



**ACCREDITATION STANDARDS FOR
QUALIFYING PROGRAMS FOR GRADUATES OF
NON-ACCREDITED EDUCATIONAL PROGRAMS IN DENTISTRY**

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ACCREDITATION STANDARD FOR QUALIFYING 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 standard 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, students 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 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 types of statements. “Must” statements reflect the importance of a particular standard. CDAC defines the terms as follows:

Must or CDAC expects

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

Should:

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

May or Could:

These words imply freedom or liberty to follow an alternative to the standard

Curriculum Approach

The Association of Canadian Faculties of Dentistry/Association des facultés dentaires du Canada (the body representing dental educators), CDAC (the accrediting agency) and the National Dental Examining Board of Canada (the Board responsible for conducting a national certifying process recognized by the provincial regulatory authorities) all participated in the development of a list entitled “Competencies for a Beginning Dental Practitioner in Canada” (see Appendix A). All of these bodies have approved the document and recognize it as a common foundation for the respective education, accreditation and examination processes.

CDAC recognizes the importance of the linkages that exist in Canada between accreditation and the educational process, the external certification process and the licensure/registration process. To maintain the validity of such linkages, the accreditation process must demonstrate that it performs a systematic and comprehensive review of the measures that exist in a program to ensure that graduates are competent to begin dental practice. Thus, educational programs are assessed by the accreditation process for their ability to produce graduates possessing the required competencies.

Programs preparing practitioners must include the following:

- a. Cognitive (foundation knowledge, including clinical, biomedical and behavioural sciences).
- b. Affective (values associated with professional responsibility).
- c. Psychomotor (preclinical and clinical).

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 recognizes there are many ways for institutions to prepare graduates who are competent to begin general dental practice. 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.

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. Telephone and fax numbers, e-mail address(es) and name of the site visit coordinator.
- d. Name of President or Chief Executive Officer along with telephone number.
- e. Name of Dean or Director along with telephone number.
- f. Date program was established.
- g. Provincial authority under which the institution operates.
- h. Program length.
- i. Name of the Privacy Officer and the position job description.

0.2 During the accreditation site visit to a new educational program, CDAC will assess the clinical experiences provided for students in the program. CDAC may be unable, as part of the initial site visit, to fully assess all aspects of the clinical education provided for students, as the entire program has not been delivered. In such cases CDAC will schedule a second focused site visit to fully assess all clinical aspects of the program.

0.3 When the qualifying program accreditation site visit is scheduled conjointly with the accreditation site visit for a DDS/DMD program, the institution may select to provide the documentation that is requested for both programs, specific to one program.

1.0 INSTITUTIONAL STRUCTURE

Standard

1.1 Qualifying programs must be under the academic authority of the faculty, college or school directly responsible for an existing and complementary undergraduate program in dentistry. The academic administrator(s) carrying responsibility for the individual clinic disciplines within the DDS/DMD educational program must also carry responsibility, within the qualifying program, for instructional standards related to these disciplines. The qualifying program must be approved at the level of the university senate and recognized as an educational program, which will require graduates to have met the same academic and clinical requirements as graduates of the undergraduate program in dentistry. In cases where formal approval by the university senate is prohibited procedurally, CDAC will review documentation showing that the approval process used by the University ensures that graduates of the qualifying program will meet equivalent academic and clinical requirements as graduates of the undergraduate program in dentistry, specifically the ‘Competencies for a Beginning Dental Practitioner in Canada’ for DDS/DMD Recipients. CDAC, at its sole discretion, shall determine if the approval process is equivalent to approval of the qualifying program by the level of the university senate. Qualifying programs shall not be offered as “continuing education programs” either within or outside the academic authority of the faculty, college or school directly responsible for the existing and complementary undergraduate educational program in dentistry.

Documentation Required

- a. Attach as an appendix, documentation confirming program approval at the level of the university senate or documentation showing that the approval process used by the university ensures that graduates of the qualifying program will meet the same academic and clinical requirements as graduates of the undergraduate program in dentistry.
- b. Describe how students in the qualifying program meet equivalent standards as the students in the undergraduate program.

Standard

- 1.2 The qualifying program must establish structures and processes for ongoing planning, evaluation and improvement of the quality of the program. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the dental program, students and, where appropriate, qualified individuals from the parent institution and the profession.

Documentation Required

Describe the committee structures and processes that provide for ongoing planning, evaluation and improvement of program quality. Attach as an appendix, the membership, terms of reference and frequency of meetings of these committees.

