



**ACCREDITATION STANDARDS FOR  
DOCTOR OF DENTAL SURGERY (DDS) OR  
DOCTOR OF DENTAL MEDICINE (DMD) PROGRAMS**

*Effective: April 1, 2001*

*Updated with Practice Outcomes Assessment November 2001*

*Updated November 30, 2004*

*Updated November 30, 2005  
including the revised  
'Competencies for a Beginning Dental Practitioner in Canada'*

*Updated November 30, 2006*

*Updated November 30, 2007*

*Updated November 30, 2008*

*Updated November 30, 2010*

*Updated November 30, 2013*

*Updated June 19, 2023  
Update to Standard 4.1.3*

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# **ACCREDITATION STANDARDS DOCTOR OF DENTAL SURGERY (DDS) OR DOCTOR OF DENTAL MEDICINE (DMD)**

## **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**

Quality educational programs and health facilities through accreditation.

### **Mission**

The CDAC evaluates oral health educational programs and health facilities to determine eligibility for and grant accreditation.

### **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 Provide the following information:

- a. Name of Institution.
- b. Mailing and website addresses.
- c. Telephone and fax numbers, email address(es) and the name of survey visit coordinator.
- d. Name of President or Chief Executive Officer along with telephone number.
- e. Name of Dean or equivalent 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.

## **1.0 INSTITUTIONAL STRUCTURE**

### *Standard*

1.1 CDAC requires that dentistry must exist as a distinct faculty/college/school, of a recognized university. The administrative status of the program must ensure that the autonomy of dentistry is respected and the unique needs of dental education are recognized and supported at the highest levels of administrative authority. The faculty/college/school should have the same responsibilities and privileges of the other academic units within the Institution. The faculty members should have the opportunity to participate on university committees.

### *Documentation Required*

- a. Attach as an appendix, the senior organizational chart of the university (include the names of the individuals currently holding these positions).
- b. Attach as an appendix, an organizational chart of the program.
- c. Attach as an appendix, an administrative flowchart of the dental clinic(s)
- d. Attach as an appendix, the terms of reference for the decision-making body that oversees the dental program.
- e. If the program in dental education is integrated within a Faculty which is responsible for medical education or other professional educational programs, provide evidence that faculty members in dentistry have the same rights and privileges and are eligible for appointment to senior administrative positions in the Faculty with responsibility over dentistry.
- f. Attach as an appendix, a list of university committees in which faculty members participate.

### *Standard*

1.2 The program must define its own mission statement, consistent with that of the parent institution.

*Documentation Required*

Provide a copy of the mission statement or equivalent for the parent institution and a copy of the mission statement or equivalent for the program.

*Standard*

- 1.3 The parent institution must recognize the unique costs involved in dental education. Documentation must be submitted providing revenue and expense data for the program.

*Documentation Required*

- a. Describe the procedures used in determining the budget of the program.
- b. Attach as an appendix, a copy of the current program budget including details of revenues and expenditures.
- c. Describe any significant changes in the budget over the past five (5) years.
- d. Comment on the adequacy of the present budget.
- e. Describe the process for the replacement of old/or the purchase of new equipment or resources.
- f. Describe the process and rationale used to establish clinic fees, if applicable.

*Standard*

- 1.4 The 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*

- 1.5 The 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*

- 1.6 The parent institution may seek financial support from external sources. External contracts must not compromise the program's 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. The admissions process must employ valid assessments and measurements to select students who have the capacity to succeed in the program and the dental profession. These assessments and measurements must be established and published prior to the consideration of applicants. The criteria must be readily available to advisors and applicants, and be applied equitably during the selection process. The program must be involved in establishing these criteria. Selection criteria should encourage recruitment of a diverse student population with appropriate academic preparation and aptitude.

*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. Identify the specific selection criteria for admission to the program.

*Standard*

- 2.1.2 An admissions committee must be established to select candidates for admission to the program. This committee should include representatives from the program as well as other individuals who are qualified to define and evaluate admissions procedures and criteria.



