



**COMMISSION FOR CONTINUING EDUCATION PROVIDER RECOGNITION  
AMERICAN DENTAL ASSOCIATION  
HEADQUARTERS BUILDING, CHICAGO  
October 12-13, 2017**

**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, October 12, 2017 at 9:12 a.m. in the Executive Board Room of the ADA Headquarters Building in Chicago.

**Roll Call**

**Commissioners:** Dr. Brian A. Beitel, Dr. Hardeep K. Chehal, Dr. Debra Dixon, Dr. Joseph P. Fiorellini, Dr. Barry Hammond, Dr. Bertram Hughes, Dr. Mark C. Hutten, Dr. Timothy C. Kirkpatrick, Dr. Mitchell J. Lipp, Mr. Conor McNulty, Dr. Susan Reed, Dr. Nancy R. Rosenthal, and Dr. Ann Steiner were present.

In addition, Dr. Kenneth McDougall, Tenth District Trustee, Board of Trustees liaison, attended the meeting.

**Absent:** Dr. Jeffrey D. Bennett was not in attendance.

**Commission staff:** Ms. Mary Borysewicz, director; Mr. Alejandro Lerma, coordinator.

**ADA staff (for all or portions of the meeting):** Ms. Paula Tironi, Esq., senior associate general counsel.

**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 and reminded commissioners of their obligation to make disclosures as appropriate. Commissioners disclosed the following affiliations during the course of the meeting:

<b>Commission Member</b>	<b>Affiliation Disclosed</b>
Dr. Brian Beitel	Alumnus, University of Tennessee College of Dentistry
Dr. Hardeep Chehal	Appointed to the Commission by the American Academy of Oral and Maxillofacial Pathology
Dr. Barry Hammond	Faculty, The Dental College of Georgia; member, American Dental Education Association
Dr. Bertram Hughes	Member, Central Florida District Dental Association; insured, The Doctor’s Company
Dr. Mark Hutten	Member of the Chicago Dental Society
Dr. Timothy Kirkpatrick	Faculty, University of Mississippi School of Dentistry
Dr. Paul Leary	Member, New York County Dental Society; former service in U.S. Navy Dental Corps
Dr. Mitchell Lipp	Faculty, New York University College of Dentistry; member, American Dental Education Association
Dr. Susan Reed	Faculty, Medical University of South Carolina; member, American Dental Education Association
Dr. Nancy Rosenthal	ADIC, TDIC; insured, Eastern Dentists Insurance Company

**Fiduciary Duty and Other Legal Topics:** Ms. Paula Tironi gave a short presentation regarding topics such as fiduciary duty and conflicts of interest.

**Minutes of the April 2017 CCEPR Meeting and May 2017 Actions Taken via Email Ballot:** Minutes of the Commission's April 6, 2017 meeting, previously approved by the Commission via email ballot, were acknowledged as part of the Commission's official record. In addition, the Commission's action to release proposed revisions to CERP Standard XIV for comment, approved via email ballot in May 2017 (Appendix 1), and a May 2017 ADA CERP Recognition action approved via email ballot (Appendix 2) were acknowledged as part of the Commission's official record. (Appendix 2 is provided in a confidential section of these minutes).

**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 were accepted by the Commission on consent.

Appointments to the Commission  
Future Meeting Dates  
Providers Requesting Extension of Recognition Term  
Results of October 2017 CERP Applicant Survey  
CERP Participation and Approval Data

### **Reports to the Commission**

**ADA Board of Trustees Liaison Remarks:** Dr. McDougall thanked the Commission for the opportunity to participate in its meetings in 2017, and expressed the ADA Board of Trustees' appreciation for the Commission's work.

### **Commission Business**

**CCEPR Budget:** Dr. Leary reported that the Commission's 2018 budget has been forwarded by the Board of Trustees to the 2017 ADA House of Delegates for approval as part of the overall ADA budget. CCEPR's budget projects that revenues from CERP provider fees will cover all direct program costs, and a portion of indirect expenses in 2018. The Commission was informed that the ADA Board of Trustees has requested development of a standard model for assessing costs for shared services, such as IT and legal support, across ADA agencies. Dr. McDougall confirmed that it is the Board's intention to develop a memorandum of understanding between the ADA and each of its commissions formalizing arrangements for shared services. The Commission noted that obtaining a more accurate estimate of the costs to support ADA CERP is an important step towards achieving the Commission's objective of becoming financially self-sustaining. The Commission also determined to assess the CERP provider fee structure, the Commission's primary source of revenue. The Commission requested staff to conduct a price analysis, using budgeted funds for a consultant if needed, and to propose future pricing options for the Commission's consideration at its April 2018 meeting.

