

**ACCREDITATION STANDARDS FOR
PEDIATRIC DENTISTRY PROGRAMS**

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Pediatric dentistry is that branch and specialty of dentistry concerned with providing primary and comprehensive preventive and therapeutic oral health diagnosis, care and consultative expertise for infants and children through adolescence, including those of all ages with special care needs.

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ACCREDITATION STANDARDS PEDIATRIC DENTISTRY PROGRAMS

The Commission on Dental Accreditation of Canada

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

Vision

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, residents and other stakeholders to secure additional information. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation.

Responsibilities of Accredited Programs or Services

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

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

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

Annual Program Review.

Clarification of Terms

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

Must; Shall; CDAC expects;

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

Should;

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

May or Could;

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

Levels of Knowledge

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

Understanding: Adequate knowledge with the ability to apply.

Familiarity: A simplified knowledge for the purpose of orientation and recognition of general principles.

Exposure: The level of skill attained by observation of/or participation in a particular activity.

Curriculum Approach

Competency Based Education (CBE), Evidence Based Education (EBE) and Outcomes Based Education (OBE) are terms applied to educational programs which build curriculum, resident learning experiences, and evaluation methods from documents that describe the knowledge, skills and values that a resident must possess to graduate. These documents include descriptions of the competencies required of an entry-level dental specialist.

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

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

Respect for Educational Innovation and Autonomy

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

0.0 PROGRAM INFORMATION

0.1 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 the survey 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. Name of Program Head or equivalent along with telephone number
 - g. Date program was established
 - h. Provincial authority under which the institution operates
 - i. Program length
 - j. Name of the privacy officer and the position job description
- 0.2 If the CDAC accredited dental specialty program has established a Dental Specialty Assessment and Training Programs (DSATP) for dental specialists from non-accredited programs to be eligible for certification and licensure in Canada (either “on-site” or at an affiliated institution) the program must provide the documentation requested in Appendix A.

1.0 INSTITUTIONAL STRUCTURE

Standard

- 1.1 CDAC requires that an advanced or dental specialty program must be sponsored by a faculty/school/college of dentistry located within a university, which is properly chartered and licensed to operate and offer instruction leading to a degree, diploma or certificate. All other educational programs offered by the university eligible for accreditation by CDAC must be accredited. A hospital that provides a major component of an advanced dental education program must have its dental service accredited by CDAC. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs within the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. 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, the terms of reference for the decision making body that oversees the program.
- d. Attach as an appendix, a list of all educational programs, eligible for accreditation by CDAC.

- e. 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, the faculty/school/college of dentistry or faculty of graduate studies.

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 Specific program objectives and outcomes must be consistent with the mission statement.

Documentation Required

Provide a copy of the program's objectives and outcomes.

Standard

- 1.4 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 and resources.
- f. Describe the process and rationale used to establish clinic fees, if applicable.

Standard

- 1.5 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 specialty program, residents 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

- 1.6 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

- 1.7 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 residents, 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 resident 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 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 resident 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.

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. The process should employ tests and measurements designed to select residents who have the capacity for success in the program. 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 visit.
- d. Describe the selection interview used in the admissions process.

Standard

- 2.1.3 CDAC encourages participation in, and the development of, mechanisms and studies designed to retain residents.

Documentation Required

Provide data for the last five (5) years regarding resident attrition and the reasons for withdrawal or dismissal.

Standard

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

Documentation Required

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

Standard

- 2.1.5 The assessment criteria for residents admitted with advanced standing based on credit for courses taken at a non-accredited program must be consistent with the admission requirements.

Documentation Required

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

Standard

- 2.1.6 The number of residents 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 total number of residents enrolled in the programs at the institution.

	Male	Female	Total
First year			
Second year			
Third year (if applicable)			
DDS/DMD & International students			
Other specialty programs			
Total			

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

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:
- a. Defined outcomes of the program.
 - b. A mechanism for input from faculty members, residents, administrators, the curriculum committee and other appropriate sources.
 - c. A mechanism for the evaluation of all courses describing how they contribute to the program outcomes.
 - d. A mechanism to ensure the incorporation of evidence-based practice and emerging information.