A candidate's previous academic performance should not be the sole criterion for admission. Admissions committees should consider non-academic criteria in the overall assessment of applicants for admission. For applicants whose primary language is not the language of instruction in the institution, language proficiency should be considered in the admissions process.

*Documentation Required*

- a. Describe the role of the admissions committee. Include the membership and terms of reference for this committee.
- b. 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.
- c. Describe any changes to the admissions process since the last accreditation survey visit.

*Standard*

- 2.1.3 It is recognized that a student may transfer, with credit, from one accredited program to another. If the program accepts such transfer students, the program must ensure that transfer students are admitted into the appropriate year to permit the students to meet program outcomes.

*Documentation Required*

If the program accepts transfer students from other accredited programs, attach as an appendix, the established criteria used for the admission of transfer students.

*Standard*

- 2.1.4 The assessment criteria for students admitted with advanced standing based on credit for courses taken at a non-accredited dental program should be consistent with the admission requirements for qualifying programs outlined in the accreditation standards for Qualifying Programs.

*Documentation Required*

If the program accepts advanced standing students from non-accredited programs, attach as an appendix the criteria for admission.

*Standard*

- 2.1.5 The number of students enrolled in the program must be proportionate to the resources available. These resources include adequate physical facilities, faculty members and support staff and availability of patients.

*Documentation Required*

- a. Using the format below as a guide, indicate the current number of students enrolled in

the programs at the institution.

	Male	Female	Total
<b>Pre dental students (if applicable)</b>			
First year DDS/DMD			
Second year DDS/DMD			
Third year DDS/DMD			
Fourth year DDS/DMD			
First year QP			
Second year QP			
Total DDS/DMD			
<b>Advanced Education Students</b>			
Total graduate, postgraduate, international students, interns and residents			
<b>Dental hygiene (if applicable)</b>			
First year dental hygiene			
Second year dental hygiene			
Third year dental hygiene			
Fourth year dental hygiene			
Total enrollment			

- b. Comment on the adequacy of resources to support current enrollment.

## 2.2.0 Curriculum Management

### *Standard*

- 2.2.1 The program must have a written plan for the ongoing review and evaluation of the curriculum, which includes mechanisms/processes for:
- The review and evaluation of the curriculum identifying how curriculum decisions are made and how they are implemented.
  - Input from faculty members, students, administrators, the curriculum committee and other appropriate sources.
  - The evaluation of all courses, describing how course evaluation contributes to curriculum management.
  - The incorporation of evidence-based practice and emerging information.
  - Revising, updating and coordinating curriculum changes.

### *Documentation Required*

Describe the program's curriculum management plan including:

- a. The program's curriculum review and evaluation processes, how curriculum decisions are made and how they are implemented.
- b. How input is obtained from faculty members, students, administrators, the curriculum committee and other appropriate sources; and how this information is used to improve and revise the curriculum.
- c. The mechanism used to incorporate evidence-based practice and emerging information.
- d. Copies of minutes of the curriculum committee or equivalent and student evaluation of instruction must be available on site.
- e. Attach as an appendix, results of the NDEB Written and Objective Structured Clinical Examination (OSCE) examinations for each graduating class since the last accreditation survey visit. Provide evidence that NDEB results were used in the program's curriculum management plan. Individual students must not be identified.

### *Standard*

- 2.2.2 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, 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*

- 2.2.3 Teaching methods and student learning activities must be effectively integrated and coordinated so that students' 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*

- 2.2.4 Extramural educational experiences and internal rotations to specific disciplines and other health related settings are complementary to the existing core program within the institution. If there are extramural or internal rotations, scheduling must be done to ensure that student progress within the core program is not compromised by these experiences and rotations.

### *Documentation Required*

Identify the types of extramural experiences and internal rotations and how they are scheduled to ensure that student progress is not compromised.

