



COMMISSION FOR
CONTINUING EDUCATION
PROVIDER RECOGNITION

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AMERICAN DENTAL ASSOCIATION
HEADQUARTERS BUILDING, CHICAGO
MARCH 31–APRIL 1, 2016**

Call to Order: Dr. Paul R. Leary, chair, called a regular meeting of the Commission for Continuing Education Provider Recognition (CCEPR) to order on Thursday, March 31, 2016 at 1:06 p.m. in the Executive Board Room of the ADA Headquarters Building in Chicago.

Roll Call

CCEPR members: Dr. Brian A. Beitel, Dr. Jeffrey D. Bennett, Dr. Hardeep K. Chehal, Dr. Debra Dixon, Dr. Joseph P. Fiorellini, Dr. Augusto Cesar Garcia-Aguirre, Dr. Barry Hammond, Dr. Timothy C. Kirkpatrick, Dr. Mitchell J. Lipp, Dr. Eugene J. McGuire, Mr. Conor McNulty, Dr. Nancy R. Rosenthal, Dr. Ann Steiner, and Dr. Mary A. Tavares were present.

In addition, Dr. Judith Fisch, First District Trustee, Board of Trustees liaison, attended both days of the meeting.

Absent: Dr. Mark C. Hutten was not able to attend the meeting.

Commission staff: Ms. Mary Borysewicz, director; Ms. Kimberly Hendricks, lead project assistant; and Ms. Katie Harrell, licensure coordinator, Council on Dental Education and Licensure.

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; Dr. Kathleen O'Loughlin, executive director.

Preliminary Business

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

Dr. Leary 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 Other Legal Topics: Ms. Paula Tironi gave a short presentation regarding topics such as fiduciary duty and conflicts of interest. The Commission was also reminded of the CERP Confidentiality Policy.

Minutes of the September 2015 CCEPR Meeting: Minutes of the Commission's September 17-18, 2015 meeting were previously approved by the Commission via email ballot and were acknowledged as part of the Commission's official record.

February 2016 CERP Recognition Actions: The Commission took action on two CERP recognized providers' reports of substantive change and two Pre-Application Eligibility Surveys submitted by international providers via email ballot in February 2016. The Commission's actions are noted in Appendix 1, a confidential section of these minutes, and acknowledged as part of the Commission's official records.

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

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

Providers Requesting Extension of Recognition Term
Providers Voluntarily Discontinuing
Results of Spring 2016 CERP Applicant Survey
CERP Participation and Approval Rates
Appointments to the Commission
Future Meeting Dates

Reports to the Commission

ADA Executive Director Remarks: Dr. O'Loughlin reviewed the ADA's mission to help all members succeed through support of programs and services grounded in the Association's core values of integrity, excellence, science and commitment to improving oral health. ADA strategies for 2016-2017 will prioritize programs designed to grow membership and increase non-dues revenues. Dr. O'Loughlin noted that the ADA commissions have the autonomy to develop their own mission, goals, and strategic priorities. She also emphasized that although commission members are appointed by various constituent groups, members' fiduciary duty is to the commission on which they serve.

ADA Board of Trustees Liaison Remarks: Dr. Fisch greeted the Commission members on behalf of the Board of Trustees, and indicated that her role as liaison to the ADA Board of Trustees is to serve as a resource to the Commission.

Senior Vice President, Education/Professional Affairs Remarks: Dr. Ziebert provided an overview of the function and governance of the three commissions established under ADA *Bylaws*, noting that CODA, JCNDE and CCEPR have the authority to conduct decision making and standard setting for their respective programs independently. Oversight by the ADA House of Delegates is limited to approval of the commissions' budgets and operating rules.

ADA CERP Standards, Policies and Procedures

Standard XIII. Patient Protection Criteria Subcommittee Report: At its September 2015 meeting, the Commission noted that the number of courses offered in international locations, including courses involving patient treatment, may be increasing. Recognizing that patient safety regulations vary by jurisdiction, an ad hoc Subcommittee was appointed to review the patient protection criteria in CERP Standard XIII and consider whether revisions are needed in order to align these criteria with diverse regulations. Dr. Tavares reported that the Subcommittee's discussion focused on the criteria related to dental licensure requirements and liability insurance requirements, areas where regulations differ from jurisdiction to jurisdiction. As a result of its deliberations, the Subcommittee recommended several modifications to Standard XIII to clarify that providers must be responsible for meeting applicable local requirements related to dental licensure and liability protection. In addition, the Subcommittee recommended combining several criteria outlining the CE provider's responsibilities for ensuring that treatment performed as part of a continuing dental education activity is completed by a competent practitioner, and for making appropriate arrangements for follow-up care if needed. To underscore the provider's responsibilities in this respect, the Subcommittee recommended that Standard XIII be modified to stipulate that patient informed consent obtained in CE activities include the name and contact information for the clinician responsible for completing treatment if necessary and providing post-treatment care. The Commission concurred with the Subcommittee's recommendations. In addition, the Commission recommended that the criterion outlining requirements for aseptic conditions in facilities

where patients are treated be further modified to specify that sterile equipment and instruments must be used.