**Action:** The Commission resolves to conduct a market analysis, including a review of accreditation fees for continuing education providers, a survey of CE providers, and an assessment of the current CERP fee structure and alternative models, with a report and recommendations for setting future fees by the Commission's April 2018 meeting.

To facilitate the development and monitoring of future budgets, the Commission also took action to establish a standing Finance Committee.

**Action:** The Commission establishes a Finance Committee to monitor, review and make recommendations to the Commission concerning the annual budget.

**CCEPR Strategic Plan Update:** The Commission received an informational report on progress to date on the strategic plan adopted at its April 2017 meeting. To monitor progress on an ongoing basis and make recommendations to the Commission when changes may be needed, the Commission approved a standing committee on Planning and Assessment. The Committee will also be asked to spearhead the Commission’s self-assessment, including a report to the ADA House of Delegates in 2019 pursuant to Res. 1H-2013.

**Action:** The Commission establishes a standing Committee on Planning and Assessment, to develop and conduct an ongoing strategic planning process, develop and conduct a process for assessing the Commission’s effectiveness and progress with respect to the strategic plan, and make recommendations for changes to the plan as needed.

**ADA CERP Database and Online Application Update:** Staff updated the Commission regarding ongoing initiatives to streamline CERP operations through database improvements. Work on an online CERP application and review process on an Aptify platform, originally conceived as part of a joint venture between the ADA and Aptify in 2017, was deferred as a result of Aptify’s merger with Community Brands. It is anticipated that development of a CERP online submission tool will begin in 2018, although target dates for commencing work have not been established.

**Communications and Marketing Update:** The Commission reviewed a summary of 2017 communications and outreach tactics, and a preliminary calendar of 2018 communications. To contain costs, the Commission relies primarily on electronic communications with CERP recognized providers and other ADA communication outlets such as ADA News as available. The Commission noted that it will be important to increase communications efforts when the revised CERP Standards are approved, to expand awareness of the program and the importance of the Standards to the profession. Staff also reported plans to increase educational opportunities for CE providers through webinars to be offered in the second quarter of 2018.

**2017 CERP Provider Workshop:** The Commission received information on the annual educational workshop for CE providers to be held October 19 in conjunction with ADA 2017, America’s Dental Meeting, in Atlanta.

**Appointments to the Commission:** The Commission reviewed information on the Commissioners whose terms will end at the American Dental Association’s (ADA) 2017 Meeting and their replacements, whose terms will begin with the close of the ADA House of Delegates meeting in October 2017, as listed below (consent calendar item).

<u>Commissioners Completing Terms</u>	<u>Appointing Organization</u>	<u>New Appointments (2017-2021)</u>
Dr. Hardeep K. Chehal	AAOMP	Dr. Elizabeth A. Bilodeau
Dr. Brian A. Beitel	AAPD	Dr. Monica H. Cipes
Dr. Timothy C. Kirkpatrick	AAE	Dr. Karl Keiser
Dr. Paul Leary	ADA	Dr. Steven Parker
Dr. Ann Steiner	ADA	Dr. Gary DeWood

The Commission also acknowledged the resignation of Dr. Augusto Cesar Garcia-Aguirre from the Commission for personal reasons. The Commission has requested the American Association of Dental

Boards to nominate a representative from that organization to complete Dr. Garcia's term which will end with the close of the 2019 ADA House of Delegates.

**Committee Appointments:** Dr. Leary reminded the Commission of the importance of committee work in supporting the Commission in making informed decisions. The incoming chair will appoint members to serve on the Complaints, Finance, and Planning and Assessment standing committees, and to ad hoc committees to continue the CERP Standards review process and discussions on the CERP Eligibility Criteria.

**Nomination and Election of 2017-2018 Officers:** In accordance with the Rules of the Commission for Continuing Education Provider Recognition, the Board of Commissioners elects a Chair and Vice-Chair who are active, life or retired member of the American Dental Association.

