Maintaining a Program’s Accreditation

A Resource for Program Directors

As a director of a CODA-accredited program, your responsibilities include the task of managing your program’s accreditation. This task is ongoing and is not limited to the periods of regularly-scheduled site visits. What follows is a review of the Commission’s accreditation process and the interaction you will have with the Commission on Dental Accreditation as a program director.

Definition of Accreditation

Accreditation is a process involving self- and peer-review and assessment. Through this process, an agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance of education programs and evaluates compliance with those standards for education programs.

It is important to distinguish accreditation from other related processes. Accreditation is a process that applies to educational institutions or programs, while terms such as certification, recognition, credentialing and licensure in most circumstances apply to individuals.

Another important concept to remember is that accreditation does not guarantee individual student outcomes. Accreditation does provide, however, a reasonable assurance that students graduate with nationally accepted competencies required for entry into practice.

Regular Program Review (The Site Visit)

A key component of accreditation is the regular periodic review, which typically occurs every seven (7) years for all dental education programs except oral and maxillofacial surgery which is
on a five (5) year review cycle. The periodic review process begins with the Self-Study, a document which programs prepare as a self-assessment of their compliance with requirements for accreditation. Next is the Site Visit, a peer-review process where the site visit team reviews both the Self-Study and the program on-site through document review, interviews and observations.

The Preliminary Draft Site Visit Report follows, which is written by the visiting committee and compiled and formatted by staff. The visiting committee then reviews and approves the report prior to the report being sent to the program.

Afterward, the program receives a copy of the Preliminary Draft Site Visit Report and is given an opportunity to review and respond to the report. The Commission’s discipline Review Committees meet two to three weeks prior to the Commission meeting to review Preliminary Draft Site Visit Reports and prepare accreditation recommendation reports to the Commission. The Commission, in closed session, takes accreditation actions following review of these Review Committee recommendation reports. Only the Commission has authority to grant accreditation to a program. Programs are notified of the Commission’s actions following its winter and summer meetings.

Site Visits

The purpose of the site visit is to obtain in-depth information concerning all administrative and educational aspects of a program. Regular accreditation site visits are an element of the 7- or 5-year accreditation review cycle.

Special site visits occur outside of the regular accreditation cycle and are meant to gather specific information which can only be obtained on-site. These special site visits can be focused, which means the visit is limited to review of specific aspects of a program, or comprehensive, which means the visiting team will review all administrative and educational aspects of a program.

Before the site visit, program directors receive various letters and forms in preparation of the visit. The type, schedule, and frequency of these materials varies depending on the program discipline.
Before the site visit team arrives, program directors complete the Self-Study Document. This is the program’s own self-assessment. It provides the program with the opportunity to examine the program’s resources, identify strengths and weaknesses, document the program’s compliance with standards and policies, and demonstrate the program’s effectiveness.

The Commission keeps the program’s self-study strictly confidential, allowing for the document to be a tool for program improvement.

The Site Visit itself permits a team of Commission-appointed peers to assess a program's compliance with the Accreditation Standards and with the program’s own stated goals and objectives. The site visit provides the opportunity to verify and supplement the information contained in the self-study document.

The visiting committee will confirm the information the program has provided in the self-study, review all documentation, conduct interviews and observe the program.

At the end of the site visit, the committee will conduct a final conference to present their findings. If the visiting committee believes that the program is deficient in demonstrating compliance with a standard, it will provide a formal statement known as a Recommendation. A recommendation informs the program of the observed deficiency, plus provides the specific standard that is related to the deficiency. Programs must correct recommendations within a specified time frame in order to maintain compliance with CODA.

Suggestions are areas in which the site visit team has found the program compliant with the standards, but has identified an area where enhancement of the program could occur. Programs may choose whether to implement suggestions offered by a site visit committee, and are not penalized if they choose not to follow any or all suggestions.
With this in mind, it is important to note that the visiting committee – as well as the Commission and Commission Staff – treat all information related to the site visit, from the self-study to the details of the Final Conference, as highly confidential.

Within 4-6 weeks of the site visit, CODA staff will email a Preliminary Draft Site Visit Report, including all attachments, to the program director, as well as the program’s chief academic/administrative officer (CAO) and chief executive officer (CEO). This draft report will include the text of any recommendations and suggestions the program may have received from the visiting team.