Standard

- 1.3 The qualifying program must evaluate the degree to which its objectives and outcomes are being met through a formal process. Results of this process must be used to improve program quality.

Documentation Required

Describe the process(es) used to evaluate the program relative to its stated objectives and outcomes and identify how this process is used to improve program quality.

Standard

- 1.4 The parent institution may seek financial support from external sources. External contracts must not compromise the programs' stated objectives and outcomes or restrict the research requirements established by the parent institution. To eliminate any perception of bias or breach of ethics that may be a consequence of accepting and administering such funds, the parent institution must involve program administration and maintain transparency in relation to the process to seek external funding sources and any conditions attached to the acceptance of such funds. External funding must not determine the selection of students, design and content of the curriculum, choice of techniques and materials used in teaching and the appointment of academic or administrative staff.

Documentation Required

Describe the impact of external funding on student selection, program curriculum, the selection of teaching materials and academic appointments.

2.0 EDUCATIONAL PROGRAM

2.1.0 Admissions

Standard

- 2.1.1 Admission must be based on specific selection criteria, which must be established and published prior to the selection of applicants. The criteria must be readily available to advisors and applicants, and applied equitably during the selection process.

Admission to a qualifying program must be limited to candidates who can provide satisfactory evidence of graduation from a formal, non-accredited educational program in dentistry deemed to provide a sufficient foundation for successful completion of the qualifying program. Preference should be given to Canadian citizens or Canadian residents.

Candidates must have completed the ‘Assessment of Fundamental Knowledge’ administered by the National Dental Examining Board (NDEB), in order to further assess the adequacy of the foundation presented by the candidate and to contribute to the process of determining the entry knowledge and skills level of the candidate. For applicants whose primary language is not the language of instruction in the institution, language proficiency should be considered in the admissions process.

The establishment of a qualifying program within an institution offering a DDS/DMD program should not limit the opportunity of Canadian residents for enrollment in the latter.

Documentation Required

- a. Describe the admissions process.
- b. Identify the individual(s) primarily responsible for admissions.
- c. Attach as an appendix, the application information provided to potential applicants.
- d. Describe how results of the ‘Assessment of Fundamental Knowledge’ administered by the NDEB are used within the admissions process.
- e. Identify the language proficiency examination used for applicants whose primary language is not the one of instruction and describe how it is used in the admissions process.
- f. Describe any changes to the admissions process since the last accreditation visit.
- g. Describe the selection interview used in the admission process.

Standard

- 2.1.2 CDAC encourages participation in and the development of mechanisms and studies designed to retain students.

Documentation Required

- a. Identify how many students can be accepted annually into the program.
- b. Identify how many students met the minimum program standard.
- c. Identify how many students were offered positions.
- d. Identify how many students accepted admission for the current year.
- e. Provide data for the last five (5) years regarding student attrition and the reasons for withdrawal or dismissal.

2.2.0 Curriculum Management

Standard

- 2.2.1 Describe the process used to develop the curriculum for the qualifying program.

Documentation Required

- a. Have courses been specifically designed for the qualifying program.
- b. If so, please identify those courses and staff responsible for course content and design, setting standards and examinations.
- c. Describe the approval process for courses within the qualifying program curriculum.
- d. If existing DDS/DMD courses have been identified as courses for the qualifying program, explain the process used to select these courses.

Standard

- 2.2.2 The qualifying program must have a statement of goals and objectives and a program outline describing the approach used in the presentation of curriculum and clinical experience to ensure that goals and objectives are met.

Documentation Required

Attach as an appendix, (or cross reference as appropriate), the document which describes the goals and objectives of the qualifying program curriculum.

Standard

- 2.2.3 Written documentation of the curriculum must be provided to students at the beginning of each course. This documentation must include course descriptions, content outlines, course objectives and outcomes, learning activities and evaluation procedures and this must be consistent with the policies of the parent institution.

Documentation Required

Describe when students receive written information and what type of information is provided to students about the courses.

Standard

- 2.2.4 Teaching methods and student learning activities must be effectively integrated and coordinated so that student's educational experiences are comprehensive and promote their ability to demonstrate decision-making and critical thinking skills.

Documentation Required

Provide a concise description of the teaching methods and learning activities used in the program.

Standard

- 2.2.5 CDAC recognizes that extramural educational experiences and internal rotations to specific disciplines and other health related settings are essential and are complementary to the existing core program within the institution. Scheduling must be done to ensure that student progress within the core program is not compromised by these experiences and rotations.

