Editorial

A Few Things I Learned from the Commission

On Thursday, July 26, I attended my final meeting of the Commission on Dental Accreditation (CODA). It has been my privilege for the past 4 years to serve as our specialty's representative to that body. For someone who has spent the past 31 years in dental education, I learned a great deal during my tenure. I would like to share a few of those lessons with you.

Pediatric dentistry is a growing specialty. It was not that long ago that Dr. John Bogert, former Executive Director of the American Academy of Pediatric Dentistry (AAPD), was sounding the warning about reductions in the number of training slots in our specialty, pointing out that our impending loss of "critical mass" would have serious adverse consequences for our future as a specialty. The Academy heeded this warning and during the 1990s undertook an initiative to increase the pediatric dentistry workforce. The result? During my 4 years on the Commission, the Pediatric Dentistry Review Committee entertained nearly 2 dozen enrollment increase requests from pediatric dentistry residency programs. In order for the request to be approved, the programs had to demonstrate that they had sufficient faculty, facilities, and staff to handle the increases. Though several of these requests were related to Title VII funding, many were not. Virtually all, however, were based on the programs' recognition of the demand for services by the communities that they serve. A number of programs were expanding their training into sites outside of their institutions, sites that were more accessible to their patients. Today, there are over 300 (ADA 2005-2006 Survey of Advanced Dental Education) first-year positions in pediatric dentistry residencies, and this trend will likely continue for some time.

There is more than one way to skin a cat. Great variety exists among our residency programs in the ways that they provide didactic and clinical experiences for their trainees. Accreditation standards are deliberately designed to allow for that flexibility. And while all programs have their strengths and weaknesses, all *accredited* programs meet minimum standards in the areas of institutional commitment, faculty, facilities and resources, curriculum, resident selection and evaluation, and resident research. Should AAPD be promoting high quality experiences for our colleagues in training? Certainly. Should we be assisting programs in producing better trained pediatric dentists with a broad range of clinical and didactic backgrounds? Of course. We must be careful, though, not to attempt to shoehorn all programs into the same mold. Some degree of diversity among our training programs is a good thing.

The mills of CODA grind slowly and exceeding fine. The relationship between CODA and the American Dental Association (ADA) is often misunderstood. CODA is a separate entity, and as such does not function in the same way as does an ADA council. Unlike an ADA council, CODA must be sensitive to the needs and desires of a multitude of communities of interest—dental educators, dental schools and hospitals, our programs, specialty associations and boards, the U.S. Department of Education (which accredits CODA), and of course the ADA and the profession at large—to name a few. Thus, when CODA proposes changes in accreditation standards and policies, it must seek input from these communities. This takes time, typically a year. CODA holds open hearings at the annual sessions of the American Dental Education Association each spring, and the ADA each fall. Depending on the issue at hand, it may hold a hearing at the annual session of one or more specialty organizations. While it was at times frustrating to wade through this lengthy process to effect what seemed to be in some cases rather minor changes, this approach had to play itself out to be fair to all concerned. One thing you develop as a commissioner is patience—and an appreciation for the process.

Serving as your commissioner was professionally and personally rewarding for me, and I appreciate the opportunity to have done so. I had the pleasure of working with conscientious and dedicated members of the Pediatric Dentistry Review Committee, members of the Commission, and Commission staff. I am sure that you will join me in wishing all the best to my successor, Paul Casamassimo, as he takes his place at the Commission table.

Editor-in-Chief