#### **2.3.0 Curriculum Content**

##### *Standards 2.3.1 to 2.3.13*

- 2.3.1 The program must have competencies that describe the graduate of the program. Program-specific competencies must be consistent with the *'Competencies for a Beginning Dental Practitioner in Canada'*.
- 2.3.2 CDAC recognizes that there may be various patterns of pre-professional education of applicants to dentistry, but the overall period for professional education should not be less than six (6) years of post-secondary education, usually consisting of two (2) to three (3) years pre-professional education as a prerequisite to entry to a four (4) year professional program.
- 2.3.3 Biomedical, behavioural and clinical science content must be integrated and of sufficient scope, timeliness, quality and emphasis to ensure that graduates meet the program's stated competencies. Particular attention must be given to the interrelationship of subjects, especially to the application of the biomedical sciences to the clinical dental subjects, so that the program comprises a related body of knowledge rather than a collection of individual and separate subjects.

#### **Biomedical Sciences**

- 2.3.4 Biomedical science content in dental education must ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.
- 2.3.5 The biomedical science content base must emphasize the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
- 2.3.6 Content addressing pathological conditions must be provided to support understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.
- 2.3.7 Biomedical science content must be of sufficient depth and scope for graduates to apply advances in biomedical sciences to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.

#### **Behavioural Sciences**

- 2.3.8 Behavioural science content must be of sufficient scope and depth for graduates to apply the fundamental principles of behavioural sciences as they pertain to patient-centred

approaches for promoting, improving and maintaining oral health.

2.3.9 Behavioural science content must be of sufficient scope and depth to prepare graduates to manage diverse patient populations and develop the communication skills required to function successfully in a multi-cultural work environment.

2.3.10 Graduates should be competent in the application of the principles of ethical reasoning and professional responsibility as they pertain to patient care and practice management. Graduates should recognize the importance of lifelong learning and self-assessment in maintaining competency.

### **Clinical Sciences**

2.3.11 Clinical science content must be of sufficient scope and depth for graduates to provide patient-centred approaches for promoting, improving and maintaining oral health.

2.3.12 Graduates must be competent in the management of the oral health care of the child, adolescent, adult and geriatric patient. Experiences in the management of medically-compromised patients should also be provided.

### **Integrated Courses**

2.3.13 Integrated courses offered by the program must be related to the program's stated competencies.

#### *Documentation Required for 2.3.1 to 2.3.13*

- 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 on program strengths and weaknesses 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 students 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 must 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 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 The dean or director of the faculty/school/college of dentistry must be an individual who has the educational background, professional experience, authority and responsibility necessary to fulfill program objectives and outcomes.

*Documentation Required*

Attach as an appendix, a current curriculum vitae and job description of the dean or director of the faculty/school/college of dentistry.

*Standard*

- 3.1.2 When a new program is being planned, the dean or director should be appointed in advance of the program starting date to allow time for developing curriculum, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

*Documentation Required*

If the program is a new program, identify when the dean or director was appointed.

**3.2.0 Faculty and Faculty Development**

*Standard*

- 3.2.1 The professional education of the faculty members, their preparation and experience for clinical practice, teaching and research must be adequate to meet the stated objectives and outcomes of the program. There must be mechanisms for the appointment, review and reappointment of faculty members, including those with administrative positions.

*Documentation Required*

- a. List alphabetically (by department) the names of all full-time and part-time faculty



- members (with .5 or greater Full-Time Equivalent FTE appointments) teaching in the program.
- b. Provide on site current curricula vitae of all faculty members with 0.5 or greater FTE appointments. Programs may select to provide curricula vitae for part-time faculty members with less than 0.5 FTE 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.

*Standard*

- 3.2.2 The number and distribution of faculty members must be sufficient to meet the program's stated objectives and outcomes. Student contact time must allow the faculty members sufficient time for:
- a. Teaching preparation.
  - b. Student evaluation and counselling.
  - c. Development of subject content and appropriate evaluation criteria.
  - d. Program development and review.
  - e. Professional development.

*Documentation Required*

Comment on the adequacy of the faculty member complement to meet the program's stated objectives and outcomes. Identify specific areas where there is insufficient coverage and the strategies implemented to address these areas.

*Standard*

- 3.2.3 An appropriate balance of faculty member involvement in teaching, research, scholarly activity and service must exist.