The program has a minimum of 30 days to report factual inaccuracies and/or differences of perception. Given the timing of the site visit, the program may have additional time to report on progress made with recommendations, should it choose to submit such a report. The letter accompanying the draft report will provide specific due dates should the program wish to submit a response.

The Commission continually monitors its own performance within site visits, and as a part of that self-evaluation emails a Post Site Visit Survey to the program director and CAO. As with other information related to site visits, the survey is kept strictly confidential, and is the program’s opportunity to provide frank feedback on the logistics, materials and process of the site visit, as well as the performance of the site visit team members themselves.

Once the Commission has taken an accreditation action related to the program, CODA staff will inform the program director of that action through a formal Transmittal Letter, which the director, CAO and CEO should receive generally within 30 days of the Commission’s meeting.

The letter will include the action itself, the expected date of the next site visit, and details of any follow up activities for the program.
Follow up items may include a progress report from the program, an additional site visit from CODA, or documentation which the Commission may request, intended to provide clarity regarding one or more areas of deficiency which may have been encountered during the site visit.

If there are Recommendations, the transmittal letter will include a defined period of compliance. The length of the period of compliance, which may not exceed a range from 18 to 24 months, is contingent on the length of the specific program.

As mentioned above, from time to time the Standards are revised in response to changes in education or practice. If there are outstanding recommendations and the Standard has been changed or revised, the institution will be held to the new standard.

Accreditation Standards

Broad categories of the standards for dental education in the United States include:

- Institutional Effectiveness
- Educational Program
- Faculty and Staff
- Educational Support Services / Facilities
- Patient Care Services (as applicable)
- Research Program (as applicable)

The Institutional Effectiveness standards require educational programs to establish ongoing and continuous internal planning and outcomes assessment at all levels. Programs must demonstrate that the results of this assessment are used for program improvement.

Educational Program standards include items that reflect the core educational component of the program, including both didactic and clinical education. The educational program section of the Standards provide nationally accepted educational requirements that frame the graduate’s expected
level of knowledge and competence upon graduation from the program. Additionally, concepts such as curriculum management, critical thinking, and student self-assessment may be included.

Faculty and Staff standards deal with the number and distribution of faculty, faculty governance, faculty performance evaluation; and faculty development.

The Educational Support Services standards concern the student admission process and procedures; facilities and resources; academic due process, and student health services and financial aid.

Patient Care standards concern the formal system for quality assurance of a program’s patient care program; the requirement for comprehensive patient care; medical emergency management; the program’s compliance with local, state and national requirements for safe use of ionizing radiation, and management of hazard materials and infectious diseases; and conformity with patient privacy laws.

Finally, Research standards, as applicable, ensure that scientific inquiry is a component of the educational process and that students have the opportunity to participate in research.

The standards for each discipline have additional requirements for program directors related to the program director’s role and responsibilities with regard to accreditation and program administration. Details on these additional requirements are covered in discipline-specific Accreditation Standards documents.

The Commission website at https://www.ada.org/en/coda/current-accreditation-standards provides copies of all standards at all levels of development, including those that are currently proposed, recently revised and the Standards currently in use. In addition, the webpage containing revised standards indicates the implementation date of each revision. It is the program director’s responsibility to ensure that he/she is aware of the standards currently in use and that the program maintains ongoing compliance with the current standards.
Monitoring Standards and Policies

It is important to note that standards and policy are periodically reviewed and may be revised in response to changes in education or practice. Revisions are proposed, adopted, or implemented periodically. Therefore, CODA recommends that program directors continuously monitor standards and policy revisions, as directors are expected to adhere to current standards and policies at all times.

Because standards and policy undergo periodic change, CODA provides multiple sources by which to monitor updates. These include the EVALUATION AND OPERATIONAL POLICIES AND PROCEDURES manual or EOPP, various pages of the CODA website, including the Accreditation Tab, the Policies and Guidelines tab (where one can find the EOPP), the Webinar Series under the Policies and Guidelines tab, and Commission staff, especially the discipline-specific CODA manager on staff.

CODA also hosts hearings on standards and informational sessions at the American Dental Association and American Dental Education Association annual meetings, and publishes the CODA Communicator, a bi-annual e-newsletter which summarizes updates on Standards and Policies as directed by actions the Commission takes at its Winter and Summer meetings.

