



**ACCREDITATION STANDARDS FOR ORTHODONTIC CRANIOFACIAL AND
SPECIAL CARE CLINICAL FELLOWSHIP PROGRAMS**

Effective November 2014

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ACCREDITATION STANDARDS ORTHODONTIC FELLOWSHIP PROGRAMS

The Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada (CDAC) is a partnership with membership from the public and organizations representing oral health care professionals, educators who prepare them and regulators responsible for their competence and continuing safe practice. CDAC, in consultation with its partners, develops and approves standards for educational programs preparing dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants. CDAC also develops and approves standards for institutional dental services. CDAC reviews educational programs and dental services by means of structured, on-site visits following receipt of submissions presenting detailed information in the required format. Programs and services meeting or exceeding the standards are granted accredited status.

Vision

We are the recognized leader in the accreditation of oral health education.

Mission

We set standards and accredit oral health professional programs to promote quality education and practitioner readiness.

Basic Process

The starting point within accreditation is CDAC's development, approval and ongoing revision of accreditation standards. Educational programs and dental services are invited to apply for review against current standards. Programs applying submit detailed documentation outlining evidence addressing the accreditation standards. A survey visit is then arranged, and an accreditation survey team conducts interviews with faculty members, residents and other stakeholders to secure additional information. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation.

Responsibilities of Accredited Programs or Services

Programs or services invite CDAC to conduct a review to assess eligibility for accreditation. Once initially accredited, CDAC notifies programs or services when reassessment is required in order to maintain accredited status.

Programs or services must submit reports to CDAC as requested following an accreditation survey. Programs or services must also, on their own initiative, inform the CDAC, in writing, of any significant changes, completed or pending, in supporting facilities, resources, faculty member complement, curriculum or structure.

CDAC requires the cooperation of programs in studies related to the improvement of the accreditation process. Educational programs are expected to cooperate in completing CDAC's

Annual Program Review.

Clarification of Terms

Particular attention should be paid to the wording of each standard. For example, a standard may take the form of either a “must” or a “should” statement. There is a significant difference between the two. “Must” statements reflect the importance of a particular standard. The CDAC defines the terms as follows:

Must; Shall; CDAC expects:

These words or phrases indicate standards that are essential or mandatory.

Should:

This word implies that compliance with the standard is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative to the standard.

Curriculum Approach

Competency Based Education (CBE), Evidence Based Education (EBE) and Outcomes Based Education (OBE) are terms applied to educational programs, which build curriculum, resident learning experiences, and evaluation methods from documents that describe the knowledge, skills and values that a resident must possess to graduate.

Programs preparing health practitioners must also include consideration of the cognitive (foundation knowledge), the affective (values associated with professional responsibility) and psychomotor (preclinical and clinical). These abilities may be expressed through competencies or learning outcomes.

The accreditation process reviews how individual competencies are taught and evaluated and how the program ensures that each and every graduate has achieved every competency. This principle is the foundation of the accreditation process.

Respect for Educational Innovation and Autonomy

CDAC strives to ensure that its accreditation standards and processes do not constrain innovation or program autonomy. The expertise of educators in the development and implementation of educational programs, curriculum and learning experiences is fully acknowledged. For this reason, CDAC places its emphasis upon assessment of the program’s ability to meet its stated objectives and outcomes.

0.0 PROGRAM INFORMATION

0.1 Please provide the following information:

- a. Name of Institution
- b. Mailing and website addresses
- c. Name and contact information for the survey visit coordinator
- d. Name of Dental Dean/Director along with telephone number
- e. Name of Fellowship Director along with telephone number
- f. Date program was established
- g. Maximum number of fellowship positions and the current enrollment

1.0 PROGRAM DURATION

Standard

1.1 The dental fellowship program must be a minimum of twelve (12) months in length.

Documentation Required

Identify the length of the program (in months).