*Documentation Required*

Describe how the balance of faculty member involvement in teaching, research, scholarly activity and service is established.

*Standard*

- 3.2.4 A process must be in place for faculty evaluation that measures the performance of faculty members relative to their expectations and involvement in teaching, research, scholarship and service.

*Documentation Required*

Describe the process in place for evaluation of faculty member performance.

*Standard*

- 3.2.5 The faculty to student ratios must be adequate to ensure that neither student learning nor the health and safety of patients are compromised.

*Documentation Required*

Comment on the adequacy of faculty/student ratios in each of the following areas: teaching, pre-clinic, clinic, laboratory and seminar sessions.

*Standard*

- 3.2.6 Faculty members must be involved in continuing professional development. The program must show evidence of an ongoing faculty development plan.

*Documentation Required*

- a. Describe the professional development opportunities available to faculty members.
- b. Describe the budget support available for professional development opportunities.
- c. Describe how faculty members are supported or encouraged in these initiatives.

*Standard*

- 3.2.7 There must be opportunities for faculty members to meet on a regular basis to discuss program issues.

*Documentation Required*

Outline how often faculty meetings are held and provide (on-site) a copy of the minutes for the last two (2) years.

*Standard*

- 3.2.8 The program must have a process to calibrate faculty members with respect to the consistent evaluation of students.

*Documentation Required*

Describe the program's calibration activities and the strategies implemented to measure the effectiveness of these activities.

## **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,

preclinical 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. Attach as an appendix, a floor plan of the program facilities, including the number and capacity of lecture rooms, clinics, laboratory facilities and locker space. Identify any areas in which there is insufficient space.
- b. Specify the number of dental units available for the program using the following format:
  1. Units with radiology facilities
  2. Units without radiology facilities
  3. Total units
  4. Number of units shared with other programs
  5. Number of units used by DDS/DMD only

*Standard*

- 4.1.2 Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity to one another.

*Documentation Required*

- a. Describe where all teaching, clinical activities and instruction occur.
- b. Describe how clinical facilities are shared with other programs, if applicable.
- c. Identify areas of the physical facilities that should be improved in order to enhance the program.

*Standard*

- 4.1.3 It may be necessary in some instances for the program to use an off-campus facility. Specific requirements for administration, faculty members, facilities, patients and instruction must be identified. Policies and procedures for operation of any off-campus clinical facility must be consistent with the objectives/outcomes of the program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be current and negotiated, confirmed in writing and signed by both parties. Such agreement(s) must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The program administrator must retain authority and responsibility for instructional requirements and assignment of students.

*Documentation Required*

- a. Describe off-campus student clinical experiences and include information on the location, arrangements for supervision, evaluation, length of time each student is

- assigned and the types of patients and the treatment provided.
- b. Provide a list of the affiliation agreements between the institution and any agency or site where students receive off-site experiences.

*Standard*

- 4.1.4 Adequate space must be available for the faculty members and secretarial and clinical support staff. The location and size of offices should be conducive to the effective use of faculty and staff time and program resources for teaching preparation and student counselling. Space must be available for storage of office, clinical, research and laboratory supplies and equipment, instructional media and student, patient and program records.

*Documentation Required*

Describe the office and storage space and comment on the adequacy.

*Standard*

- 4.1.5 The institution must make provision for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids.

*Documentation Required*

Describe the program's plan for the repair and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids.

#### **4.2.0 Learning Resources**

*Standard*

- 4.2.1 A professionally administered library must be available. The library must be accessible to both students and faculty members during and after scheduled hours of instruction and/or via electronic format.

*Documentation Required*

Describe the library and its adequacy with respect to the program.

- a. Identify the individual(s) and their qualifications who administer the library that supports the program.
- b. Have available on site a complete list of the currently held dental related journals and library holdings.
- c. Comment on student access to the library resources.
- d. Describe student access to electronic journals.

*Standard*

- 4.2.2 The library must be responsive to and supportive of the teaching and research activities of the program. CDAC encourages development and use of computerized/electronic methods of information retrieval.