Documentation Required

Describe the program's curriculum management plan including:

- a. The ongoing curriculum review and evaluation process used by the program.
- b. How input is obtained from faculty members, residents, administrators, the curriculum committee and other appropriate sources.
- c. How decisions involving curriculum are made; and how the program ensures that curriculum decisions are consistent with the program's stated objectives and outcomes.
- d. The process used to implement curriculum revisions.
- e. The mechanism used to incorporate evidence-based practice and emerging information.
- f. Copies of minutes of the curriculum committee or equivalent and resident evaluation of instruction must be available on site.

Standard

- 2.2.2 Written documentation of the curriculum must be provided to residents at the beginning of each course. This documentation must include course descriptions, content outlines, course objectives and outcomes, learning activities and evaluation procedures.

Documentation Required

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

Standard

- 2.2.3 Teaching methods and resident learning activities must be effectively integrated and coordinated so that residents' 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 A process must be established to ensure that residents meet the published and distributed cognitive, affective and psychomotor (preclinical and clinical) objectives and outcomes. Institutional due process policies with respect to academic standards must be followed.

Documentation Required

Provide a copy of the program's academic and due process policies.

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 required to complement the existing core program within the institution. Scheduling must be done to ensure that resident 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

Standards 2.3.1 to 2.3.23

- 2.3.1 CDAC recognizes that there may be various patterns for advanced or specialty education; however, education in pediatric dentistry must be a minimum of two (2) consecutive academic years. A full academic year is deemed to be eleven (11) months.
- 2.3.2 The graduate/postgraduate program provides advanced education experience beyond the undergraduate level. It is expected therefore that courses will be taught at a greater depth and breadth than in the undergraduate curriculum. Basic, clinical and behavioural science instruction must be integrated and of sufficient scope, timeliness, quality and emphasis to ensure that graduates meet the program's stated objectives and outcomes. Particular attention must be given to the interrelationship of subjects, especially to the application of the basic sciences to the clinical subjects, so that the program comprises a related body of knowledge rather than a collection of individual and separate subjects. Graduates must be prepared to assume a level of professional responsibility appropriate to a postdoctoral educational program, within the scope of practice of the specialty. Graduates must understand their responsibility to the referring practitioner and patient, with emphasis on

professional courtesy and communication.

- 2.3.3 The basic, clinical and behavioural sciences although taught in the undergraduate years, are constantly evolving and residents must be made aware of recent advances in order to better understand the fundamentals of practice.
- 2.3.4 Basic and clinical sciences instruction must be designed to be relevant to the specialty discipline and to the clinical management of the patient, including a variety of clinical experiences. Emphasis must be placed upon thoroughness of patient evaluation and accuracy in diagnosis, treatment planning, and in the treatment of both routine and complex cases. Program instruction may consist of formal courses and/or seminars, conferences, reading assignments, hospital rounds and rotations and assignments in the laboratories, which are carefully organized. The objectives and content, if presented in this fashion, must be reviewed by the program director to avoid deficiencies and/or unnecessary repetition.
- 2.3.5 Consultation with members of other specialty areas of dental practice is required and offering of joint seminars is encouraged. Assignment of residents to other graduate/postgraduate clinics should be fostered so that they may observe modes of treatment related to their field. Observation of faculty members in the private practice setting is desirable.
- 2.3.6 Participation in teaching is a learning experience for the resident as it enhances the ability to organize and evaluate material and communicate information to others. The resident must be assigned to teach in the institution's programs and encouraged to participate in table clinics, seminars, demonstrations, or lectures. Participation as both clinician and residents in the institution's continuing dental education program is also recommended. However, this participation must not interfere with the core graduate/postgraduate program.
- 2.3.7 The program must ensure residents participation in a research experience related to the specialty of pediatric dentistry either in a clinical or laboratory research topic as both an investigator and author.
- 2.3.8 The program must ensure that the resident is able to write a scholarly paper to a standard for publication in a referred journal.

Basic Sciences

- 2.3.9 Instruction in the basic sciences must:
 - a. Provide comprehension in greater scope and depth than achieved in undergraduate education with particular emphasis on fundamental principles and recent advances.
 - b. Emphasize the interrelationships among the basic sciences and correlate them with clinical practice.
 - c. Permit the residents to develop the capacity for objective analysis and critical evaluation of scientific information.