2.0 INSTITUTIONAL RELATIONSHIPS

Standard

2.1 The orthodontic fellowship program must be sponsored by a faculty/school/college of dentistry. The health facility dental service providing the major component of program must be accredited by CDAC or the Order of Dentists of Quebec.

The health facility must be affiliated with the respective university by a formal affiliation agreement. If more than one health facility contributes to the educational program, each institution must demonstrate a commitment to the program. Agreements with each health facility must identify its commitment to support the program, including allocation of physical space, financial and staffing support.

There must be provision for direct communication between the fellowship program and health facility(ies) contributing to the education program regarding decisions that directly affect the fellowship program. Dental staff providing fellowship education must be involved in selection of candidates, program planning and ongoing program review and evaluation.

Documentation Required

- a. Identify the faculty/college/school of dentistry that registers the dental fellowship program.

- b. Attach as an appendix, an organizational chart of the program.
- c. Attach as an appendix, the terms of reference for the decision-making body that oversees the program.
- d. Provide a list of the health facilities associated with the program and identify each facility's commitment to the program related to provision of physical space, financial and staffing support.
- e. Describe the budgetary basis that supports program operations.
- f. Describe dental staff involvement in the selection of candidates, program planning and ongoing program review and evaluation.

Standard

- 2.2 The educational mission of the program must not be compromised by a reliance on fellows to fulfil institutional service, teaching, or research obligations. Resources and time must be provided for the achievement of educational objectives.

Patient care must emphasize the patient's overall oral health care needs.

Documentation Required

Comment on the adequacy of resources to provide patient care and meet the program's educational objectives and confirm that fellows are not required to fulfil institutional service, teaching, or research obligations.

Standard

- 2.3 There must be opportunities for the program's dental staff to meet to review the activities of the program and to perform administrative, educational, and quality improvement functions. Minutes of these meetings must be recorded and maintained.

Documentation Required

Provide a list of the meeting dates from the past year. Provide on site a copy of the minutes for the last two (2) years.

Standard

- 2.4 A program director for the fellowship program must be identified and be responsible for all aspects of the program including experiences at affiliated health facilities.

Documentation Required

- a. Provide as an appendix to this section, the job description and current curriculum vitae of the program director and indicate whether this individual's position is full-time or part-time.
- b. Describe the director's responsibilities for professional and administrative activities and indicate how these responsibilities are determined.

3.0 PHYSICAL FACILITIES

Standard

- 3.1 Orthodontic fellowship education programs must be provided with adequate physical facilities and equipment within the health facility to assure delivery of optimal patient care in accordance with accepted standards of practice as well as adequate infrastructure for research. The adequacy of facilities will be evaluated in relation to the available facilities and patient care services provided. Facilities and equipment must be assessed and upgraded periodically and maintained in good operating condition.

Each fellow must have access to a well equipped operatory when providing direct patient care in a safe environment, equipped with the instruments, and supplies necessary for patient care procedures. Sufficient office and desk space must be provided to support administration of the program. Study areas and conference rooms must be available for fellows' use.

Documentation Required

- a. Describe the dental clinic facilities available for the fellows.
- b. Describe other health facilities available to the program.
- c. Describe the program's plan for ongoing maintenance and replacement of clinical and laboratory equipment.
- d. Describe fellows' study space.
- e. Identify any areas in which there is insufficient space.

Standard

- 3.2 Policies and/or protocols must exist relating to Fire and Safety Procedures, Hazardous Materials and Waste Management, Infection Control, Medical Emergency Procedures. Such policies and/or protocols must be consistent with related regulation, legislation and by-laws of the various jurisdictions and must be readily available for all professional staff members. Mechanisms must be in place to monitor compliance of these policies and protocols.

Documentation Required

- a. Provide on site copies or web access to the policies and/or protocols outlined in 3.2. Describe how these policies and/or protocols are monitored.
- b. Identify how often audits of infection control procedures are performed and recorded.
- c. Describe the process in place to document the review of the expiry dates of emergency drugs and resuscitation equipment to assure its proper working order.