Documentation Required

Describe the types of extramural experiences and internal rotations established and how they are scheduled.

2.3.0 Curriculum Content

Standard

- 2.3.1 The qualifying program shall normally be a minimum of two (2) academic years in length. It is recognized that some individuals may complete the program in less than two academic years and the program must document the processes in place that permits graduates to achieve the program's stated competencies within a shorter academic program.

Documentation Required

- a. Identify the length of the qualifying program.
- b. If the program is less than two (2) academic years, identify the processes in place that permits graduates to achieve the program's stated competencies within a shorter academic program.

Standard

- 2.3.2 The institution must ensure that qualifying students, upon graduation, have completed didactic and clinical preparation required to demonstrate the competencies identified in the ‘Competencies for a Beginning Dental Practitioner in Canada’ for DDS/DMD Recipients (Appendix A).

Documentation Required

- a. Provide a list of the ‘Competencies for a Beginning Dental Practitioner in Canada’ or the program’s competencies as developed by the Institution. Describe how they are communicated and distributed to the students and faculty members.
- b. Attach as an appendix, the timetables of each year of the program.
- c. Attach as an appendix, a list of all courses, by year and semester/term, offered by the program. For example:

Section A Biomedical Sciences

<u>Course</u>	<u>Year</u>	<u>Semester</u>
Dent 101	I	Fall

Section B Behavioural Sciences

<u>Course</u>	<u>Year</u>	<u>Semester</u>
Dent 101	I	Fall

Section C Clinical Sciences

<u>Course</u>	<u>Year</u>	<u>Semester</u>
Dent 101	I	Fall

Section D Integrated Courses

<u>Course</u>	<u>Year</u>	<u>Semester</u>
Dent 101	I	Fall

- d. Attach as an appendix course outlines for all courses in the program. The course outline must include:
 1. Course title, number and academic year offered
 2. Competencies addressed and evaluated by the course
 3. Number of: lecture hours, laboratory hours, clinic hours, seminar hours, other instruction hours and total course hours
 4. Academic unit responsible for the course
 5. Name of course director and instructors
 6. Course objectives
 7. Content outline
 8. Evaluation procedures

9. Required texts and materials
 10. Instructor/student ratios in the course (e.g. laboratory, pre-clinic, clinic and seminar sessions).
- e. Identify the relationship between the program's competencies and the curriculum, identifying each competency statement addressed in each course and the method of evaluation.
 - f. Attach as an appendix (for each course) the course director's responses to the following:
 1. Describe how students are evaluated in each competency. Have available on site examples of these evaluations.
 2. Describe the experiences or opportunities that contribute to students achieving competency.
 3. Describe how these experiences and opportunities are monitored.
 4. Describe how student progress is monitored.
 5. Describe how students experiencing academic difficulties are identified.
 6. Describe opportunities for student remediation.

2.4.0 Patient Management and Treatment and Student Evaluation

Standard

- 2.4.1 Graduates must have sufficient clinical and related experiences to demonstrate competency in the management of the oral health care for patients of all ages. Experiences in the management of medically-compromised patients and patients with disabilities and/or chronic conditions, should also be provided. An assessment process must be established to ensure that students meet the program's published and distributed competencies.

Documentation Required (related to process)

- a. Describe how students and faculty members are made aware of the program's competencies and their assessment.
- b. Describe how the institution manages the assignment of patients to student clinicians.
- c. Provide documentation related to the strengths and program weakness related to providing students with patient care experiences. Provide documentation that patient access is sufficient to permit students to achieve competency. If there are patient shortages describe strategies that have been implemented to ensure that students have sufficient clinical experience to develop competency.
- d. Describe opportunities for students to manage medically-compromised patients and patients with disabilities and/or chronic conditions.
- e. Describe the assessment process in place to monitor student's clinical experience. As an appendix provide documentation outlining these processes and the tracking of these experiences.
- f. Describe the processes in place to ensure that all student have met the programs' published and distributed competencies.

Documentation Required (related to outcomes)

- a. Programs are requested to provide a profile of students' experiences in relation to selected competencies as evidence of students' overall clinical experiences. Provide summary documentation from the past three (3) years demonstrating that graduates have sufficient experiences to be competent in the management of oral health. Detailed information for each student cohort should be available on site.

Academic Policies for Evaluations

Standard

- 2.4.2 Reliable and valid systems of student evaluation must be applied as the basis for judgments that govern student promotion and graduation. Processes must be defined which ensure that students are individually evaluated in terms of their achievement of the program's stated competencies. Institutional due process policies with respect to academic standards must be followed.