Action: The Commission adopts revisions to CERP Standard XIII. Patient Protection as indicated in Appendix 2 (additions underlined; deletions in ~~strike through~~). Revisions will be published immediately. Providers will be assessed for compliance with the revised criteria beginning with the Fall 2017 application.

Standards Revision Subcommittee Report: In 2015, the Commission launched a comprehensive review of the CERP Recognition Standards, in order to help ensure that the Standards continue to establish relevant criteria for quality continuing dental education (CE). A Subcommittee was appointed to conduct the process. At its September 2015 meeting, the Commission supported the Subcommittee's recommendation of consolidating the Standards and reducing the number and prescriptiveness of criteria to emphasize 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.

Dr. Leary reported on recent activities of the Standards Revision Subcommittee. To assist the Commission in assessing the Standards and criteria most relevant to a provider's ability to deliver effective continuing dental education, in March 2016 the Subcommittee, with assistance from the ADA Health Policy Institute, developed and deployed a survey on the validity and reliability of the CERP Standards. The survey was sent to all CERP recognized providers, state dental boards, state dental associations and a sampling of active dentists. A separate, more detailed survey was completed by members of the Commission. Dr. Leary reported that the overall response rate for the survey was 9%, however 22% of CERP recognized providers participated. The Subcommittee will consider the results of the surveys as it proposes revisions to the Standards.

An example of a simplified Standard, including guidance for providers on the intent and implementation of the Standard, was presented to the Commission for discussion purposes. The Commission supported the approach and concurred that the purpose of the Continuing Education Recognition Program is to support providers in delivering continuing education that enhances professional effectiveness and improves patient outcomes. The Commission believes that the standards for CE providers should therefore focus on processes that support effective learning and assessment of outcomes, and affirmed the Subcommittee's recommendation to group the Standards into the following working categories defining those key functions:

- Purpose and mission
- Content of CE activities
- Delivery of CE activities
- Managing commercial conflicts of interest
- Assessment of learning
- Evaluation

The Commission also requested that the Subcommittee review the CERP Eligibility Criteria. The Subcommittee will present a draft of the proposed Standards for the Commission's review in September. Any proposed revisions will be circulated to stakeholders for comment.

ADA CERP Recognition Actions

Spring 2016 Recognition Actions: The Commission considered 14 new applications for recognition, 55 applications for continued recognition, and four progress reports. The Commission granted recognition or continued recognition to a total of 65 providers of continuing dental education, including 12 new applicants. Recognition was withdrawn from five providers for failure to meet program requirements. The Commission discontinued recognition of four providers at the request of the providers. Including the

Commission's April 2016 actions on recognition, 445 CE providers are ADA CERP recognized. The Commission also acted on a complaint filed against a provider. In addition, the Commission approved four Pre-Application Eligibility Surveys from international providers. Individual recognition actions are noted in Appendix 3, which is a confidential section of these minutes. The official list of ADA CERP recognized providers is published at ADA.org/CCEPR.

Action: The Commission grants recognition or continued recognition to a total of 65 providers of continuing dental education. The Commission's April 2016 actions regarding ADA CERP recognition are summarized in Appendix 3.

Extended Approval Process (EAP) Update: Dr. Dixon reported on current participation in the CERP Extended Approval Process, which allows state dental societies and ADA recognized specialty organizations that have been granted CERP recognition to extend recognition to their local societies through a review and approval process. The EAP was developed in 1995 in order to expand acceptance of ADA CERP and thereby increase member access to quality continuing dental education. Participation in EAP is voluntary. For the May 2016–June 2017 approval period, 16 CERP approved providers (four specialty societies and 12 state societies) report that they will be extending approval to a total of 112 component societies. The list of EAP approved providers is posted on ADA.org/CERP.

Commission Business

ADA 2017 Planning and Budget Process: The Commission reviewed a draft of the 2017 CCEPR budget prepared by staff. The budget proposes increasing 2017 CERP provider fees 4% for providers in the U.S. and Canada and 8% for international providers. The Commission noted that in 2015, revenue from CERP fees covered direct program costs, including salaries and meeting expenses. However, indirect expenses have not been factored into CCEPR's budget. In order to obtain a more accurate assessment of the total cost to administer ADA CERP and Commission business, and to develop appropriate financial plans going forward, the Commission discussed the possibility of including indirect expenses in future budgets. In addition, the Commission suggested that CERP program fees should be analyzed to continue to help ensure that they are appropriate, support program expenses, and do not present barriers to providers. On vote, the Commission approved the 2017 fees as proposed. The draft budget will be reviewed by the ADA Budget and Finance Committee in June. The Board of Trustees will review budgets in July and make recommendations for the House of Delegates' approval in October.