Clinical Sciences

2.3.10 Instruction in the clinical sciences must:

- a. Enhance the resident's diagnostic acumen and clinical judgment in the diagnosis and planning of treatment for conditions more complex than those encountered in the undergraduate experience.
- b. Provide advanced clinical experience in the management of conditions appropriate to the field of specialization.
- c. Emphasize the need for basing clinical judgments on evidence-based medicine and dentistry where available.
- d. Ensure that treatment in the field of specialization is appropriately related to the dental and general needs of the patient.

Specialty Program

2.3.11 Graduate/postgraduate instruction can be gained through a variety of educational settings. The basic clinical and behavioural sciences must be included to support the clinical, didactic and research portions of the curriculum and may be integrated into existing courses arranged especially for the pediatric dentistry program.

Instruction is provided at the understanding level in the following biomedical sciences:

Biostatistics and Clinical Epidemiology - including probability theory, descriptive statistics, hypothesis testing, inferential statistics, principles of clinical epidemiology and research design;

Pharmacology - including pharmacokinetics, interaction, and oral manifestations of chemotherapeutic regimens, pain and anxiety control, and drug dependency.

Microbiology - including virology, immunology, and cariology.

Embryology - including principles of embryology with a focus on the developing head and neck, and craniofacial anomalies.

Genetics - including human chromosomes, Mendelian and polygenic patterns of inheritance, expressivity, basis for genetic disease, pedigree construction, physical examination and laboratory evaluation methods, genetic factors in craniofacial disease and formation and management of genetic diseases.

Anatomy - including a review of general anatomy and head and neck anatomy with an emphasis on the growing child.

Oral Pathology - including a review of the epidemiology, pathogenesis, clinical characteristics, diagnostic methods, formulation of a differential diagnoses and management of oral and perioral lesions and anomalies with emphasis on the infant, child, and adolescent.

2.3.12 Clinical Science instruction must be provided at the in-depth level in:

- a. Physical, psychological, and social development. This includes the basic principles and theories of child development and the age appropriate behaviour responses in the dental setting.
- b. Behaviour Management
 1. Child behaviour management in the dental setting and the objectives of various management methods, including consultations with other experts as needed to ensure optimal patient management.
 2. Principles of communication techniques, including the descriptions of and recommendations for the use of specific techniques.
- c. The principles of informed consent relative to behaviour management and treatment options.
- d. The principles and objectives of conscious sedation, deep sedation, and general anesthesia as behaviour management techniques, including indications, contraindications and monitoring.
- e. The epidemiology of oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs.
- f. The oral diseases encountered in pediatric patients, including those pediatric patients with special health care needs.
- g. The diagnosis of oral and perioral lesions and anomalies in infants, children, and adolescents; treat common oral diseases; perform uncomplicated biopsies and adjunctive diagnostic tests; order necessary laboratory tests; and refer persistent lesions and/or extensive surgical management cases to appropriate specialists: adjunctive diagnostic tests would include, but are not limited to, exfoliative cytology, microbial cultures, and other commercially available tests, such as the herpes simplex antigen test.
- h. Pediatric oral and maxillofacial radiology and appropriate procedures of radiation hygiene.
- i. The scientific basis for the prevention and treatment of dental caries, periodontal and pulpal diseases, traumatic injuries, and developmental anomalies, especially in the following areas:
 1. Infant oral health care.
 2. The effects of proper nutrition, fluoride therapy and sealants in the prevention of oral disease.
 3. Restorative and prosthetic techniques and materials for the primary, mixed and permanent dentitions.
 4. The prevalence and severity of gingival, periodontal and other mucosal disorders in children and adolescents.
 5. Pulp histology and pathology of primary and young permanent teeth, including indications and rationale for various types of indirect and direct pulp therapy.
- j. The prevention and management of medical emergencies in the dental setting.
- k. Medical conditions and the alternatives in the delivery of dental care that those

conditions might require.

- l. Craniofacial growth and development to enable the residents to diagnose, consult with and/or refer to other specialists, problems affecting orofacial esthetics, form or function.