*Documentation Required*

- a. Describe the ways in which the library is responsive and supportive of the teaching and research activities of the program (e.g. acquisition process for books and journals).
- b. Describe how the faculty members promote student use of available library resources.

*Standard*

- 4.2.3 Students and faculty members must have access to electronic and other multimedia resources.

*Documentation Required*

Describe how the program provides access to electronic and other multimedia resources.

**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 Students must have rights, responsibilities and privileges comparable with those of other students at the institution.

Policies must exist concerning student representation on appropriate committees.

The program must have methods to identify and address student concerns.

##### *Documentation Required*

- a. Provide copies of documentation supplied to students describing their rights, responsibilities and privileges. Comment on the adequacy of facilities available for student use (i.e. learning resources, lounge, cafeteria, washrooms, lockers, health clinic, day care, etc.).
- b. Attach as an appendix, policies concerning student representation on appropriate committees.
- c. Describe the process(es) in place to identify and address student concerns.

##### *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.

##### *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. The 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 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:
- a. Ten (10) completed charts that have been audited by the program.
  - b. Ten (10) charts representing patients in treatment

***Please note:***

The accreditation survey team will review, while on site, eight (8) to ten (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 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 the 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 to this section, copies of the policies and/or protocols outlined in 5.2.2. Describe how these policies and/or protocols are monitored for faculty members, staff 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 faculty members, staff 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 faculty members, staff and students.

*Standard*

- 5.3.2 The program must have policies in place to address patient concerns and patient complaints.

*Documentation Required*

Provide a copy of the policies in place that address patient concerns and patient complaints.

Describe the procedures in place to deal with patient complaints.

*Standard*

- 5.3.3 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-centred, comprehensive care.
- b. An ongoing review of a representative sample of patients/patient care records.
- 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*

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

*Documentation Required*

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

## **6.0 RESEARCH AND SCHOLARLY ACTIVITIES**

*Standard*

- 6.1. The program and the faculty members must demonstrate an appropriate commitment to research and scholarly activities. These activities should also involve students and should have the support of the parent institution. An appropriate balance of faculty member involvement between teaching and research must exist so that the quality of the program is not compromised.

*Documentation Required*

- a. Describe the commitment to research and scholarly activity by the program and the faculty members.
- b. Describe student involvement in faculty member research activities.
- c. Describe the balance of faculty member involvement between teaching and research.
- d. Identify if faculty members have undertaken any educational research relating to the improvement of the program.
- e. Using the following, list the individuals who have received grants during the past five (5) years:
  1. Name of Recipient
  2. Source of Grant
  3. Amount (\$) of grant
  4. Dates of Granting Period
  5. Title of Project
- f. Using the list below as a guide, list the grants received by the dental faculty/school/college:
  1. Source of Grant
  2. Amount (\$) of Grant
  3. Dates of Granting Period
  4. Title of Project
- g. List the research projects undertaken during the last five (5) years, which did not require major funding from external agencies (including general research support, Canadian Institute of Health Research (CIHR), Dean's grant, alumni, etc.). Indicate investigator,

- project and a brief description of each project.
- h. Identify if the academic unit has a "Director/Coordinator of Research" or a "Research Committee", provide the name and title of the individual responsible. Describe the responsibilities of the position.
  - i. Describe ways in which the program's operating funds contribute to the support of faculty research initiatives.
  - j. Describe if the level of support increased, decreased or remained stable since the last accreditation survey.
  - k. Identify if an endowment fund for faculty research exists, or are there plans to establish such a fund.

## **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 must afford each student the opportunity to participate in the management of a patients' health and observe working relationships with other health professionals in a hospital.

*Documentation Required*

Describe the opportunities in place that permit each student to participate in the management of a patients' health and observe working relationships with other health professionals in a hospital. Attach as an appendix the schedule for these activities.

*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 – Previous Recommendation(s)**

List the Recommendations that resulted from the last accreditation survey report and describe how they were addressed.

## **APPENDIX II**

### **Suggested Guidelines for DDS/DMD 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.