



Accreditation Standards for Dental Hygiene Programs

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Accreditation Standards Dental Hygiene

The Commission on Dental Accreditation of Canada

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

Vision

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

Mission

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

Basic Process

The starting point within accreditation is CDAC's development, approval and ongoing revision of accreditation standards. Educational programs and dental services are invited to apply for review against current standards. Programs applying submit detailed documentation outlining evidence addressing the accreditation standards. A survey visit is then arranged, and an accreditation survey team conducts interviews with faculty members, 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.

As a requirement for maintaining accreditation, programs or services must complete an Annual Program Review for CDAC. Programs or services must also, on their own initiative, inform CDAC, in writing, of any additional 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 and in the administration of specific national mechanisms identified as important to the common interests of education and accreditation and of dental, dental specialties, dental hygiene and dental assisting organizations. Educational programs must complete CDAC's Annual Program Review.

Additional accreditation information related to the logistics of survey visits, survey team membership, length of accreditation, accreditation status, etc. can be found in the CDAC *Guide to Accreditation* on the CDAC website http://www.cda-adc.ca/cdacweb/en/accreditation_standards/.

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 or 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 an alternative to the standard.

Curriculum Approach

Competency Based Education (CBE), Evidence Based Education (EBE) and Outcomes Based Education (OBE) are terms applied to educational programs which build curriculum, student learning experiences, and evaluation methods from documents that describe the knowledge, skills and values that a student must possess to graduate. These documents include descriptions of all competencies/abilities that a beginning practitioner must consistently perform accurately and efficiently.

Programs preparing health practitioners must also include consideration of the cognitive (foundation knowledge including clinical, biomedical and behavioural sciences), 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.

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 and any other social media site links.
- c. Telephone and email address(es) and the name of survey visit coordinator.
- d. Name of President or Chief Executive Officer including telephone number and/or email.
- e. Name of Dean or equivalent including telephone number and/or email.
- f. Name of Program Director or equivalent including telephone number and/or email.
- g. Name of the Privacy Officer and the position job description.
- h. Date program was established.
- i. Provincial authority under which the institution operates.
- j. Program length.

1.0 Institutional Structure

Standard

1.1 The dental hygiene program must be established at a post-secondary institution recognized by the appropriate government agency. The program must be identified as a recognized faculty/school/division/department of the parent institution. 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 institutional committees.

Institutions offering diploma-level dental hygiene education should be capable of forming articulation agreements or collaborative partnerships with recognized degree-granting institutions.

Documentation Required

The program is requested to provide:

- a. Evidence that the institution/program is recognized by the appropriate Ministry of Education or government-agency in the province or territory.
- b. The senior organizational chart of the institution, identifying the administrators' names.
- c. The organizational chart of the program, including current faculty members' names and credentials.
- d. The terms of reference for the decision-making body that oversees the program.

- e. The list of institutional committees in which dental hygiene faculty members participate.
- f. A list of the articulation agreements or collaborative partnerships that permit dental hygiene students to access degree-granting institutions.

Standard

- 1.2 The program must define its own vision and mission statement that is consistent with that of the parent institution.

Documentation Required

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

Standard

- 1.3 The program must have defined graduate outcomes.

Documentation Required

Provide a copy of the program graduate outcomes and how they relate to the *Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH)*¹.

Standard

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

Documentation Required

- a. Describe or provide copies of the procedures used in determining the program budget.
- b. Provide a copy of the current program budget, including year-to-date details of revenues and expenditures.
- c. Describe any significant changes in the budget over the past five years.
- d. Comment on the adequacy of the present budget. If program revenues are solely based on program tuition, how does the program deal with revenue shortfalls?
- e. Describe the process for addressing incremental cost increases for the program, clinic, contingency planning for unforeseen expenses, and the replacement of old equipment and the purchase of new equipment and resources.
- f. Describe the process and rationale used to establish clinic fees, if applicable.

¹ Accessible through <https://www.fdhrc.ca>

Standard

- 1.5 The program must establish structures and processes for ongoing planning, evaluation, and improvement of program quality. 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 program, students and, where appropriate, qualified individuals from the parent institution and the profession.

Documentation Required

- a. List all program committees.
- b. Identify those committees that provide for the ongoing planning, evaluation, and improvement of program quality, including the list of members, the terms of reference, and the frequency of meetings.
- c. Include the purpose, scope and authority of the committee.
- d. Describe the processes that provide for ongoing planning, evaluation, and improvement of program quality.
- e. Provide meeting minutes from the last two (2) years of these committees in the pre-survey documentation.
- f. If applicable, list and describe any faculty member changes since the previous survey visit.

Standard

- 1.6 The program must have an outcome assessment process. Results of this process must be used to improve program quality.