**Action:** The Commission elects Dr. Joseph P. Fiorellini to serve as its Chair for 2017-2018.

**Action:** The Commission elects Dr. Nancy Rosenthal to serve as its Vice Chair for 2017-2018.

**Future Meeting Dates:** The Commission received an informational report listing the Commission's next meeting dates which are scheduled for April 12-13, 2018, and October 4-5, 2018 (consent calendar).

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

**CERP Standards Overview:** To set the context for the Commission's continued discussion of revising and simplifying the CERP Recognition Standards, Dr. Leary presented a high level overview of the Standards, underscoring that the purpose of the Standards is to define the essential elements of effective CE that will enhance professional knowledge, performance and practice, and promote improvements in oral healthcare.

**Standard XIV Proposed Revisions Committee Report:** Dr. Mark Hutten presented the ad hoc Committee's comments and recommendations to the Commission. The following summarizes the items discussed and the Commission's actions.

In May 2017 the Commission discussed reducing the increments for awarding CE credits from a full hour to 0.25 hour, and reducing the required minimum length of CE activities from one hour to 15 minutes. The communities of interest, including CERP recognized providers, state dental boards, and state dental associations, were invited to comment on the concept as put forth in proposed revisions to Standard XIV.3 (Appendix 1). A total of 79 comments were received and reviewed by an ad hoc committee appointed for the purpose. The Committee reported that a clear majority of comments were supportive of the proposed changes. Greater flexibility in designing CE activities using new delivery methods, and conforming with adult learning principles, and the ability to issue credits that more accurately reflect time spent in activities were cited as advantages of the proposal. Concerns expressed by those opposed to the proposed change centered on existing regulations in some jurisdictions that specify that CE must be issued in one hour or 30 minute increments. Some also questioned whether short form educational activities are effective. The Committee reported that accrediting agencies for CE in several other health professions have set requirements for minimum length of CE activities and credits issued at 15 minutes. In the opinion of the Committee, educational formats such as online videos, podcasts, or short live presentations, have been demonstrated as effective ways to deliver targeted information in a flexible, timely manner. CERP providers are required to ensure that CE activities meet all CERP Standards, regardless of the length of the activity. Therefore, the Committee recommended adoption of the revisions to CERP Standard XIV.3 as proposed.

The Commission concurred with the Committee's recommendation, noting that CERP providers are responsible for developing CE activities and designating credits as appropriate. Providers will continue to have the option of offering longer courses designed to meet specific learning objectives or regulatory requirements. As the revisions to Standard XIV will allow providers greater flexibility in the future, but will not require providers to revise existing programming in order to conform with the revised Standard, the Commission proceeded to adopt the proposed revisions effective immediately.

**Action:** The Commission approves the proposed revisions to CERP Standard XIV.3 as indicated in Appendix 1, and requests staff to develop supplemental guidance materials to assist providers interpret and implement the revised Standard.

**Standards Revision Subcommittee Reports:** Dr. Mark Hutten, Dr. Mitchell Lipp and Dr. Paul Leary presented drafts of revised CERP Standards on Purpose and Mission, Assessment of Learning, and Evaluation prepared by their respective subcommittees as part of the Commission's comprehensive revision of the CERP Standards. Guiding principles for the revision process, identified by the Commission through calls for comments and surveys of stakeholders, are to simplify the Standards by: (1) consolidating overlapping or redundant criteria; (2) emphasizing the principles and practices that contribute to effective continuing education; (3) reducing the prescriptiveness of criteria; and (4) providing additional guidance to help providers interpret the requirements. The Commission reviewed and discussed each of the proposed new Standards and suggested additional revisions. The Commission agreed that it would be appropriate to use the term "CE" throughout the revised Standards in place of "CDE" for consistency, and in light of the growing importance of inter-professional education. Although further revisions are needed on the Standards reviewed, the Commission wished to obtain feedback from the communities of interest on the proposed outline of the new Standards and the three proposed new Standards (Appendix 3) before proceeding with the remaining Standards.

**Action:** The Commission approves releasing drafts of proposed CERP Standards on Purpose and Mission, Assessment of Learning, and Evaluation (Appendix 3) for comment from the communities of interest at an open hearing to be held October 20, 2017 at the ADA Annual Meeting in Atlanta, and for publication on the Commission's website.

**CERP Eligibility Criteria Committee Report:** Dr. Joseph Fiorellini presented the ad hoc Committee's report and recommendations to the Commission. The following summarizes the items discussed and the Commission's actions.