Standard

- 3.3 Protocols must be developed and implemented, in compliance with federal and/or provincial regulations and standards, for the use and monitoring of nitrous oxide, mercury,

pharmaceutical and other substances and techniques that might be hazardous to patients and staff.

Documentation Required

Provide on site copies or web access to the policies and/or protocols outlined in 3.3. Describe how these policies and/or protocols are monitored.

Standard

- 3.4 Written policies and procedures relating to quality assurance to ensure the safe use of ionizing radiation must be in place and be compliant with applicable regulations for radiation hygiene and protection. Mechanisms must be in place to monitor compliance of these policies and protocols by all dental staff and fellows. The design and construction of radiology facilities must provide adequate protection from ionizing radiation for the patient, operator and others in close proximity. The program must ensure that it is in compliance with provincial and federal regulations relating to radiation protection. Where provincial or federal regulations are not in force, the program must show evidence that radiography equipment is routinely inspected to ensure the safe use of ionizing radiation, and that the radiology facilities are designed in such a way to ensure that occupational and public exposure is not in excess of the current recommendations of the International Commission on Radiological Protection (ICRP).

In addition, the program must identify a radiation protection officer and have in place a quality assurance program that includes daily monitoring of radiographic quality.

Radiographs must be prescribed, based on the specific needs of the patient taking into account the existence of any current radiographs. Radiographs must be exposed solely for diagnostic purposes, not to achieve instructional objectives.

Documentation Required

- a. Describe the facilities available for radiographic examinations.
- b. Identify the radiation protection officer and provide a copy of the job description.
- c. Provide an on site copy of the radiography quality assurance program.
- d. Provide on site reports of the radiation safety inspections undertaken since the last accreditation survey.

4.0 DENTAL STAFF

Standard

- 4.1 The fellowship program must be staffed by sufficient dental specialists to provide patient care, implement the program objectives/outcomes, and supervise fellows. Dental staff directly involved in the teaching program, including consultants, must be qualified by education, licensure/registration, dental specialty experience and current clinical competence in the subject matter for which they are responsible. Dental staff must show

evidence of scholarly activities to enhance the objectives/outcomes of the fellowship program. Activities such as participation in clinical and/or basic research in peer-reviewed projects, publication in peer-reviewed scientific media and presentations at scientific meetings and continuing education courses enhancing the dental staff members' knowledge base and the overall fellowship program are encouraged.

There must be mechanisms for the appointment, review and reappointment of dental staff.

Documentation Required

Provide the following information for each dental staff member:

- a. Current curriculum vitae for each dental staff member.
- b. Medical staff status and type of privileges granted.
- c. Date of appointment.
- d. Hours per week in the program providing educational sessions, supervising fellows and/or consulting in the clinic.

Standard

4.2 Dental staff involved in the program must:

- a. Be fully aware of the philosophy and objectives/outcomes of the program.
- b. Take an active role in the presentation of seminars, lectures, conferences, journal clubs, and other didactic activities.
- c. Provide feedback and evaluations to the fellows.
- d. Discuss with fellows patient evaluation, treatment planning, patient management, and complications and outcomes of all cases.

Documentation Required

Identify how dental staff members:

- a. Are aware of the objectives/outcomes of the program.
- b. Take an active role in the presentation of seminars, lectures, conferences, journal clubs, and other didactic activities.
- c. Supervise and evaluate fellows.
- d. Discuss with fellows patient evaluation, treatment planning, patient management, and complications and outcomes of cases.

5.0 PERSONNEL RESOURCES

Standard

5.1 The program must ensure that personnel policies and practices supporting patient care and patient safety are established and maintained.

The number and distribution of clerical and support staff must be sufficient to ensure that patient care and administrative functions are carried out in an effective manner. Sufficient allied dental personnel must be available to assist fellows when they are providing direct patient care procedures. The staffing pattern must provide sufficient allied dental personnel to support fellows in the delivery of care

Fellows must not regularly perform the tasks of dental assistants, laboratory technicians or clerical personnel.