This includes, but is not limited to:

1. Theories of growth mechanisms.
 2. Principles of comprehensive diagnosis and treatment planning to identify normal and abnormal dentofacial growth and development.
 3. The indications and contraindications for extraction and non-extraction therapy, growth modification, dental compensation for skeletal problems, growth prediction, and treatment modalities.
- m. Recognition, referral and treatment of child abuse and neglect.
 - n. Formulation of treatment plans for patients with special health care needs.

2.3.13 Instruction must be provided at the understanding level in:

- a. Fundamentals of pediatric medicine including those related to pediatric patients with special health care needs.
- b. Normal language development and the recognition of language delays/disorders; the anatomy and physiology of articulation and normal articulation development; causes of defective articulation with emphasis on oral anomalies, craniofacial anomalies, dental or occlusal abnormalities, velopharyngeal insufficiency (VPI), history of cleft lip/palate and normal velopharyngeal function and the effect of VPI on resonance.
- c. The design, implementation, and management of a contemporary practice of pediatric dentistry, emphasizing business skills for proper and efficient practice.
- d. Jurisprudence and risk management.
- e. Use of computers in didactic, clinical and research endeavours, as well as in practice management.
- f. Biomedical ethics.
- g. Appropriate diagnostic imaging techniques and interpretation. This includes the necessary referral for specialized investigations normally only available in institutions.

2.3.14 The special knowledge and skills and the critical judgment required of a pediatric dentist necessitate extensive clinical practice. The clinical material must be of sufficient quantity and variety to provide the broad range of learning experiences essential to the pediatric dentist's education. The residents must work cooperatively with consultants and clinicians in other dental specialties and health fields. Clinical experience must be provided to develop competency.

The program must provide clinical experiences that enable advanced education residents in pediatric dentistry to achieve competency in:

- a. Working cooperatively with consultants and clinicians in other dental specialties and health fields.
- b. Pediatric patient management using non-pharmacological and pharmacological

approaches consistent with approved guidelines for care.

- c. Application of preventive practices including:
 - 1. Scientific principles, techniques and treatment planning for the prevention of oral diseases.
 - 2. Dental health education programs, materials and personnel to assist in the delivery of preventive care.
 - d. Management of comprehensive restorative and prosthetic care for pediatric patients.
 - e. Management of orofacial injuries as follows. The residents diagnoses and treats traumatic injuries of the oral and perioral structures including:
 - 1. Evaluation and treatment of trauma to the primary, mixed and permanent dentitions, such as repositioning, replantation and stabilization of intruded, extruded, luxated, and avulsed teeth.
 - 2. Evaluation, diagnosis, and management of the pulpal, periodontal and associated soft tissues following traumatic injury.
 - 3. Recognition of injuries including fractures of the maxilla and mandible and referral for treatment by the appropriate specialist.
 - 4. Recognition and reporting child abuse and neglect and non-accidental trauma.
 - f. Ability to diagnose the various periodontal diseases of childhood and adolescence, treat and/or refer cases of periodontal diseases to the appropriate specialist.
 - g. Management of pulpal and periradicular tissues in the primary and developing permanent dentition.
 - h. Management of the oral health of patients with special healthcare needs, including, but not limited to:
 - 1. Medically-compromised.
 - 2. Physically-compromised or disabled.
 - 3. Diagnosed to have developmental disabilities, psychiatric disorders or psychological disorders.
 - i. Management of interceptive orthodontic care for the pediatric patient.
- 2.3.15 The program must provide clinical experiences that ensure competency in diagnosis of abnormalities in the developing dentition and treatment of those conditions which can be corrected or significantly improved by the early utilization of limited procedures.

2.3.16 Hospital and Adjunctive Experiences

Residents must acquire knowledge and skills to function as health care providers within the hospital setting. Residents must develop the expertise in the management of medically compromised and disabled persons with oral diseases or conditions. The specialist in pediatric dentistry must have sufficient hospital experience to acquire adequate knowledge and skills to function as a health care provider within the hospital setting. This would include the care of ambulatory care patients, inpatients and the treatment of patients in a

hospital operating room.

The residents should participate in hospital interdisciplinary evaluation and treatment teams. Participation at lectures, seminars and conferences presented by the hospital dental or medical staff is encouraged. Residents are encouraged to attend medical and/or dental staff meetings and/or other hospital functions deemed appropriate to familiarize residents with hospital policies and procedures, medical/dental staff organization, and staff member responsibilities.