Many CODA Alert emails include updates in Standards, Policy, Program Status, and more. Most of these emails will include links to the CODA website sections mentioned above.
Reporting Program Changes

One of the most important concepts a director should understand is when and how to report program changes to the Commission. The following section presents this entire process in detail.

CODA recognizes that education and accreditation are dynamic, not static processes. Ongoing review and evaluation often leads to positive changes in an educational program. The Commission views change as a part of a healthy educational process and encourages programs to incorporate ongoing program evaluation into their normal operating procedures. The Commission fulfills its responsibility to the public by ensuring that the programs under its purview continually meet the established educational standards and policies.

Impact of Program Changes

Changes can have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but might also occur in other areas.

Policies and Guidelines for Common Types of Program Changes

Advanced education programs must adhere to the Policy on Enrollment Increases in Advanced Education Programs, which are available on the Commission’s website at Policies/Guidelines > Program Changes > Enrollment Increases. There are separate Guidelines for each of the advanced disciplines.

Guidelines for requesting an increase in enrollment in a Predoctoral Dental Education Program are also available on the Commission’s website. Please contact Commission staff to discuss the enrollment increase.
In addition, programs adding off-campus sites must adhere to the Guidelines for Reporting and Approval of Sites Where Educational Activity Occurs.

For most other types of program change reports, the Commission’s Guidelines for Reporting Program Changes would be used and are located on the Commission’s website at Policies/Guidelines > Program Changes.

**Reporting Requirements of Planned Program Changes**

When a program plans a change, the program should consult Commission staff early in the planning process to determine the reporting requirements. The program’s report must document how the program will continue to meet the accreditation standards. The Commission’s Guidelines for Reporting Program Changes clarify what constitutes a change and provide guidance in adequately explaining and documenting the changes.

There are different types of program changes. Some program changes must be reported prior to the December 1 and June 1 deadlines to be reviewed at the regularly scheduled, semi-annual discipline specific Review Committee meetings and must be approved by the Commission, before implementation, to ensure the program continues to meet the accreditation standards.

Other types of program changes must be reported in writing to the Commission at least 30 days prior to the anticipated implementation of the change, are not reviewed by the Review Committee and Commission, but are reviewed at the program’s next site visit.

Programs should consult the policy and guidelines to identify the current established deadlines.
Reporting Program Changes

Reporting program changes only on the Annual Survey does not preclude the requirement to report changes directly to the Commission. Failure to report and receive approval in advance of implementing a change might result in review by the Commission, might include a special site visit, in which the program will be charged an administrative fee plus the total cost of the site visit, and might even jeopardize the program’s accreditation status.

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breach of integrity has occurred, 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.

Program Changes that Require Commission Approval

Program changes that require Commission approval include but are not limited to:

- Establishment of Off-Campus Sites not owned by the sponsoring institution used to meet accreditation standards or program requirements (See the Guidelines on Reporting and Approval of Sites Where Educational Activity Occurs);
- Changes to Off-Campus Sites not owned by the sponsoring institution that impacts the use of the site (e.g. minor site to major site, or termination of enrollment at or discontinued use of major site);
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair. Programs are reminded that resources must be maintained even when the full complement of students/residents is not enrolled in the
program. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs; Predoctoral programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program and Postdoctoral General Dentistry Education programs see Guidelines for Reporting Enrollment Increases in Postdoctoral General Dentistry Education Programs);

- Change in the nature of the program’s financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment that could affect the ability of the program to meet the standards;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards;
- Addition of advanced standing opportunity; and/or
- Expansion of a developing dental hygiene or assisting program which will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

**Unexpected Program Changes**

The Commission recognizes that unexpected changes can occur. Unexpected changes can be the result of sudden changes in institutional commitment to the program(s), unexpected changes in affiliation agreements between institutions, sudden changes in faculty support, or a facility compromised by a natural disaster. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. If applicable, the program(s) must reference the Commission’s policy on Interruption of Education.
Failure to proactively plan for change is not considered an unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a special site visit could be warranted.

Program Changes that Do Not Require Commission Approval Prior to Implementation

Other program changes that must be reported in writing at least 30 days prior to implementation of the change and are not reviewed by the Review Committee and the Commission but will be reviewed at the programs next site visit include (but are not limited to):

- Establishment of Off-Campus Sites owned by the sponsoring institution used to meet accreditation standards or program requirements;
- Expansion or relocation of dental facilities within the same building;
- Change in program director. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch must be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- First-year non-enrollment. See Policy on Non Enrollment of First Year Students/Residents.