The Committee was charged with reviewing the CERP eligibility criteria with respect to commercial entities, in light of CERP requirements for CE content that is free from commercial bias and recent inquiries received from some communities of interest. The Committee reviewed background materials on commercial conflicts of interest in medical education and research and eligibility requirements of accrediting agencies for CE in other healthcare professions, noting that medicine, osteopathy, nursing, pharmacy, and optometry among others, have sought to reduce opportunities for conflicts of interest by prohibiting commercial interests from becoming accredited providers of continuing education. The Committee observed that concerns related to commercial conflicts of interest in continuing dental education had been discussed periodically by the Council on Dental Education and Licensure when that agency had oversight of CERP, and that changes to the CERP application process had been made to enhance monitoring of providers participating in the program. Noting that concerns regarding commercial conflicts of interest appear to persist, the Committee recommended that the Commission continue to evaluate the role of commercial interests in continuing dental education and seek additional input from stakeholders regarding measures to reduce opportunities for commercial conflicts of interest.

In its discussion of the Committee's report, the Commission noted the complexities of the issue. Industry currently engages with dental education in a variety of ways, from offering support to independent

education providers to developing and administering CE activities. The Commission also noted that a review of CERP decision reports indicates that citations for non-compliance with CERP Standards for managing commercial conflicts of interest are not limited to those providers that are commercial entities. As the ADA agency responsible for setting standards for quality continuing dental education, and as it moves forward with the comprehensive revision of the Standards, the Commission affirmed the importance of further discussions of this issue. The Commission therefore concurred with the Committee's recommendation to continue to seek clarity regarding the appropriate roles of commercial interests in planning, administering and delivering CE, and to seek input from stakeholders.

**Action:** The Commission will engage the communities of interest in a discussion regarding the role of commercial interests in continuing dental education.

### **ADA CERP Recognition Actions**

**October 2017 Recognition Actions:** The Commission considered 10 new applications for recognition, 73 applications for continued recognition, nine progress reports, two reports of substantive change and two requests for reconsideration of intent to withdraw recognition. The Commission granted initial recognition to eight providers of continuing dental education, and continued recognition to 73 providers. The Commission discontinued recognition of two providers at the request of the providers. The Commission also withdrew recognition of two providers for failure to meet program requirements. Including the Commission's October 2017 actions on recognition, 454 CE providers are currently ADA CERP recognized. The Commission also approved six Pre-Application Eligibility Surveys from international providers. Individual recognition actions are noted in Appendix 4, 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 grants recognition or continued recognition to a total of 82 providers of continuing dental education. The Commission's October 2017 actions regarding ADA CERP recognition are summarized in Appendix 4.

**Providers Requesting Extension of Recognition Term:** The Commission received a report listing six providers that requested and were granted a six-month extension to their recognition term and corresponding extension of the deadline for submitting an application for continued recognition in accordance with CERP procedures (consent calendar item). Extensions of recognition terms are summarized in Appendix 4.

**Providers Voluntarily Discontinuing:** The Commission received a report of two providers that have notified the Commission that they have discontinued participation in ADA CERP. The effective dates of discontinuance are summarized in Appendix 4.

**Results of October 2017 CERP Applicant Survey:** The Commission received an informational report summarizing survey results from providers submitting applications each cycle (consent calendar item).

**CERP Participation and Approval Data:** The Commission received an informational report tracking annual data on program participation, submission types and acceptance rates (consent calendar item).

### **Miscellaneous**

**2017 ADA House of Delegates Resolutions:** Dr. Nancy Rosenthal provided an informational report on resolutions submitted to the 2017 ADA House of Delegates pertaining to continuing education.

**CCEPR Open Hearing:** The Commission reviewed a draft agenda for an open hearing scheduled on October 20 during the 2017 ADA Annual Meeting in Atlanta, to provide the communities of interest with an opportunity to provide input on proposed CERP Standards. Comments on proposed Standards will also be accepted via email.

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

**Action:** The Commission appoints the following to serve as consultants to the Commission for a one-year term beginning with the close of the 2017 ADA House of Delegates: Dr. Brian A. Beitel, Dr. Hardeep K. Chehal, Dr. Timothy C. Kirkpatrick, Dr. Paul Leary, Dr. Eugene J. McGuire, and Dr. Ann Steiner.

**CERP Reviewer Discussion and Calibration Exercise:** The Commission participated in an exercise to calibrate reviews of CERP applications.