Any use of office facilities for clinical experience must be limited and justified in terms of program objectives. Such clinical experience must be under the supervision of a program instructor.

2.3.17 Emergency Care

Residents must acquire knowledge and skills to achieve competence in assessment and management of orofacial trauma, dental pain, and infections.

2.3.18 Anesthesiology Rotation

Residents must acquire knowledge and experience during an anesthesiology rotation to manage children and adolescents undergoing general anesthesia. The anesthesia rotation is scheduled to provide experiences such as preoperative evaluation, risk assessment, assessing the effects of pharmacologic agents, venipuncture techniques, airway management, general anesthetic induction, and intubation, administration of anesthetic agents, patient monitoring, prevention and management of anesthetic emergencies, recovery room management, postoperative appraisal and follow up.

2.3.19 Pediatric Medicine Rotation

A pediatric medicine rotation must provide knowledge and experience in obtaining and evaluating complete medical histories, parental interviews, system oriented physical examinations, clinical assessments of healthy and ill patients, selection of laboratory tests and evaluation of data, evaluation of physical, motor and sensory development, genetic implications of childhood diseases, the use of drug therapy in the management of diseases, and communication with parents/legal guardian/care giver through discussions and explanation.

2.3.20 Pediatric Patients with Special Health Care Needs

Residents must acquire knowledge and experience to broaden their overall knowledge and skills in the evaluation and management of pediatric patients with special health care needs. Resident involvement in multidisciplinary team service including participation in the oral assessment, and discussion of the management and delivery of necessary dental procedures for pediatric patients with special health care needs is encouraged.

2.3.21 Teaching Experience

Residents can acquire deeper insights into a subject when given the opportunity to teach. Reviewing concepts, explaining a procedure or demonstrating the use of an instrument expands that concept or procedure for the teacher. Teaching also offers an opportunity to learn and apply the principles of interpersonal relations. Teaching must, therefore, be a part of the program.

- a. Supervised Teaching: The residents should be given the opportunity to spend some time in supervised teaching, preferably during the second year of studies. Not more than 10 percent of the total program time should be devoted to teaching.
- b. Principles of Education: The residents participating in teaching activities should be prepared for such activities by instruction in the principles of education.
- c. Faculty Involvement in Teaching: The major responsibilities of carrying out the departmental clinical teaching program must not be left entirely to advanced residents. The educational value of this experience is dependent upon the involvement of the faculty. Faculty must be in regular attendance during clinic sessions for supervision and instruction.

2.3.22 Elective Experience

Time should be available for elective experiences to permit residents to participate in varied elective experiences that will broaden their knowledge and provide them with an opportunity to gain knowledge in areas of specific interest.

2.3.23 Extramural Experience

As part of preparing the pediatric dentist for a role in the community, the educational program should include services performed at the community level. Experiences could take the form of an outreach program designed to make dental services and education available to groups who have been previously unable to obtain such services.

Documentation Required for 2.3.1 to 2.3.23

- a. Attach as an appendix, the timetables of each year of the program.
- b. Attach as an appendix, a list of all courses, by year and semester/term, offered by the program. For example:

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

- c. Attach as an appendix course outlines for all courses in the program. The description of each course must include:
 1. Course title, number and academic year offered
 2. Number of: lecture hours, laboratory hours, clinic hours, seminar hours, other instruction hours and total course hours
 3. Academic unit responsible for the course

4. Names of instructors
 5. Course objectives and outcomes
 6. Content outline
 7. Evaluation procedures
 8. Required texts and materials
 9. Instructor/resident ratios in the course (e.g. lectures, laboratory, clinic and seminar sessions)
- d. Attach as an appendix, a document that shows the relationship between course content and the program's objectives and outcomes.

2.4.0 Preparation for Practice

Standard

- 2.4.1 A graduate of the program must be capable of meeting the dental health needs of the public as a specialist in pediatric dentistry. Sufficient opportunity for the development of competency in the specialty of pediatric dentistry must be provided. There must be a sufficient supply of patients with disorders requiring a wide variety of pediatric dentistry services in order to provide adequate clinical experience. Accordingly, the graduate must be capable of diagnosing and treating oral disease as defined by the scope of the specialty. Clinical experience must be such as to produce a graduate who can assume the level of professional responsibility appropriate to the specialty practice of pediatric dentistry and provide those services usually provided in the practice of pediatric dentistry.