Deadline and Review Cycles

Program change reports must be submitted by the appropriate deadline prior to the regularly scheduled discipline-specific Review Committee meeting at which the report will be reviewed.

The Review Committees and the Commission all meet twice per year, in Winter and Summer.

To submit a program change report for the Winter Commission meeting, the report should be submitted by December 1 to allow the Review Committee adequate time to review the report.

To submit a program change report for the Summer Commission meeting, the report should be submitted by June 1 to allow the Review Committee adequate time to review the report.
After each discipline specific Review Committee has reviewed the program change report, a recommendation is submitted to the Commission for review. The Commission is the only body that can grant approval of the program change. Programs will be notified within 30 days after the Commission meeting of its decision.

**Writing the Program Change Request**

For the Review Committee and Commission to have a clear picture of the reported program change and the effect it will have on your program, it is important to write the program change report as if you are writing for someone who is unfamiliar with your program. The Guidelines for Reporting Program Changes require a description of the relevant aspects of the program before the change and after the change, illustrating the impact the change will have on the program. When the program change report is reviewed by the Commission, your report will be the only document the Commission has to review; therefore, providing a complete and accurate description of the program and the change is important. Stay focused on information that pertains to the proposed change. Be clear and succinct. Please note reports that fail to adhere to the Commission’s guidelines to include only information relevant to the proposed change might result in the program change report being returned to the program(s) for proper formatting.

For example, instead of stating that the program will reduce its full-time faculty by one FTE, describe the number **before and after the proposed reduction**, including the faculty to student ratio.

Provide relevant documentation to illustrate how the program will comply with the accreditation standards. For example, if the program is moving to a new geographic location, the Commission will want a description of the clinical facilities, **before and after the change**, such as number of operatory chairs and other requirements as noted in the Standard covering facilities and resources, including faculty and support staff. Most importantly, review the appropriate Guidelines for any **required areas of documentation**. There could be very specific areas that the Review Committee and Commission need to see addressed in the program change report. Patient volume and clinic
coverage are examples of required areas of documentation that are listed in some of the Guidelines. If one or more of these required areas are not addressed, the Commission might not have enough information to make a decision.

Another example: if a program proposes curriculum changes in content areas required by the standards, the report should include a narrative and related course documentation, before and after the change. A chart that documents where the content was relocated from one course to another might be helpful to visualize the change.

Be sure to include evidence that the program continues to comply with all the relevant Accreditation Standards. Without appropriate evidence, the Commission might not have sufficient documentation to make a decision, which could result in the Commission postponing action or denying the program’s change report.

Discuss how the proposed change could affect other aspects of the program. For example, a program submits a program change report for the addition of an advanced standing track that did not previously exist. If the addition of the advanced standing track has been created to add additional students/residents, the program must also submit a separate program change report for an increase in enrollment.

Curriculum changes that result in the need to send students/residents off-site will likely require you to submit a request to add a site where educational activity occurs (e.g., sedation training for periodontics students/residents). Prior approval is needed for the addition of an educational activity site that is used to meet program requirements or Accreditation Standards. It should be noted the Commission does not accredit the educational activity sites (or their institutions), it approves the use of these sites as off-campus training locations.
Formatting the Program Change Request

The report must be clear, concise and follow the guidelines in order for the Commission to clearly understand all aspects of the program change. The discipline specific Review Committees that review the program change report will not have additional background information such as the previous self-studies, progress reports, and program change reports when reviewing the request.

There are specific mechanical, component, and format guidelines for submitting a program change report, and reports that fail to adhere to these guidelines might trigger the Commission staff to return the report to the program for proper formatting.

The report must provide a brief and clear narrative of the proposed change that includes relevant aspects of the program before and after the proposed change to fully illustrate the impact of the change. This might also include a chronology of events or circumstances leading to the change and provide relevant supportive documentation to demonstrate how the program will continue to comply with the accreditation standards, subsequent to the change.

The program’s documentation must adhere to the Privacy and Data Security Policy, and must not contain any patient protected health information (PHI) or personally identifiable information (PII). If the program or institution submits documentation that does not comply with the policy on privacy and data security, the Commission will assess an administrative fee of $4000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional $4000 fee. Please refer to the current Commission policy on privacy and data security on the Commission’s website for detailed information. Go to Policies/Guidelines > HIPAA.

