augusto Cesar Garcia-Aguirre, Dr. Barry Hammond, Dr. Mitchel J. Lipp, and Dr. Nancy Rosenthal; and Mr. Dion Richetti, vice president for Accreditation and Recognition, Accreditation Council for Continuing Medical Education.

**Commission staff:** Ms. Mary Borysewicz, director; Ms. Kimberly Hendricks, program assistant.

**ADA staff (for all or portions of the meeting):** The following ADA staff members attended all or portions of the meeting: Dr. Anthony J. Ziebert, senior vice president, Education/Professional Affairs; Ms. Paula Tironi, Esq., senior associate general counsel; Ms. Cathryn Albrecht, senior associate general counsel; Ms. Tracy Hollenbach, senior manager, Marketing.

**Preliminary Business**

**Adoption of Agenda and Disclosure of Conflicts of Interest:** The Commission approved the agenda and authorized the chair to alter the order of agenda items as necessary to expedite business.

Dr. Felsenfeld directed the Commission's attention to the ADA Conflict of Interest Policy. No Commission members reported a conflict of interest with regard to any item discussed during the meeting.

**Fiduciary Duty and ADA Professional Conduct Policy:** Ms. Paula Tironi gave a short presentation regarding topics such as fiduciary duty and conflicts of interest. Ms. Albrecht reviewed the ADA Professional Conduct Policy.

**Minutes of the March 2015 CCEPR Meeting:** Minutes of the Commission's March 19-20, 2015 meeting were previously approved by the Commission via email ballot.

**July 2015 CERP Recognition Actions:** The Commission took action on four continuing education provider's CERP recognition status via email ballot in July 2015. The Commission's actions are noted in Appendix 1, a confidential section of these minutes.

**Consent Agenda:** A consent calendar was prepared to expedite the business of the Commission. Dr. Felsenfeld reminded Commission members that any report, recommendation or resolution could be removed from the consent calendar for discussion. The following report was taken off the consent calendar:

Providers Voluntarily Withdrawing

The following reports in their entirety, including recommendations, were placed on the consent calendar and adopted as received:

Appointments to the Commission and the Appeal Board  
Consultant Appointments  
Future Meeting Dates  
CERP Participation and Provider Data  
Results of Fall 2015 CERP Applicant Survey  
Providers Requesting Extension of Recognition Term

**Commission Business**

**2016 Budget Update:** The Commission reviewed the proposed 2016 CCEPR budget submitted by the Chair to the ADA Administrative Budget Review Committee. The CCEPR budget will be included as part of the ADA 2016 budget submitted to the 2015 House of Delegates for approval.

**CCEPR Communication and Marketing Plan:** Ms. Hollenbach presented the 2015-2016 marketing/communication plan. Primary objectives are to raise awareness of ADA CERP and the service it provides to ADA members and dental professionals seeking to fulfill continuing education requirements, and to communicate the value of participation in ADA CERP to providers of continuing dental education. The Commission also identified state dental boards as a third audience for communications related to broad acceptance of the program. Tactics in the plan will include leveraging ADA-owned communications outlets such as ADA News, ADA.org, ADA Center for Professional Success, ADA Office of Student Affairs, etc., as well as collaborative efforts with ADA CERP stakeholder groups such as ADA state societies, national specialty societies, etc. The Commission will monitor implementation of the communications plan at its next regularly scheduled meeting and will evaluate whether a subcommittee should be appointed to support and monitor future communications efforts.

**Nomination and Election of Officers:** In accordance with Article II, Section 1 of the Rules of the Commission for Continuing Education Provider Recognition, the Board of Commissioners shall elect a Chair and Vice-Chair who are active, life or retired member of the American Dental Association.

**Action:** The Commission elected Dr. Paul Leary to serve as its Chair for 2015-2016.

**Action:** The Commission elected Dr. Mary Tavares to serve as its Vice Chair for 2015-2016.

**Consultant Appointments:** Under ADA *Bylaws*, the Commission may appoint consultants to assist in developing standards, conducting recognition reviews and appeals. Former Commission and CERP Committee members are invited to serve as reviewer consultants.