Documentation Required

- a. Describe how the program manages patient assignment.
- b. Describe how resident's clinical experiences are monitored.
- c. Describe how the program ensures that each student is provided with sufficient experiences to develop competency within the contemporary scope of pediatric dentistry practice.

Standard

- 2.4.2 An appropriate patient pool must be available to permit residents to demonstrate competency in the development and implementation of an integrated treatment plan for comprehensive patient care. The availability of such experiences must be monitored to ensure adequate experiences for each resident. An ongoing record of the number and variety of clinical experiences accomplished by each resident must be maintained.

Documentation Required

- a. Provide evidence that the patient pool available for educational purposes is sufficient to allow residents to develop competency within the scope of the pediatric dentistry practice.
- b. Describe the strategies that have been implemented to ensure that residents have

- sufficient patient experiences.
- c. Identify any areas where a shortage of patients may exist. Describe the strategies that have been implemented to address these areas.

Standard

- 2.4.3 Residents must have opportunities to work with other health care professionals.

Documentation Required

Describe the opportunities available to pediatric dentistry residents to gain experience working with physicians and other health professionals.

2.5.0 Evaluation

Standard

- 2.5.1 Reliable and valid systems of resident evaluation must exist and be applied. Processes must be defined which ensure that residents are individually evaluated in terms of their achievement of the program's stated objectives and outcomes. These evaluation systems must be the basis for judgements that govern resident promotion and graduation.

Documentation Required

- a. Describe the resident evaluation system(s).
- b. Describe how the program ensures that residents are evaluated in terms of their achievement of the program's stated objectives and outcomes.
- c. Describe how residents receive formative evaluation.
- d. Describe how residents are involved in providing feedback regarding the evaluation system.
- e. Attach as an appendix, the results of the Canadian National Dental Specialty Examinations, administered by the RCDC, for graduates of the program since the last accreditation survey visit.

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, the job description of the dean or director of the faculty/school/college of dentistry.

Program Director

Standard

- 3.1.2 For the purposes of the accreditation documentation CDAC regards the program director as the individual with responsibility and authority for the clinical academic program.

The program director must be a recognized licensed/registered specialist in pediatric dentistry, in the province they are active/teaching as Program Director, and have the professional experience, authority and responsibility necessary to fulfill the program objectives and outcomes.

The program director must have the necessary time to oversee program administration, operation, supervision, evaluation and revision. Teaching contact hours must not compromise the ability to fulfill these obligations.

Documentation Required

- a. Attach as an appendix, a brief curriculum vitae and a copy of the job description for the program director.
- b. Attach as an appendix, the teaching contact hours of the program director and the teaching contact hours of other faculty members in the discipline.

Standard

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

Documentation Required

If the program is a new program, identify when the program 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. One (1) or more program faculty members must be fellows of the Royal College of Dentists of Canada (RCDC) in pediatric dentistry.

Documentation Required

- a. List alphabetically the names of all full-time, half-time and part-time faculty members teaching in the specialty program.
- b. Provide on site the current curricula vitae of these faculty members.
- 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 half-time and part-time faculty members.
- e. Identify the number of program faculty members who hold Fellowship in the RCDC.

Standard

- 3.2.2 The number and distribution of faculty members must be sufficient to meet the program's stated objectives and outcomes. Resident contact time must allow the faculty members sufficient time for:
- a. Teaching preparation.
 - b. Resident 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 expectations and 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 resident ratios must be adequate to ensure that neither resident learning nor the health and safety of patients is compromised.

Documentation Required

Comment on the adequacy of faculty/resident ratios in each of the following areas: teaching, research supervision, laboratory, clinic, 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) copies 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 residents.

Documentation Required

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

4.0 EDUCATIONAL SUPPORT AND SERVICES

4.1.0 Physical Facilities

Standard

- 4.1.1 Physical facilities and equipment must be adequate to support the didactic, laboratory and clinical objectives of the program. The adequacy of facilities will be evaluated in relation to -availability and resident 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 pediatric dentistry 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 and research activities and instruction occur.
- b. Describe how clinical facilities are shared with other programs, if applicable.
- c. Identify any 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 standards 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, 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 residents.