**Acknowledgement of Service:** The Commission acknowledged the following board members completing their terms in October 2017: Dr. Paul Leary (chair), Dr. Brian Beitel, Dr. Hardeep Chehal, Dr. Timothy Kirkpatrick and Dr. Ann Steiner.

**Adjournment:** 12:08 pm, Friday, October 13, 2017.

**Confidential**

**Complaints Committee Report:** Dr. Kirkpatrick summarized the Committee's findings on a formal complaint received regarding the University of Tennessee. The complaint alleged that an activity offered by the provider was not based on sound science, and may not have been properly reviewed by the provider prior to presentation. Based on its review of information and documentation supplied by the provider in response to the complaint, the Committee has requested a progress report from the provider demonstrating improved compliance with Standards V and IX, addressing the provider's processes for evaluating proposals for CE courses and managing commercial conflicts of interest. Based on its review of the progress report, the Committee will make a recommendation to the Commission at its meeting in April 2018.

**October 2017 ADA CERP Recognition Actions:** A list of ADA CERP Recommended Recognition Actions based on reviewers' assessments was prepared for consideration as a consent calendar. Items flagged for further discussion and deliberation were indicated on the List of Recommended Actions and were not considered part of the consent calendar. Commission members were also given the opportunity to remove any recommended action from the consent calendar for consideration and vote as a separate action.

Recognition actions on submissions from the following providers were removed for separate consideration:

- Postgraduate School of Dentistry
- Acadental
- American Academy of Oral Medicine
- Canadian/Comprehensive Straight Wire and Functional Orthodontic Program
- Gerald M. Bowers Study Club in Periodontology, Inc.
- Great Lakes Implant Institute
- Nagy Orthodontic Academy
- Novobiotek Dental Implant Institute
- Operative Dentistry, Inc.
- Sclar Center for Advanced Implant Dentistry Learning
- SML
- Tunica Extravaganza Dental Meeting
- University of Iowa College of Dentistry
- VITA North America

At this time, members who had disclosed affiliations (see table in the nonconfidential section of these minutes) indicated their abstention from voting due to such affiliations.

**Action:** The Commission adopts recommended recognition actions on the consent calendar.

As a result of its consideration of the reviewers' recommended actions and further discussions, the Commission took action on the items that had been removed from the consent calendar. Individual actions on each submission are summarized in Appendix 4, a confidential section of these minutes.

**Action:** The Commission grants initial recognition to eight providers of continuing dental education and continued recognition to a total of 73 providers. The Commission's October 2017 actions regarding ADA CERP recognition are listed in Appendix 4.



## Proposed Revisions to ADA CERP Recognition Standard XIV.3

May 2017

*Additions underlined; deletions ~~struck through~~.*

### STANDARD XIV. RECORD KEEPING \_\_\_\_\_

#### CRITERIA

1. Providers must issue accurate records of individual participation to attendees.
2. Documentation must not resemble a diploma or certificate. Documentation must not attest, or appear to attest to specific skill, or specialty or advanced educational status. Providers must design such documentation to avoid misinterpretation by the public or professional colleagues.
3. Credit awarded to participants of a recognized provider's educational activity must be calculated as follows:
  - a. For all CE activities, 0.25 credit hours will be awarded for each 15 minutes of activity time, not including breaks, meals, registration periods or general business. No credit shall be awarded if the activity is less than 15 minutes in duration. For participation in formal structured lectures delivered in real time, whether in person or electronically mediated via teleconference or web-based seminar, credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods). No credit should be awarded if the course is less than one hour in duration.
  - b. ~~For courses in which at least 30% of course content involves the participant in the active manipulation of dental materials or devices, the treatment of patients or other opportunities to practice skills or techniques under the direct supervision of a qualified instructor, participation credit must be awarded based on the actual number of contact hours (excluding breaks, meals and registration periods).~~
  - e.b. For CDE activities that involve both on-site lecture and demonstration portions and in-office, independent participation components, credit ~~must be awarded based on contact hours. Credit for the in-office, independent study portion may not exceed credit awarded for the lecture and demonstration portions.~~
  - d.c. For participation in audio or audiovisual self-instructional programs, credit must be awarded based on the actual length of the audiovisual instructional time plus a good faith estimate of the time it takes an average participant to complete all required elements of the activity, including the self-assessment mechanism. ~~Such courses must offer a minimum of one credit hour.~~ Audio visual self-instructional activities include, but are not limited to:
    - i. Audio- or audio-visual activities delivered via tape, CD, DVD, pod cast, on-line, etc.
    - ii. Multi-media activities comprised of audiovisual elements in combination with written materials.
  - e.d. For participation in self-paced self-instructional programs, the provider must award credit based on a good faith estimate of the time it takes an average participant to complete the program. ~~Such courses must offer a minimum of one credit hour.~~ Self-paced self-instructional activities include, but are not limited to, written self-study activities such as journals or monographs, either print-based or electronically mediated.
4. Verification of participation documentation must clearly indicate at least:
  - a. The name of the CDE provider
  - b. The name of the participant
  - c. The date(s), location and duration of the activity
  - d. The title of the activity and/or specific subjects