Documentation Required

- a. Provide documentation of the academic (promotion) policies including due process policies.
- b. Describe the program's evaluation philosophy (i.e. use of formative and summative evaluations and remediation)
- c. Describe how students are made aware of their academic performance.
- d. Describe how the program uses student feedback to assess and revise the evaluation system.
- e. Provide data for the last five (5) years regarding student attrition, specifically student failures, students required to repeat a year, student withdrawals and student dismissals.

Standard

- 2.4.3 There must be evidence of the program's concern to introduce students to the Canadian oral health care delivery system and to develop the students' ability to relate to patients in a professional fashion and to communicate effectively with patients and other health care professionals.

Documentation Required

Describe how the program has provided opportunities for students to understand the Canadian oral health care delivery system and develop students' ability to communicate effectively and relate to patients and other health care professionals in a professional fashion.

Standard

- 2.4.4 Students should be exposed to areas of specialty practice in dentistry.

Documentation Required

Describe how students are exposed to areas of specialty practice.

3.0 ADMINISTRATION, FACULTY AND FACULTY DEVELOPMENT

3.1.0 Program Administration

Standard

- 3.1.1 Qualifying programs must be administered by the faculty, college, or school directly responsible for an existing and complementary undergraduate educational program in dentistry. The qualifying program must have a faculty member designated as responsible for ensuring that the qualifying program objectives are met. Curriculum in the qualifying program must be subject to the approval of the discipline head within the undergraduate program.

The day-to-day operation of the qualifying program must not adversely affect, constrain or diminish the day-to-day operation of the undergraduate program in dentistry or other programs in dental education. There must be evidence of effective communication, cooperation and mutual support between the qualifying program and other dental education programs.

Documentation Required

- a. Identify the reporting relationship of the faculty member designated as responsible for the qualifying program in the administrative flow chart of the DDS/DMD program.
- b. Describe the responsibilities of the faculty member designated as responsible for the qualifying program. If possible, append a job description.
- c. Describe the communication strategies between the qualifying program and the DDS/DMD and other programs offered by the institution.

3.2.0 Faculty and Faculty Development

Standard

- 3.2.1 The qualifying program must be supported by qualified personnel adequate to assure the required academic and clinical preparation of students.

There must be evidence that the DDS/DMD educational program is not disadvantaged by re-assignment of faculty to the qualifying programs.

Documentation Required

- a. List alphabetically (by department) the names of all full time and part time faculty members (with .5 or greater FTE appointments) teaching in the program.
- b. Provide on site current curricula vitae of all faculty members with 0.5 or greater Full-Time Equivalent (FTE) appointments. Programs may select to provide curricula vitae for part time faculty with less than 0.5FTE in the documentation.
- c. Attach as an appendix, the mechanisms for the appointment, review and reappointment of full time faculty members, including those with administrative positions.
- d. Describe the review and appointment/reappointment process for part time faculty members.
- e. Provide evidence that the DDS/DMD educational program is not disadvantaged by re-assignment of faculty to the qualifying program.

4.0 EDUCATION SUPPORT AND SERVICES

4.1.0 Physical Facilities

Standard

- 4.1.1 Physical facilities and equipment must be adequate to support the didactic, laboratory, pre-clinical and clinical objectives of the program. The adequacy of facilities will be evaluated in relation to availability and student enrollment. If other programs utilize the same facilities, the program must provide evidence that the existing facilities are sufficient to meet the needs of the program.

Documentation Required

- a. Describe how clinical and teaching space required by the qualifying program is provided.
- b. Describe areas, if any, of the physical facilities that should be improved in order to enhance the qualifying program.
- c. Describe areas, if any, in which the qualifying program has insufficient space.

4.2.0 Learning Resources

Standard

- 4.2.1 Faculty members are encouraged to provide qualifying program students with access to individualized learning resources appropriate to the needs of adult learners.

Documentation Required

Describe dedicated provisions or unique learning resources that support the needs of qualifying program students.

4.3.0 Didactic and Clinical Support

Standard

- 4.3.1 Student learning must not be compromised by an over-reliance on students to provide institutional service, clinical productivity, solely to enhance revenue, teaching and/or research, which cannot be justified as an educational requirement of the program. Teaching clinics must provide the necessary supplies and equipment required for patient comfort and safety.