**Action:** The Commission appointed (on consent) the following to serve as consultants to the Commission for a one-year term beginning with the close of the 2015 ADA House of Delegates: Dr. David T. Brown, Ms. Carol Dingeldey, Dr. Alan L. Felsenfeld, Dr. Alan E. Friedel, Ms. Janice Gibbs-Reed, and Dr. Timothy T. Wheeler.

**Subcommittee and Ad Hoc Committee Appointments:** The incoming Chair will appoint members of the Commission to serve on the Complaints Subcommittee, a standing subcommittee, and other ad hoc committees as needed to conduct the work of the Commission, in accordance with ADA *Bylaws*.

**Acknowledgement of Service:** The Commission acknowledged the following board members whose terms will expire in November 2015: Dr. Eva F. Ackley, Dr. Alan L. Felsenfeld (chair), Dr. Alan E. Friedel, Ms. Janice Gibbs-Reed and Dr. Timothy T. Wheeler

### **ADA CERP Standards, Policies and Procedures**

**Standards Revision Subcommittee Report:** The Commission has initiated a comprehensive review of the CERP Recognition Standards to be conducted in 2015-2016, in order to help ensure that the CERP Standards continue to establish relevant criteria for quality continuing dental education. Dr. Felsenfeld reported on recent activities conducted by the Standards Revision Subcommittee which included reviewing a summary of current issues, discussing principles and standards for continuing professional education, reviewing the accreditation standards for continuing education in several health care professions, and evaluating input from continuing dental education stakeholders submitted through a call for comments on revising the Standards.

A total of eight comments were submitted by the communities of interest in response to the Commission's March 2015 call for comments. The Subcommittee noted common themes in several of the comments, including suggestions that the Standards should be consolidated and the number and prescriptiveness of criteria be reduced, and that Standards should support providers' ability to develop innovative and relevant continuing education ("CE"). In addition, it was suggested that additional guidance on the intent and implementation of the Standards should be developed. Other comments not directly related to revising the Standards were also received, including suggestions that the application process be streamlined by reducing the number of Standards, moving to an online application form, incorporating other methods of evaluating providers, such as phone interviews, and reducing the documentation requirements for providers applying for continued recognition.

The Subcommittee noted that the 2003 Institute of Medicine (IOM) report on *Health Professions Education: A Bridge to Quality*, defines the objective of continuing professional development, as supporting professionals' ability to provide the best possible care, improve patient outcomes, and protect patient safety. The Subcommittee also noted that the IOM's 2009 report on *Redesigning Continuing Education in the Health Professions* suggests that this be accomplished by reframing the concept of continuing education as continuing professional development, and by shifting emphasis from a system designed primarily to meet regulatory requirements to an enterprise that supports effective learning through identification of professional knowledge and performance gaps, and learner driven education. The Subcommittee observed that the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Pharmacy Education have each revised their accreditation standards to include criteria for CE that is responsive to professional educational needs, designed to improve knowledge, competence or performance, and that assesses change in learners' competence, performance or patient outcomes. Separately, the Commission heard a presentation from a representative of the ACCME about that organization's recent process to evolve and simplify the ACCME Accreditation Criteria (summarized in another section of this document).

Based on feedback from the communities of interest and the materials reviewed to date, the Subcommittee recommended that the 14 CERP Standards should be grouped into several broad categories defining the essential requirements continuing dental education providers must meet to deliver CE that addresses professional educational needs, is scientifically sound, non-commercial, and that supports improvements in oral health care. The Commission concurred with this approach, and directed the Subcommittee to pursue options for simplifying the Standards by emphasizing core functions of CE providers, reviewing the validity of individual criteria as indicators of quality CE, and eliminating redundant

criteria. The Commission also supported the concept of developing guidance statements for the Standards to more effectively communicate recognition requirements. Noting that limited input was received in response to the 2015 call for comments, the Commission also recommended that additional outreach should be made to the communities of interest communicating the rationale for any proposed changes and involving stakeholders in the simplification process. The Subcommittee will report its progress to the Commission at its March 2016 meeting.