Dental hygienists, dental assistants, laboratory and prosthetic technicians, and nurses assigned to the program must be available to meet the needs of patients.

Written administrative and patient care policies must be developed to guide the allied staff in accordance with program policy.

Documentation Required

- a. Provide a list of full- and part-time allied and clerical personnel in the dental service/department under the following disciplines:
 1. Dental Hygienists
 2. Dental Assistants
 3. Dental Laboratory Technicians
 4. Registered Nurses
 5. Clerical Staff
 6. Other (specify)
- b. Describe how the staffing pattern provides sufficient allied dental personnel to support fellows in the delivery of care.
- c. Provide a copy of the health facility's policy and procedure manual on site during the survey visit.

6.0 PROGRAM ADMISSION STANDARDS

Standard

- 6.1 Dentists with the following qualifications are eligible to apply for admission to the dental fellowship program:
 - a. Graduates from orthodontic dental specialty programs accredited by the Commission on Dental Accreditation of Canada (CDAC) and/or the Commission on Dental Accreditation of the American Dental Association (CODA/ADA).
 - b. Graduates of non-accredited orthodontic dentistry specialty programs acceptable to the program admissions committee.

The admission process should strive to identify individuals with standards of integrity, motivation, diligence, resourcefulness, effective communication skills and the basic

knowledge required to complete the orthodontic fellowship education program. Non-discriminatory policies must be followed in the selection process.

Documentation Required

- a. Attach as an appendix, a copy of the admission policy for the orthodontic dentistry fellowship education program.
- b. Briefly describe the admission process.
- c. Identify the number of fellows accepted annually.

7.0 PROGRAM INSTRUCTION

- 7.1 The fellowship program must clearly define its educational objectives/ outcomes and be structured in a fashion that permits fellows to achieve these objectives/outcomes. These educational objectives/outcomes must be made available to individuals applying to the program.

The program must provide fellows with a formal orientation at the beginning of the program that includes:

- a. Role and responsibilities of fellows.
- b. Rotations within the program and their relevance to the educational program;
- c. Procedures for emergency call.
- d. Confidentiality of patient information.
- e. Adverse outcomes.
- f. Evaluation methods.
- G. General overview of hospital/department policies and procedures.

The fellowship program must be structured as a post-residency educational experience designed to permit the fellow to demonstrate competence in the clinical skills identified by the program.

Clinical fellowship in craniofacial and special care orthodontics

The clinical fellowship in craniofacial and special care orthodontics must provide comprehensive clinical and didactic education for the role of an orthodontist working with a cleft/craniofacial team treating patients with a broad scope of craniofacial anomalies and special needs.

Clinical experience must provide a complete sequence for patient care which includes:

- a. Pre-treatment evaluation and collection of appropriate orthodontic records.
- b. Diagnosis and treatment planning.
- c. Adequate clinical experience with orthodontic appliances.
- d. Post treatment evaluation.
- e. Active participation on cleft lip and palate/craniofacial multidisciplinary teams to assess patients' craniofacial development at defined milestones.

Clinical experiences must provide sufficient experiences for the fellow to:

- a. Experience providing pre surgical orthopedics for infants born with cleft lip and palate.
- b. Provide orthodontic therapy for patients with craniofacial deformities from the deciduous through adult dentition.
- c. Provide orthodontic management for patients with cleft or craniofacial anomalies; surgical/orthodontic treatment planning.
- d. Provide pre- and post-surgical orthodontic management.
- e. Work collaboratively with oral and maxillofacial or plastic surgeons designing and constructing surgical splints and assisting with surgical fixation splints in the operation room.
- f. Provide orthodontic treatment for patients that are medically compromised, have disabilities and/ or special needs.

Clinical experiences must be supplemented by relevant formal educational activities. These activities should include structured teaching sessions that are scheduled on a regular basis.

There must be an appropriate balance of dental staff involvement in teaching and research so that the quality of the education program is not compromised.