Documentation Required

- a. Describe off-campus resident clinical experiences and include information on the location, arrangements for supervision, evaluation, length of time each resident 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 residents 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 resident counselling. Space must be available for storage of office, clinical, research and laboratory supplies and equipment, instructional media and resident, 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 residents and faculty members during and after scheduled hours of instruction and/or via electronic format.

Documentation Required

Please 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 resident access to the library resources.
- d. Describe resident 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 resident use of available library resources.

Standard

- 4.2.3 Residents 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 Resident learning must not be compromised by an over-reliance on residents 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 resident obligations to provide instructional, treatment and/or support services within the program. Provide evidence that there are adequate documented protocols to ensure resident 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 residents 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 Resident Issues

Standard

- 4.4.1 Residents must have rights, responsibilities, and privileges comparable with those of other residents at the institution.

Policies must exist concerning resident representation on appropriate committees.

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

Documentation Required

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

Standard

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

Documentation Required

Describe or attach as an appendix, the institution policy that provides for due process if a resident has a grievance.

Standard

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

Documentation Required

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

Standard

- 4.4.4 Resident membership and participation in provincial/national dental and dental specialty organizations should be encouraged.

Documentation Required

Describe how resident membership and participation in provincial/national dental and dental specialty professional organizations is encouraged.

Standard

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

Documentation Required

Describe how residents access counselling and health services.

Standard

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

Documentation Required

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

5.0 CLINIC ADMINISTRATION

5.1.0 Clinic Operations

Standard

- 5.1.1 There must be an individual identified as responsible for patient relations, clinical care and clinic administration of the graduate pediatric dentistry clinic. The director 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 the graduate pediatric dentistry clinic or equivalent at the institution and attach his/her job description. Describe his/her access to relevant faculty decision-making groups. Describe how he/she 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.

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 residents. 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 the prescription of radiographs.
- c. Provide an on-site a 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 bylaws of the various jurisdictions and must be readily available for faculty members, staff and residents. Mechanisms must be in place to monitor compliance of these policies and protocols by faculty members, staff and residents.

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 faculty members, staff and residents.

Standard

- 5.2.3 Residents, 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 residents, 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, staff and residents who have bloodborne infectious disease(s).

Standard

- 5.2.5 Residents, 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 residents 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 residents, staff and faculty members. Mechanisms must be in place to monitor compliance of these policies and protocols by faculty members, staff and residents.

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 residents.

Standard

5.3.2 The program must have policies and mechanisms in place that provide quality assurance and education for patients about their specialty care and related treatment needs. Patients accepted for dental specialty 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 specialty program.

The primacy of total dental 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. Primary responsibility for total patient care is formally assigned and documented to a single resident.
- b. Patient-centred, comprehensive care, continuing and recall care.
- c. Patient review policies, procedures, outcomes and corrective measures.
- d. Adverse or ineffective outcomes are subject to routine review.

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 residents 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 resident educational requirements are beneficial for the health and care of patients.

6.0 RESEARCH AND SCHOLARLY ACTIVITIES

Standard

- 6.1 There must be an appropriate commitment to research activity by faculty members teaching in the pediatric dentistry program. This responsibility must also involve residents and should have the support of the parent university with respect to finances and facilities. An appropriate balance of faculty member involvement between teaching and research must exist so that the quality of the program is not compromised. Investigations leading to the improvement of the educational program should be included in such research activities.

CDAC believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

Documentation Required

- a. Identify the research and scholarly activity requirements for residents and identify if a thesis/major paper is required.
- b. Attach as an appendix, a list of the research projects/scientific papers that have been completed by faculty members and graduate residents since the last accreditation survey visit, identifying the name of the investigator and the name, title and affiliation of the staff supervisor.
- c. Attach as an appendix, a list of research affiliations and support mechanisms of the program since the last accreditation survey visit.

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 residents to develop multidisciplinary working relationships, as appropriate, with other programs and residents.