Action: The Commission approves ADA CERP fees for 2017 to cover projected increases in operating costs as indicated in the table below.

2017 ADA CERP Provider Fees

Fee Type	2017
US and Canada	
New application	\$825
Reapplication	\$685
Extension	\$330
Reconsideration	\$825
Appeal	\$1040
Annual fee	\$435

International	
Pre-application fee (flat fee)	\$540
New application--Tier 1	\$864
New application--Tier 2	\$1,295
New application--Tier 3	\$3,240
Reapplication--Tier 1	\$690
Reapplication--Tier 2	\$1,035
Reapplication--Tier 3	\$2,590
Annual fee—Tier 1	\$540
Annual fee—Tier 2	\$1,080
Annual fee—Tier 3	\$3,455

Commission Self-Assessment (Res. 1H-2013): Dr McGuire reported that the Commission’s self-assessment, required of all ADA Councils and Commissions in accordance with Resolution 1H-2013, has been rescheduled. The Commission believes that conducting the self-assessment in 2019, instead of 2020 as originally scheduled, may help support the Board of Trustee’s separate review of CCEPR to be conducted that same year, as directed by Res. 6H-2014, and minimize redundant efforts. The Commission will review the criteria for self-assessment provided by the Board and appoint an ad hoc committee to conduct the process and report its findings to the Commission.

CCEPR Mission and Strategic Goals: Following its discussions of the self-assessment and budgeting processes, the Commission recognized the need for specific objectives and goals to provide strategic direction for CCEPR activities and metrics for evaluating effectiveness. The Commission determined to conduct a strategic planning process to develop a mission statement, goals and objectives to support and guide the Commission’s activities for administering the ADA Continuing Education Recognition Program. All members of the Commission will participate in the process, which will be facilitated by a certified strategic facilitator. In order to allow sufficient time for strategic discussions, the Commission’s September 2016 meeting will be extended by half a day, and will begin at 8:30 am on September 30.

Action: The Commission approves the initiation of a strategic planning process to develop a mission statement, goals, and strategies supportive of the Commission’s mission, functions and fiscal sustainability, with a strategic planning session scheduled for the Commission’s meeting in September 2016.

ADA CERP Provider Database and Development of Online Application Update: Ms. Borysewicz reported that staff are working with developers from Aptify, the ADA’s membership database, to develop a web-based application for ADA CERP on that platform. Staff are targeting a launch date of the on-line application process for the Fall 2017 cycle. As an interim step, providers submitting applications in the Fall 2016 and Spring 2017 application cycles that wish to submit applications electronically may do so in PDF format.

CCEPR Communication and Marketing Plan Update: Dr. Rosenthal summarized recent tactics to raise awareness of ADA CERP and the service it provides to ADA members and dental professionals seeking to fulfill continuing education requirements, as well as to communicate the value of participation in ADA CERP to providers of continuing dental education. It was noted that reports of activity on the CCEPR web pages indicate a positive correlation between communication tactics and the number of visitors to the site.

In addition to direct communications with ADA members via publications such as ADA News and the Morning Huddle, the Commission has developed a flyer promoting the ADA CERP course listings that ADA state and local societies may download for use in their member publications. The Commission has

also requested that an update on ADA CERP be included in the program for the July ADA Management Conference. Mr. McNulty reported that planning for the conference is underway and content related to CERP will be considered.

Dr. O'Loughlin presented information about the ADA's integrated marketing strategy for 2016, noting that to achieve greater impact going forward, tactics to promote ADA programs, including CERP, will be incorporated into targeted messaging strategies.

2016 Provider Workshop: The ADA Council on Annual Sessions (CAS) has accepted CCEPR's proposal to present a workshop for CE providers as part of the continuing education program at ADA 2016 in Denver. The workshop is scheduled for the morning of Thursday, October 20. Dr. Leary, Dr. Rosenthal and Ms. Borysewicz will serve as presenters.

Miscellaneous

New Business: Dr. Leary reminded Commission members that elections for chair and vice-chair will be held at the Commission's September meeting. When nominating members for these offices, Dr. Leary encouraged the Commission to consider the qualifications and skills needed, as well as the importance of developing leadership and building institutional knowledge.

CERP Reviewer Discussion and Calibration Exercise: The Commission engaged in an exercise to calibrate reviewer assessments of CERP provider applications.

Adjournment: 11:35 am, Friday, April 1, 2016.