- e. The title of each individual CDE course the participant has attended or successfully completed as part of a large dental meeting or other similar activity (and number of credits awarded for each)
  - f. The educational methods used (e.g., lecture, videotape, clinical participation, electronically mediated)
  - g. The number of credit hours awarded (excluding breaks and meals)
  - h. The recognition status of the provider, through the use of the authorized recognition statement, and, whenever feasible (given space considerations) the use of the ADA CERP logo in conjunction with the authorized statement.
  - i. Notice of opportunity to file complaints.
5. Providers must maintain records of the individual participants at each educational activity, including their names, addresses and telephone numbers, for a period of at least six years.

#### **RECOMMENDATIONS**

- A. Providers should be aware of the professional and legal requirements for continuing dental education that may affect their participants.
- B. Providers should cooperate with course participants and with regulatory or other requiring agencies in providing documentation of course participation, as necessary.
- C. Each attendee is responsible for maintaining his/her own records and for reporting his/her CDE activities to all appropriate bodies in accord with any jurisdictional and/or membership requirements.
- D. The provider should provide a course completion code at the end of each educational activity or educational session.

## DRAFT

## List of Proposed CERP Standards and Criteria—October 2017

- 1
- 2
- 3
- 4 **Standard 1. Purpose and Mission**
- 5     1.1. Provider’s Mission
- 6     1.2. Program Administration
- 7
- 8 **Standard 2. Content of CE Activities**
- 9     2.1. Needs Assessment
- 10     2.2. Educational Objectives
- 11     2.3. Sound Scientific Content
- 12     2.4. Promoting Improvements in Care (not proprietary commercial products)
- 13
- 14 **Standard 3. Delivery of CE Activities**
- 15     3.1. Instructors
- 16     3.2. Educational Formats
- 17     3.3. Patient Protection
- 18     3.4. Facilities/Media
- 19     3.5. Publicity
- 20     3.6. Record Keeping
- 21
- 22 **Standard 4. Commercial Conflicts of Interest**
- 23     4.1. Independence
- 24     4.2. Management of Commercial Conflicts of Interest
- 25     4.3. Management of Commercial Support
- 26     4.4. Disclosure
- 27     4.5. Separation of Marketing/Promotion from CE
- 28
- 29 **Standard 5. Assessment of Learning**
- 30     5.1. Assessing Participant Learning
- 31     5.2. Assessing Activity Outcomes
- 32
- 33 **Standard 6. Evaluation**
- 34     6.1. Evaluation of CE Activities
- 35     6.2. Evaluation of Impact and Achievement of Mission

## DRAFT

1 **Standard 1. Purpose and Mission**  
2  
3

4 **1.1. Provider's Mission.** The provider must have a mission statement and goals which define the  
5 scope and intended outcomes of the continuing education activities that the provider offers.  
6

7 Guidance

8 A concise, clearly defined continuing education **mission statement** describes the scope  
9 of the provider's continuing education activities, the audience for whom these activities  
10 are designed and how these activities will enhance professional competencies or support  
11 improvements in oral health care.  
12

13 A **goal** is a concise written statement of what a provider intends to achieve for oral health  
14 education. Goals articulate short-term or long-range strategies for carrying out the  
15 provider's continuing education mission statement. Goals should address how the  
16 provider's CE activities will enhance dental professionals' competencies, performance or  
17 patient outcomes.  
18

19 Sharing the provider's mission statement with instructors and other stakeholders will  
20 clarify the purpose of the CE program and will set the direction for the development of  
21 strategic goals  
22