Standard

- 7.1.2 CDAC recognizes the potential value of faculty-based continuing education programs. Such programs should develop resident 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 resident 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 the CDAC. This relationship must afford the resident the opportunity to learn protocols, observe working relationships with other health professionals and to provide 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. Describe the opportunities for the residents and attach a schedule of their activities.

Standard

- 7.2.2 The program should also develop functional relationships with other institutional health care facilities, community health programs and health departments to establish an environment which prepares residents to provide care for patients in such health care facilities.

Documentation Required

Describe relationships between the program and other institutional health care facilities, community health programs and health departments. Describe how these relationships establish an environment that prepares residents to provide care for patients in such facilities.

7.3.0 Relationships with Regulatory Authorities and Dental Organizations

Standard

- 7.3.1 Residents must be made aware of the regulatory framework for both dental and specialty practice and of the distinct role of regulatory authorities, provincial/national dental and dental specialty organizations. 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 residents are made aware of the role of regulatory authorities.
- b. Describe how residents are made aware of the role of provincial/national dental and dental specialty organizations.
- c. Describe how faculty members participate in positions in these organizations and how their contributions are supported and recognized by the program.

APPENDIX A **Dental Specialty Assessment and Training Program**

Accredited dental specialty programs offering a Dental Specialty Assessment and Training Program (DSATP) for dental specialists who graduated from non-accredited programs will be assessed by CDAC. The dental specialty program and the DSATP for dental specialists who graduated from non-accredited programs will be assessed by CDAC conjointly. The accredited dental specialty program will provide the customary documentation in response to the accreditation standards for the specific dental specialty program; and specific additional information will be requested for the DSATP. CDAC will review the accredited dental specialty program's educational approach preparing DSATP candidates.

Introduction

CDAC accredited dental specialty programs may admit dental specialists who graduated from non-accredited programs for assessment and additional education and training. CDAC requires that an accredited dental specialty program offering a DSATP be responsible for the assessment of candidates and all educational components of the program. Accredited dental specialty programs may enter into an affiliation agreement with other Dental Faculties/Schools of Dentistry to provide aspects of the DSATP program. However, the certificate of completion of the DSATP must be granted to successful candidates by the Faculty/School of Dentistry accredited dental specialty program.

The Faculty/School of Dentistry offering a DSATP must advise accepted candidates that Institutional policies and regulations apply to them as candidates in the program and that they have the same rights and responsibilities as other residents in the Institution.

The following documentation in relation to CDAC requirements must be provided.

Documentation Required

A1 Institutional Structure

A1.1 Identify the sponsoring Faculty/School of Dentistry and the accredited dental specialty program(s) admitting dental specialists who graduated from non-accredited programs to assess their eligibility for the DSATP.

A1.2 In the event of an affiliation with another Faculty/School of Dentistry; the accredited dental specialty program must provide a copy of the affiliation agreement(s).

A1.3 Identify all sites and affiliated institutions where candidates receive instruction.

A2 Admission to the Dental Specialty Assessment and Training Program

- A2.1 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.
- A2.2 Describe the admissions process for applicants to be admitted to the DSTAP.
- A2.3 Describe how the applicant’s skills in the specific dental specialty are assessed prior to admission into the DSATP.
- A2.4 Complete the following chart for DSATP candidates for the past five (5) years.

Number of candidates who applied to the program.	
Number of applicants admitted.	
Number of candidates who successfully completed the program.	
Number of candidates who passed the NDSE.	

A3 Curriculum

- A3.1 Describe, with examples, the process used to develop a customized plan for educational experiences for a candidate.
- A3.2 Provide an example of a customized educational program. On site, provide further examples of customized educational programs including a description of the ongoing evaluation of the program and any required modifications.

A4 Candidate Evaluation

- A4.1 Describe the process to determine that a candidate has successfully completed the customized plan for educational experiences and is eligible to be awarded the certificate of completion.

A5 Resources

- A5.1 Identify the faculty members involved in the DSATP, and indicate whether they

- have a Faculty appointment and have the appropriate qualifications and experiences necessary to teach the candidates in the program.
- A5.2 Provide evidence that there is sufficient faculty member coverage to provide the individualized program for each candidate.
- A5.3 Demonstrate that the appropriate resources, physical facilities, support staff, and patients are available to offer the program.

APPENDIX B - Previous Recommendation(s)

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