**Standard XIII: Considerations Related to Patient Treatment Courses Outside the United States:** In order to achieve ADA CERP recognition, any CE provider, whether operating in the United States or elsewhere, must demonstrate that it meets the CERP Recognition Standards, including provisions for patient protection outlined in Standard XIII. In reviewing applications from providers offering courses outside the United States in which patients are treated, the Commission has requested documentation that the providers have procedures in place for ensuring that participants and instructors treating patients “are not doing so in violation of state dental licensure laws,” as required by CERP Standard XIII.3. Additionally, the Commission has requested documentation that participants and instructors have liability protection when providing treatment in CE activities whether inside or outside the U.S., as required by Standard XIII.10. In some instances, providers have indicated that the lack of specific laws and regulations in some countries presents a challenge to documenting compliance with these CERP criteria. Recognizing that the number of courses involving patient treatment offered by CERP recognized providers outside the U.S. may increase, and to consistently promote patient protection, the Commission recommended the formation of a subcommittee to review the CERP Recognition Criteria related to patient protection and associated documentation requested in the CERP application to determine whether any modifications or additional clarifications are appropriate.

**Eligibility Criteria for International Providers Subcommittee Report:** New eligibility criteria for CE providers based outside the United States and Canada were adopted by the CERP Committee and Council on Dental Education and Licensure (the “CERP Committee”) in 2013. The CERP Committee launched a Pre-application Process for International Providers (PIIP) in 2014 to help international providers understand and meet CERP requirements, and to assist in assessing these providers’ eligibility to move forward with the ADA CERP application process. In March 2015, the Commission appointed an ad hoc Subcommittee on Eligibility Criteria for International Providers to assess the effectiveness of the PIIP to date. Dr. Wheeler presented the Subcommittee’s findings, noting that seven eligibility surveys from international providers have been submitted since publication of the PIIP. Of these, four providers were found eligible to apply for CERP recognition. The remaining three did not meet Criterion 2, which includes the provision that the provider must be recognized or accredited by a local, national, or global health authority, or an accrediting agency for continuing education within the country in which the provider is legally registered. The Subcommittee noted that some international CE providers report that their countries have not established a formal system of accreditation or recognition of providers or CE activities. As a result, Criterion 2 as written may present a barrier to education providers that may otherwise meet CERP Eligibility Criteria and Recognition Standards. The Subcommittee therefore recommended that Criterion 2 be revised to eliminate the accreditation or recognition requirement.

The Subcommittee also recommended that the eligible provider types enumerated in Criterion 2 be further defined to include dental schools and university based CE programs, professional membership associations, and companies dedicated to producing medical and/or dental education or communications. The Commission concurred with the subcommittee’s recommendations, and added national governmental health agencies as an additional category of eligible providers.

The Commission also discussed whether a separate recognition designation should be created for international providers. Currently, once international providers demonstrate eligibility through the PIIP, they are invited to apply for recognition through the same process as providers in the United States and Canada, and no distinction is made in the type of recognition conferred. The Commission will continue to monitor the PIIP to determine whether further consideration should be given to establishing a separate recognition designation for international providers.

**Action:** The Commission approved revisions to Criterion 2 of the CERP Eligibility Criteria for International providers as shown below (additions underlined, deletions in ~~strikethrough~~), effective immediately:

2. The provider applying is ~~either a:~~

- ~~a. a dental school or a continuing education program within a dental school, and~~
  - ~~i. there is an accreditation and/or approval process for higher education or continuing education within the country, and~~
  - ~~ii. the entity is accredited/approved through that process; or~~
- ~~b. Regional, national or global~~ a national governmental health authority, a professional membership association, or a dental or medical education or communications company.  
~~meeting or institution that is officially accredited or recognized by:~~
  - ~~i. a local, national or global health authority, and/or~~
  - ~~ii. an accrediting agency for continuing education within the country where the association is legally registered.~~

The Commission also approved the addition of terms and definitions to the CERP Glossary clarifying the new categories.