Documentation Required

Describe student obligations to provide instructional treatment and/or support services within the program. Provide evidence that there are adequate documented protocols to ensure student and patient safety.

Standard

- 4.3.2 Sufficient qualified support personnel must be assigned to the program to support both instruction and patient care. Adequate administrative, secretarial, clerical and other support staff must be available to assist faculty members and students to meet program objectives and outcomes. Adequate maintenance and custodial staff must be available.

Documentation Required

Describe the number and types of support staff assigned to the program and comment on adequacy.

4.4.0 Student Issues

Standard

- 4.4.1 The qualifying program must have methods to identify and address student concerns. Provisions should be made to permit the representation of qualifying students on appropriate program and student committees. Provisions should be made to encourage social integration of the qualifying program students with the DDS/DMD student body. Provisions should also be made to permit representation of DDS/DMD students on committees that deal with issues of the qualifying program students.

Documentation Required

- a. Describe how qualifying program student concerns are identified and addressed.
- b. Describe how qualifying students are represented on appropriate committees.
- c. Describe how qualifying students are introduced to their colleagues in the undergraduate program in dentistry. Describe the initiatives that are taken to expedite communication, cooperation and understanding between these two groups.
- d. Describe how DDS/DMD students are represented on committees dealing with

qualifying program issues.

Standard

- 4.4.2 There must be an institutional policy which provides for due process for students with respect to grievances.

Documentation Required

Describe or attach as an appendix, the institution policy that provides for due process if a student has a grievance, if it differs from that of the DDS/DMD program.

Standard

- 4.4.3 Students must have an opportunity to participate in the evaluation of the teaching effectiveness of faculty members.

Documentation Required

Describe student participation in the evaluation of the teaching effectiveness of faculty members.

Standard

- 4.4.4 Student membership and participation in provincial and national dental organizations should be encouraged.

Documentation Required

Describe how student membership and participation in provincial and national dental organizations is encouraged.

Standard

- 4.4.5 Counselling and health services must be available to all students.

Documentation Required

Describe how students access counselling and health services.

Standard

- 4.4.6 Prior to admission, students should receive information concerning expected costs of the program. This information should include estimates of living expenses and educational fees.

Documentation Required

Describe how students are provided with information related to the costs of dental education and provide, as an appendix, a copy of the information provided to students.

5.0 CLINIC ADMINISTRATION

5.1.0 Clinic Operations

Standard

- 5.1.1 There must be an individual identified as responsible for clinical care, patient relations and clinic administration. This director of clinics, or equivalent, must have access to relevant faculty decision-making groups and should have appropriate committee appointments. This individual must have effective working relationships with other administrators.

Documentation Required

Identify the director of clinics or equivalent at the institution and attach the job description. Describe the director's access to relevant faculty decision-making groups. Describe how the individual has effective working relationships with other administrators.

Standard

- 5.1.2 Patient treatment records must be comprehensive and adequate for teaching purposes.

Documentation Required

Provide as an appendix, a copy or a screen shot of a blank patient treatment record.

Provide confirmation that patient authorization for his/her chart to be reviewed as part of the accreditation process has been obtained.

Standard

- 5.1.3 Patient treatment records must be audited by the program. Audit summaries must be used by the program to improve patient care and clinic administration. Sample chart audit guidelines are noted in Appendix I.

Documentation Required

Provide as an appendix, a copy of a blank audit form.

Describe how the information obtained during chart audits has been used by the program to improve patient care and clinic administration.

Standard

- 5.1.4 The program must have processes in place to collect and assess patient feedback and this feedback must be used to improve program quality.

Documentation Required

- a. Provide as an appendix, a copy of the patient feedback form.
- b. Provide on site copies of completed feedback forms and reports generated when the feedback forms were analyzed
- c. Describe the processes in place to collect and assess patient feedback and identify how this information has been used to improve program quality.

Standard

- 5.1.5 Provide for review on-site the following documentation:

- 10 completed charts that have been audited by the program.
- 10 charts representing patients in treatment.

Please note:

The accreditation survey team will review, while on-site, 8 to 10 randomly selected patient charts.

5.2.0 Health and Safety Provisions

Standard

- 5.2.1 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 faculty members, staff and students. 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. Attach as an appendix, a copy of the job description of the radiation protection officer.
- b. Provide on site copies of policies and protocols related to prescription of radiographs.
- c. Provide an on site copy of the quality assurance program used at the institution.
- d. Provide on site reports of the radiation safety inspections undertaken since the last accreditation survey.