Fellows must engage in scholarly activities approved by the program director to enhance the objectives/outcomes of the fellowship program. Participation in clinical and/or basic research in peer-reviewed projects, publication in peer-reviewed scientific media and presentations at scientific meetings and continuing education courses to enhance the fellow's knowledge base are encouraged.

If the program provides off-site rotations/experiences for the fellows, the objectives for these rotations/experiences must be defined.

Fellowships based in institutions or centres that also sponsor an accredited dental residency program must demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience should not compete with the residency program for clinical procedures. Separate statistics must be maintained for each program.

Documentation Required

- a. Provide a brief overview of the education program with respect to the program's educational objectives and/or outcomes and provide a copy of the orientation information provided to fellows. Append a copy of the code of fellow behaviour.
- b. Describe the orientation process for new fellows.
- c. Attach as an appendix a schedule of the departmental seminars and/or lectures, which will be conducted for the fellow(s) for the current program year. Indicate the titles or topics for each seminar and/or lecture to be presented.
- d. Describe the variety of educational seminars and clinical activities provided within the program.
- e. Identify the percentage of time orthodontic fellows spend in each of the following areas:

1. Orthodontic clinic
 2. Operating room
 3. Inpatient care
 4. Cleft lip and palate staffing sessions
 5. Craniofacial staffing sessions
 6. Conferences/seminars
 7. Research
 8. Other (please specify).
- f. Describe opportunities for fellows to review the literature (i.e. journal clubs, self-directed learning).
 - g. List investigative projects, research activities carried out by fellows and any articles, presentations and publications, which have originated from the program since the last accreditation survey.
 - h. Describe the off-site rotations/experiences provided to the fellows including their objectives, duration, and the patient experiences scheduled.
 - i. If applicable, describe how fellow educational experiences are scheduled to support the educational objectives of both programs.

8.0 EVALUATION PROCEDURES

Standard

- 8.1 Formal evaluation of fellows, teaching staff and the education program, including program objectives/outcomes, must be documented to determine the extent to which program objectives/outcomes are being met.

Fellow Evaluation

An evaluation system must be in place to assess each fellow's competence to achieve the program objectives.

Fellows must receive written evaluations at the midpoint and the conclusion of the program. Evaluations must be discussed with, and acknowledged by, the residents.

Documentation of the residents' activities, their formal evaluations during all rotations and evaluation meetings with residents, must be kept in a permanent file.

Fellows must be evaluated on the accuracy and completeness of their record keeping. The patient record system must include, together with appropriate dates, signature and authorizations, medical and dental histories, informed consent, results of examinations, diagnostic aids, record of radiographic procedures, consultations, diagnosis/problem list, integrated and comprehensive treatment planning (including estimated fee), details of treatment rendered, cost, completion, review and follow-up procedures.

Dental Staff Evaluation

Dental staff members should receive feedback with respect to their teaching and supervisory responsibilities.

Documentation Required

- a. Briefly describe how the program formally evaluates fellows' performance including their achievement of program objectives/outcomes.
- b. Identify how evaluation feedback is provided to fellows at the midpoint and the conclusion of the program.
- c. Provide a copy of the form used to evaluate each fellow. Provide copies on site of formal evaluations of fellows.
- d. Describe how the program evaluates fellows on the accuracy and completeness of their record keeping.
- e. Describe how fellows provide feedback to the dental staff in response to their teaching and supervisory responsibilities and provide a copy of the form used to evaluate the dental staff.

9.0 MEDICAL AND DENTAL RECORDS

Standard

- 9.1 Complete, accurate and legible records must be maintained for each registered dental patient. An accurate medical record must be maintained for each patient who receives inpatient, outpatient or emergency care. The medical records must be accurately documented and readily accessible.