Programs or Institutions must meet the established deadlines for submission of requested information. Program information such as reporting on changes is considered an integral part of the accreditation process. If an institution fails to comply with the Commission’s deadlines, 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.

Mechanics/Components of the Program Change Report

The following guidelines must be observed when preparing the report:

The Cover Page – *Must* include the following information:

- name and address of the institution
- program title;
- name, title, telephone number, e-mail address and signature of the program director;
- name, title, and signature of the department head or dean;
- 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 to the Commission).

If documentation is extensive, include a **LIST OF APPENDICES** in the text of the report and include the actual items in separate **appendices**. Use **numbered tabs** for each appendix and cite them for each item mentioned in the report. Include the tab number next to the item on the list of documentation in the report.

Submit **one (1) comprehensive electronic copy** of the report on changes for **each program** affected.

Program Change Report Process

The Commission uses the following process when considering reports of program change. Program administrators have the option of consulting with Commission staff at any time during the process.
• The program submits a report by December 1 for the Winter meeting and June 1 for the Summer meeting.

• Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the appropriate discipline specific Review Committee and Commission will review the report.

• Please remember that Commission staff might request additional information prior to Review Committee or Commission review if the change is not-well documented.

• Commission staff acknowledges receipt of the program’s report and accompanying documentation and informs the program that the report will be reviewed by the appropriate Review Committee and the Commission at the next regularly scheduled meeting or that the reported change will be reviewed during the next scheduled site visit.

• If the report is to be considered by a Review Committee and the Commission, staff will add the report to the appropriate Review Committees agenda. The Review Committee reviews the report and makes a recommendation to the Commission.

• Within 30 days of the Commission meeting, Commission staff will send to the program a notification of the results of the Commission’s decision.

Possible Actions Taken By the Commission on Program Change Requests

As previously mentioned, the Review Committee makes a recommendation to the Commission in relation to the review of reports of program changes received from accredited educational programs. The Commission is the only body that can take a final action on a program change related request. The Commission has several actions available to them:

• **Approve the report of program change**: If the Review Committee or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, they will grant approval of the program change.

• **Approve the report of program change and request additional information**: If the Review Committee or Commission does not identify any concerns regarding the
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program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with the standards, they will request additional information for review by the Commission. Additional information could occur through a supplemental report or a focused site visit. With a focused site visit, the program will be assessed an administrative fee and be responsible for all costs associated with the site visit. The fee and 75% of the estimated costs of the site visit including airfare, lodging and other associated costs must be paid prior to the site visit. The additional information will be reviewed at the Commission’s next regularly scheduled meeting.

- **Postpone action and continue the program’s accreditation status, but request additional information:** If the Review Committee or Commission identifies concerns that the change will affect the program’s continued compliance with the accreditation standards, the Commission will request additional specific information regarding these concerns. The institution will be further advised that if the additional information submitted does not satisfy the Commission’s concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request. With a focused site visit, the program will be assessed an administrative fee and be responsible for all costs associated with the site visit. The fee and 75% of the estimated costs of the site visit including airfare, lodging and other associated costs must be paid prior to the site visit. If the Commission postpones action and requests additional information, the information will be reviewed at the Commission’s next regularly scheduled meeting.

- **Postpone action and continue the program’s accreditation status pending the conduct of a special focused site visit:** If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted. With a focused site visit, the program will be assessed an administrative fee and be responsible for all costs associated with the site visit. The fee and 75% of the estimated costs of the site visit including airfare, lodging and other associated costs must be paid prior to the site visit.
• **Deny the request:** If the submitted information does not indicate the program will continue to comply with the accreditation standards, the Commission will deny the program change. Commission staff will advise the program or institution that they can re-submit the report with the necessary additional information. The program might choose to no longer pursue approval of the proposed change as a result of either postponement or denial.

As mentioned, guidelines for how to complete and submit program change reports are available on the CODA website. Go to Policies/Guidelines > Program Changes.

**Guidance Available from CODA Staff**

If you have questions about Accreditation in general or about the processes covered in this document, please remember that Commission staff are always willing to assist you with the understanding Commission policy and the procedural details associated with maintaining a program’s accreditation.