Standard

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

Documentation Required

Provide as an appendix, copies of the policies and/or protocols outlined in 5.2.2. Describe how these policies and/or protocols are monitored for both faculty members and students.

Standard

- 5.2.3 Students, faculty members and appropriate staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel. All individuals who provide patient care must follow standards of risk management.

Documentation Required

Describe steps that are taken to ensure compliance with institutional immunization requirements by students, faculty members and staff against infectious diseases prior to contact with patients.

Standard

- 5.2.4 The program should develop (or adopt provincial policies if applicable) and implement policies and procedures related to individuals who have bloodborne infectious disease(s).

Documentation Required

Provide a copy of the institution's policies and procedures related to faculty members, staff and students who have bloodborne infectious disease(s).

Standard

- 5.2.5 Students, faculty members and staff involved with the direct provision of patient care must be certified in basic life support procedures.

Documentation Required

Provide documentation that identifies the process used to monitor that all faculty members, staff and students are certified in basic life support.

5.3.0 Patient Care and Quality Assurance

Standard

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

- a. Audit of Patient Care
- b. Collection of Patient Fees
- c. Confidentiality of Patient Information
- d. Consultative Protocols
- e. Informed Consent
- f. Patient Assignment
- g. Patient Continuing and Recall Care
- h. Patient Records
- i. Professional Decorum

Such policies and protocols must be written, consistent with related elements of the didactic program and readily available for the students, staff and faculty members. Mechanisms must be in place to monitor compliance of these policies and protocols by both faculty and students.

Documentation Required

Provide as an appendix, copies of the policies and/or protocols outlined in 5.3.1. Describe how these policies and/or protocols are monitored for both faculty members and students.

Standard

- 5.3.2 The program must have policies and mechanisms in place that provide quality assurance and education for patients about their comprehensive treatment needs. Patients accepted for dental care must be advised of the scope of care available at the facility and be appropriately referred for procedures that cannot be provided by the program.

The primacy of care for the patient must be well established in the management of the clinical program, assuring that the rights and best dental interests of the patient are protected. The quality assurance process should ensure that the following are in place:

- a. Patient-centered, comprehensive care.
- b. An ongoing review of a representative sample of patients/patient care record.
- c. Mechanisms to determine the cause of treatment deficiencies.
- d. Patient review policies, procedures, outcomes and corrective measures.

Documentation Required

Describe quality assurance mechanisms in place within the program. Provide evidence that the quality assurance program supports ongoing improvement in comprehensive patient care.

Standard

- 5.3.3 Treatment undertaken by students prior to advancement and graduation must be reasonably expected to be beneficial for the health and care of patients.

Documentation Required

Describe mechanisms that ensure that student education requirements are beneficial for the health and care of patients.

6.0 RESEARCH AND SCHOLARLY ACTIVITIES

Standard

- 6.1 Students in the qualifying program should have an opportunity to participate in research and scholarly activity. At minimum, there shall be evidence of opportunities for qualifying students to learn to evaluate and utilize scientific literature.

Documentation Required

Are qualifying students involved in faculty research activities? If so, describe how.

Describe the provisions made to ensure that qualifying students develop an ability to critically assess scientific literature.

7.0 PROGRAM RELATIONSHIPS

7.1.0 Relationships with Other Educational Programs

Standard

- 7.1.1 Where other health science programs and/or baccalaureate/graduate/postgraduate educational programs exist, efforts should be made to integrate the didactic and clinical aspects of these programs wherever possible and/or appropriate, in order to foster effective working relationships.

Documentation Required

Describe the program's relationships with other health sciences educational programs that permit students to develop interprofessional working relationships, as appropriate, with other programs and students.

Standard

- 7.1.2 CDAC recognizes the potential value of faculty-based continuing education programs. Such programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility. The demands of continuing education programs must not be allowed to jeopardize the quality of the program.

Documentation Required

Describe how student awareness and appreciation of the benefits of a faculty-based continuing education program are fostered. Describe how faculty members provide and/or participate in continuing education programs.

7.2.0 Relationships with Health Care Facilities and Other Health Care Agencies

Standard

- 7.2.1 The program must have a functional relationship with at least one (1) hospital with a dental service approved by CDAC. This relationship should afford the student the opportunity to learn protocols, observe working relationships with other health professionals and to provide direct patient care while participating in the management of the health and social problems of the hospital patient.

Documentation Required

Describe the relationship between the program and area hospitals that have a dental service approved by CDAC.