**Action:** The Commission approved the addition of the following terms and definitions to the CERP Glossary:

**DENTAL/MEDICAL EDUCATION OR COMMUNICATIONS COMPANY:** Company whose sole purpose is to produce educational programs or communications for healthcare professionals.

**PROFESSIONAL MEMBERSHIP ASSOCIATION:** An organization of dental professionals formed for the purpose of advancing the dental profession and the oral health of the public through education and training, development and support of standards, and advocacy for the profession and the public interest.

**GOVERNMENTAL HEALTH AUTHORITY:** A government or its designated entity responsible for health matters.

The Commission further directed that the PPIP Eligibility Survey should be updated to reflect these changes and posted on ADA.org/CCEPR.

**Action:** The Commission directed staff to revise the Pre-Application Eligibility Survey for international providers to reflect revisions to the Eligibility Criteria for International Providers and to incorporate definitions of eligible provider types.

#### **ADA CERP Administration**

**Educational Resources for Providers:** Members of the Commission, including Dr. Felsenfeld, Dr. Leary and Dr. Tavares, will present a workshop for CE providers on November 5, 2015 during ADA 2015 in Washington, DC. The annual workshop presents an overview of the CERP Recognition Standards and the application process for continuing education providers. A registration fee will be assessed to cover the operational expenses for the session. Noting that many providers do not regularly attend the ADA Annual Meeting where the workshop is held, the Commission discussed options for increasing educational materials for providers on the CCEPR website and offering a webinar. The Commission also considered

whether the Commission should offer, for a fee, consulting services to be provided by current or former members of the Board of Commissioners. The Commission directed staff to research the feasibility of such services being offered through the Commission and the level of interest past Commission and CERP Committee members may have for serving in this capacity.

**Fall 2015 Recognition Decisions:** The Commission acted on 19 new applications for recognition, 76 applications for continued recognition, one request for reconsideration of intent to withdraw recognition, and 13 progress reports. Four pre-application surveys for international providers (PPIP) were also evaluated. Including the September 2015 actions on recognition, 441 CE providers are ADA CERP recognized. The Commission's actions are noted in Appendix 2, which is a confidential section of these minutes. The official list of ADA CERP recognized providers is published at [ADA.org/CCEPR](http://ADA.org/CCEPR).

**Action:** The Commission granted recognition or continued recognition to a total of 103 providers of continuing dental education. The Commission's September 2015 actions regarding ADA CERP recognition are summarized in Appendix 2.

**Providers Voluntarily Withdrawing:** The Commission was notified of seven providers voluntarily withdrawing from the program; the most frequently reported reasons for discontinuing participation are mergers between two CE providers, resulting in the elimination of one program, or the discontinuation of a provider's CE program altogether. The Commission will continue to monitor the rates and reasons given for voluntary withdrawal from ADA CERP.

#### Miscellaneous

**Accreditation Council for Continuing Medical Education (ACCME) Essential Criteria: Overview and Discussion of 2014 Simplification Process:** Mr. Dion Richetti, vice president for Accreditation and Recognition, Accreditation Council for Continuing Medical Education presented an overview of the ACCME's accreditation processes and discussed the simplification and evolution of that organization's Accreditation Criteria for providers of continuing medical education ("CME"). Mr. Richetti related that in 2006 the ACCME revised its Accreditation Criteria, placing greater emphasis on criteria supporting continuous quality improvements in CME and health care, and eliminating some administrative requirements for providers. The ACCME 2014 Accreditation Criteria are designed to support CME as a strategic asset in health care improvement initiatives and quality patient care, and to further streamline accreditation requirements and processes.

**2015 ADA House of Delegates Resolutions:** The Commission reviewed as informational the resolutions on education matters published as of August 21 to be considered by the 2015 ADA House of Delegates.

**Adjournment:** 11:42 am, Friday, September 18, 2015.