Patient care records must include the following documentation and must be signed and dated:

- a. Current medical history
- b. Description of appropriate physical examination
- c. Chief complaint
- d. Risk assessment
- e. Orthodontic diagnosis
- f. Proposed orthodontic treatment plan and informed consent for treatment

Documentation Required

- a. Provide written confirmation from the Health Records Department that the standards for medical record services, as noted by the facility and Accreditation Canada or Provincial statute are adhered to by the dental members of the medical staff.
- b. Provide confirmation that the required patient authorization has been obtained for each chart to be reviewed as part of the accreditation process.
- c. Provide on site 10 patient charts selected by the program for review by the survey team members. Patient care records must include the following documentation, and must be

signed and dated:

1. Current medical history
2. Description of appropriate physical examination
3. Chief complaint
4. Risk assessment
5. Appropriate orthodontic records with assessment, as required
6. Orthodontic diagnosis
7. Proposed orthodontic treatment plan and informed consent for treatment

10.0 PATIENT CARE AND QUALITY IMPROVEMENT

Standard

10.1 Policies and/or protocols must exist relating to the following:

- a. Audit of Patient Care
- b. Confidentiality of Patient Information
- c. Consultative Protocols
- d. Informed Consent
- e. Patient Continuing and Recall Care
- f. Patient Records
- g. Professional Conduct in an Educational Environment

Such policies and protocols must be written and readily available for the dental staff and support staff. Mechanisms must be in place to monitor compliance of these policies and protocols.

Documentation Required

Provide on site copies or web access to the policies and/or protocols outlined in 10.1. Describe how these policies and/or protocols are monitored.

Standard

10.2 The program must have a documented quality improvement process in place that demonstrates dental staff and fellows review and evaluate the pattern and quality of patient care provided, including the review of patient care outcomes.

Documentation Required

Provide a copy of the quality improvement process and meeting minutes to confirm dental staff and fellows review and evaluate the pattern and quality of patient care, including the review of patient care outcomes.

Standard

10.3 Patients and/or patient care advocates should be surveyed regarding their impressions of

the care provided and this feedback should be used to evaluate and enhance the clinical program.

Documentation Required

- a. Describe how patients and/or patient care advocates are surveyed regarding their impression of the care provided.
- b. Describe how this feedback is used to improve the clinical program.

11.0 LEARNING RESOURCES

Standard

- 11.1 Access to library services appropriate for the professional needs of the program must be provided.

Documentation Required

Describe access to library resources.

Standard

- 11.2 Dental staff and fellows must have access to computers for electronic access of information.

Documentation Required

Describe how the program provides electronic access to information.

12.0 FELLOW INFORMATION

Standard

- 12.1 Fellows must be provided with written information that includes:
- a. Tuition, stipend or other compensation.
 - b. Vacation and sick leave policies.
 - c. Practice privileges and other activities outside the education program.
 - d. Grievance procedures.
 - e. Professional liability coverage.
 - f. Due process policy.
 - g. Current accreditation status of the program.

There must be an institutional due process policy with respect to the dismissal of a fellow.

Fellows should be encouraged to participate in their provincial, national and international

professional organizations.

Documentation Required

- a. Attach as an appendix, the information provided to fellows regarding the program.
- b. Attach as an appendix, the program's grievance policy.
- c. Describe how fellows' membership and participation in provincial, national and international professional organizations is encouraged.

13.0 RELATIONSHIPS WITH OTHER ORGANIZATIONS

Standard

- 13.1 Activities that are mutually beneficial to the fellowship education program, related health facilities and the undergraduate program in dentistry are encouraged. If appropriate, mutually beneficial activities between and among graduate/postgraduate programs should be encouraged.

Cooperating with health departments and community service programs should be sought to provide fellows with an orientation to delivery of health care in the community, especially for patients that are geriatric, disabled or medically-compromised.

Documentation Required

- a. Describe how fellows are introduced to those aspects of practice that interface with other health professionals.
- b. Describe the functional relationships with the following:
 1. Other health care facilities; and
 2. Community health groups, service agencies, local and provincial health departments, and community service programs with a dental component.