Standard

- 7.2.2 The program should develop functional relationships with community programs and other institutional healthcare and long-term care facilities to educate students in the promotion of oral health and the provision of dental care.

Documentation Required

- a. Identify the facilities with whom the program is affiliated.
- b. Identify the scheduled opportunities for students and their objectives.

Standard

- 7.2.3 Students should be exposed to the principles of interprofessional collaboration for the provision of patient care.

Documentation Required

Identify students' interprofessional collaborative experiences within the program.

7.3.0 Relationships with Regulatory Authorities and Dental Organizations

Standard

- 7.3.1 Students must be made aware of the regulatory framework for dental practice and of the distinct role of the regulatory authorities, and provincial and national dental associations. Faculty members should be encouraged to accept positions of responsibility in such organizations and their contributions should be supported and recognized by the program.

Documentation Required

- a. Describe how students are made aware of the role of regulatory authorities.
- b. Describe how students are made aware of the role of provincial and national dental organizations.
- c. Describe how faculty members participate in positions of responsibility in these organizations and how their contributions are supported and recognized by the program.

APPENDIX I

Suggested Guidelines for QP Chart Review Process

These are suggested guidelines that will be used by the accreditation survey team members. The standard of care must reflect the provincial regulatory requirements.

Within the patient chart there is evidence (including ethical and legal considerations) of:

- a. Patient information
- b. Medical history/appropriate medical alerts (readily identified)
- c. Examination findings
- d. Patient treatment plan
- e. Patient consent
- f. Entry, review and updating of record at each treatment
- g. Faculty approval / authorization / supervision of services provided
- h. Documentation that is clear and legible.

Treatment Plan

The approved treatment plan in the chart shows evidence that:

- a. Relevant medical and dental history is recorded.
- b. Risk factors related to the patient's general and oral health were assessed and where medical risk factors have been identified specific modifications to the dental management and treatment plan are stated as part of the problem list and treatment plan.
- c. Supporting clinical data was obtained.
- d. The need for dental diagnostic information, consultations and/or additional diagnostic tests was initiated and conclusions were recorded.
- e. The need for dental radiographs were considered, obtained and interpreted when indicated.
- f. A problem list has been developed including the patient's chief complaint or including patient's request for treatment.
- g. A patient treatment plan has been developed in collaboration with the patient.
- h. The treatment plan (including the estimated fees) was discussed with the patient.
- i. The patient provided informed consent for the proposed treatment plan.
- j. The sequencing of treatment is consistent with the program's philosophy.
- k. Faculty member(s) have approved the plan.

Clinical Treatment

Evidence in the chart that:

- a. Changes in general and oral health were assessed throughout treatment.
- b. The treatment plan was reviewed and revised when appropriate.
- c. Patient consent was gained when a change or changes to plan were made.

- d. Changes to the treatment plan were reviewed with a faculty member.
- e. Therapeutic and preventive care, health promotion and educational services were provided when indicated.
- f. The patient was referred as needed.
- g. Faculty supervised the treatment provided.

Treatment Evaluation

Ongoing and post treatment evaluation in the chart shows evidence that:

- a. Data was collected regarding the outcome of services and treatment provided.
- b. The outcomes of previous treatment sessions were evaluated.
- c. The outcome of dental treatment was assessed to provide a basis for continued care
- d. The patient's ability/progress to meet individualized goals was assessed.
- e. A written record of reconciliation of the treatment plan and the treatment delivered was recorded.
- f. Treatment provided or information about revised options was documented.
- g. Findings were analyzed and plans were developed for continuing care (i.e. Recall, follow-up, procedures etc.).
- h. As appropriate the chart indicates that the case is completed.

APPENDIX A: ‘COMPETENCIES FOR A BEGINNING DENTAL PRACTITIONER IN CANADA’

A competent beginning dental practitioner in Canada must be able to provide oral health care for the benefit of individual patients and communities in a culturally sensitive manner.

Competency assumes that all behaviours are supported by foundation knowledge and skills in biomedical, behavioural and clinical dental science and by professional behaviour. Beginning dental practitioners in Canada must be able to apply foundation knowledge and skills to justify their decisions and actions and to evaluate outcomes. Therefore, foundation knowledge, skills and professional behaviour are understood to be a part of every competency.

Competency also assumes that all behaviours are performed to an acceptable level and that the practitioner can evaluate their quality and effectiveness. Competency cannot be achieved without the ability to self-evaluate. Moreover, there are no degrees of competence: a dentist is either competent or not competent. The competencies below refer to general dental practice and include the management of patients of all ages including those with special needs. It is assumed that all oral health care is provided in an ethical manner, in accordance with legal requirements at the national and provincial level.