23 **1.2. Program Administration.** The provider must conduct business operations and manage the  
24 overall CE program so that its financial, legal and human resource obligations and commitments  
25 are met.  
26

27 Guidance

28 An effective program administration has policies and procedures that demonstrate:

- 29 a. adequate resources to administer all aspects of the CE program
- 30 b. compliance with applicable laws and regulations
- 31 c. the provider has specific procedures for personnel changes to maintain continuity,  
32 particularly with regard to the administrative authority (e.g., personnel policy  
33 statements, etc.)
- 34 d. there is a provision for adequate support personnel to assist with program planning  
35 and implementation where the size or extent of the CE program warrants.
- 36 e. the responsibilities and scope of authority of the individual or administrative authority  
37 is clearly defined (e.g., individual job descriptions or pertinent policy statements)

## DRAFT

**Standard 5. Assessment of Learning**

*The intent of this Standard is to ensure that CE activities include assessment methods that allow learners and providers to evaluate the effectiveness of the activities.*

**5.1. Assessing Participant Learning.** The provider in collaboration with instructors must include learning assessments in each CE activity to assess participants' achievement related to learning objectives/outcomes.

Guidance

The provider may select formal and informal techniques for assessing learning. Informal techniques may involve participant discussions or observations. Assessment mechanisms must be content oriented. The method of assessment and feedback must be appropriate to the nature of the activity and learning objectives or desired outcomes. Assessments for activities designed to impart knowledge or address gaps in knowledge may include questions to assess recall of facts, pre- and post-tests, or quizzes. Assessments for activities designed to address application of knowledge or performance may include case studies, observations, demonstrations or evaluations of hands-on techniques or performance. Following assessment, the student should be given feedback concerning correctness, and/or progress relative to a goal.

**5.2. Assessing Activity Outcomes.** The provider must assess changes in aggregate (group) learners' knowledge, performance or practice as a result of the educational activity/learning intervention.

Guidance

The provider should assess the impact on the group participating in the activity by analyzing the information collected through the learning assessment tools used (5.1), and observing any changes in the learners' knowledge, performance or practice. Providers should use this aggregate (group) data to improve activity effectiveness.

## DRAFT

1 **Standard 6. Evaluation**  
2  
3

4 *The intent of this Standard is to ensure that a CE provider evaluates the effectiveness of its CE activities*  
5 *and the impact of its overall CE program, in order to support continuous quality improvement of the*  
6 *provider's CE programming.*  
7

8 **6.1. Evaluation of CE Activities.** The provider must assess learners' perceptions of the CE  
9 experience and confidence in their abilities relative to the learning objectives.

10  
11 Guidance

12 The provider should obtain feedback from learners regarding:

- 13 a. applicability of the CE activity to their educational needs
- 14 b. achievement of published learning objectives
- 15 c. quality of instructors
- 16 d. effectiveness of teaching and learning methods
- 17 e. perceptions of bias or commercialism
- 18 f. any other metrics the provider wishes to monitor

19  
20 The provider should use this information to make adjustments and improvements to  
21 future CE activities.  
22

23 **6.2. Evaluation of Impact and Achievement of Mission.** The provider must develop and implement  
24 a plan to evaluate the effectiveness of its overall continuing education program and assess  
25 whether its CE mission and goals are being met.  
26

27 Guidance

28 An evaluation plan will help the provider measure the impact of its CE programming and  
29 determine whether it is meeting its overall goals. The evaluation plan should measure  
30 impact in the following areas:

- 31 a. participation
- 32 b. satisfaction—including learners' perceptions regarding the applicability of the CE  
33 activities to their practices, effectiveness of the activities, satisfaction with instructors,  
34 instructional methods and organization of material, etc.
- 35 c. learning and performance—data gathered from learning assessments in CE  
36 activities  
37

38 Documentation of the evaluation process could include methods, results, significant  
39 findings and next steps for subsequent actions. The plan may include participant  
40 surveys. Analysis of aggregate (group) data could be used to support evaluation of  
41 impact and achievement of mission.  
42

43 The provider should review its overall CE mission and goals and revise if needed, based  
44 on the results of the evaluation.  
45

46 When possible, a provider's evaluation plan could also measure the impact of the  
47 provider's CE program on patient oral health and population oral health through metrics  
48 such as increased compliance with published guidelines, reductions in adverse events  
49 (for example, infection rates, failure rates), etc.