A beginning dental practitioner in Canada must be competent to:

1. recognize the determinants of oral health in individuals and populations and the role of dentists in health promotion, including the disadvantaged.
2. recognize the relationship between general health and oral health.
3. evaluate the scientific literature and justify management recommendations based on the level of evidence available.
4. communicate effectively with patients, parents or guardians, staff, peers, other health professionals and the public.
5. identify the patient’s chief complaint/concern and obtain the associated history.
6. obtain and interpret a medical, dental and psychosocial history, including a review of systems as necessary, and evaluate physical or psychosocial conditions that may affect dental management.
7. maintain accurate and complete patient records in a confidential manner.
8. prevent the transmission of infectious diseases by following current infection control guidelines.
9. perform a clinical examination.

10. differentiate between normal and abnormal hard and soft tissues of the maxillofacial complex.
11. prescribe and obtain the required diagnostic tests, considering their risks and benefits.
12. perform a radiographic examination.
13. interpret the findings from a patient's history, clinical examination, radiographic examination and from other diagnostic tests and procedures.
14. recognize and manage the anxious or fearful dental patient.
15. recognize signs of abuse and/or neglect and make appropriate reports.
16. assess patient risk (including, but not limited to, diet and tobacco use) for oral disease or injuries.
17. develop a problem list and establish diagnoses.
18. determine the level of expertise required for treatment and formulate a written request for consultation and/or referral when appropriate.
19. develop treatment options based on the evaluation of all relevant data.
20. discuss the findings, diagnoses, etiology, risks, benefits and prognoses of the treatment options, with a view to patient participation in oral health management.
21. develop an appropriate comprehensive, prioritized and sequenced treatment plan.
22. present and discuss the sequence of treatment, estimated fees, payment arrangements, time requirements and the patient's responsibilities for treatment.
23. obtain informed consent including the patient's written acceptance of the treatment plan and any modifications.
24. modify the treatment plan as required during the course of treatment.
25. provide education regarding the risks and prevention of oral disease and injury to encourage the adoption of healthy behaviours.
26. provide therapies for the prevention of oral disease and injury.
27. recognize and institute procedures to minimize occupational hazards related to the practice of dentistry.
28. achieve local anesthesia for dental procedures and manage related complications.
29. determine the indications and contraindications for the use of drugs used in dental practice,

- their dosages and routes of administration and write prescriptions for drugs used in dentistry.
30. manage dental emergencies.
 31. recognize and manage systemic emergencies which may occur in dental practice.
 32. manage conditions and diseases of the periodontium, provide periodontal treatment when indicated and monitor treatment outcomes.
 33. assess the risk, extent and activity of caries and recommend appropriate non-surgical and surgical therapy.
 34. manage dental caries, tooth defects and esthetic problems and, when restoration is warranted, use techniques that conserve tooth structure and preserve pulp vitality to restore form and function.
 35. manage patients with orofacial pain and/or dysfunction.
 36. manage surgical procedures related to oral soft and hard tissues and their complications.
 37. manage trauma to the orofacial complex.
 38. manage conditions and pathology of the pulp and provide endodontic treatment when indicated.
 39. manage abnormalities of orofacial growth and development and treat minor orthodontic problems.
 40. recognize and manage functional and non-functional occlusion.
 41. select and, where indicated, prescribe appropriate biomaterials for patient treatment.
 42. manage partially and completely edentulous patients with prosthodontic needs including the provision of fixed, removable and implant prostheses.
 43. make records required for use in the laboratory fabrication of dental prostheses and appliances.
 44. design a dental prosthesis or appliance, write a laboratory prescription and evaluate laboratory products.
 45. apply accepted principles of ethics and jurisprudence to maintain standards and advance knowledge and skills.
 46. apply basic principles of practice administration, financial and personnel management to a dental practice.
 47. demonstrate professional behaviour that is ethical, supersedes self-interest, strives for excellence, is committed to continued professional development and is accountable to

individual patients, society and the profession.

Definition

To “manage” the oral health care needs of a patient is assumed to include all actions performed by a health care provider that are designed to alter the course of a patient’s condition. Such actions may include providing education, advice, treatment by the dentist, treatment by the dentist after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, but also may include providing no treatment or observation. “Manage” assumes the use of the least invasive therapy necessary to gain a successful outcome in accordance with patient wishes.