Documentation Required

- a. Describe the program outcome assessment process(es).
- b. Explain, providing examples, how this/these process(es) are used to improve program quality.

Standard

- 1.7 A Program Advisory Committee (PAC) must be established for the program, structured within a college/institutional system. Terms of reference for this committee must be defined in accordance with the college/institution policies. The collective membership of the committee is intended to provide information and advice to support both the program and dental hygiene education. Therefore, the program advisory committee Chair must be an external member. The voting membership must consist of non-faculty members.

Documentation Required

- a. List the members of the program advisory committee, indicating their educational and professional backgrounds and the constituent group or organization they represent, if applicable.
- b. Provide a brief description of the role of the program advisory committee.
- c. Should the program have a public member on the committee, please identify it in your documentation.
- d. Provide the Committee meeting minutes held from the past two (2) years.

Standard

- 1.8 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 published criteria, readily available to advisors and applicants. Criteria for admission must include academic preparation with completion of a high school program or equivalent, being the minimum standard assessed. For applicants whose primary language is not the language of instruction in the institution, the results of a language proficiency examination must be considered in the admissions process.

A candidate's previous academic performance should not be the sole criterion for admission, applicants with at least one year in post-secondary education should be considered.

The program should consider including a criminal record/vulnerable sector check be required in the admissions criteria.

Selection criteria should encourage recruitment of a diverse student population.

Faculty members must have mechanisms to provide input in the program admission and selection process.

An admission committee and/or an equivalent process must be established to select candidates for admission to the program. This committee should include individuals who are qualified to define and evaluate admissions procedures and criteria.

Criteria must be applied equitably during the selection process. The process should employ measures designed to select students who are able to successfully complete the program.

Documentation Required

- a. Attach as an appendix, the application information provided to potential applicants.
- b. Provide the admissions policy which identifies the pre-requisites for admissions and how qualified applicants are selected.
- c. Identify the language proficiency examination used for applicants whose primary language is not the program language of instruction and describe how it is used in the admissions process.
- d. Identify the individual(s) primarily responsible for admissions.
- e. Describe the role of the admissions committee. Include the membership and terms of reference for this committee.
- f. Describe if additional tests or other measures are used in the selection process and provide a sample of the test or other measures used.
- g. Describe any changes to the admissions process since the last accreditation survey visit.

Standard

- 2.1.2 Program academic and non-academic support services must be in place to support and retain students.

Documentation Required

- a. Describe the services in place to assist students experiencing academic difficulties and to retain students in the program.
- b. Describe services not financially supported by the program that are offered to students.
- c. If program revenue is derived mainly from student tuition, confirm that students are not retained solely to maintain program revenue.

Standard

- 2.1.3 If the program accepts students who transfer, with credit, from one accredited program to another, the program must ensure that transfer students are admitted into the appropriate year to permit 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 program must establish assessment criteria for students admitted with advanced standing. These criteria must be readily available to advisors and applicants and must be applied equitably during the assessment process.

Documentation Required

Attach as an appendix the criteria for admission, if the program accepts advanced standing students (e.g. through a prior learning assessment process, etc.).

Standard

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

Documentation Required

- a. Indicate the program maximum student enrollment and the number of student intakes in each year. Using the format below, indicate the beginning and completion dates for each student intake, each year, and the current number of students enrolled in the program and other dental related programs at the institution.

	Max intake	Current #
Intake dates: start/finish 1 st year dental hygiene or intake		
Intake dates: start/finish 2 nd year dental hygiene or intake		
Intake dates: start/finish 3 rd year dental hygiene or intake		
Intake dates: start/finish 4 th year dental hygiene or intake		
Other dental related programs		
Total		

- b. For programs applying for “a program survey” indicate the specific student intake, that is the focus of the application, and the program start and completion dates for that intake.
- c. Comment on the adequacy of resources to support current enrollment.

2.2.0 Curriculum Management

Standard

- 2.2.1 The program must have a formal documented curriculum management process that includes:
 - a. A description of the program curriculum management process.
 - b. Mechanisms for input from faculty members, students, administrators, and other appropriate sources.
 - c. Mechanisms to assess new evidence-supported theories and technologies.
 - d. Periodic review and evaluation of the curriculum management process.

Documentation Required

- a. Provide a copy of the curriculum management process.
- b. Identify the committee(s) involved in the curriculum management process.
- c. Describe how input is obtained from faculty members, students, administrators, and other appropriate sources.
- d. Describe how curriculum decisions and revisions are made and implemented.
- e. Describe the mechanisms used to evaluate the curriculum management process.
- f. Provide curriculum committee minutes, or the related committee(s), for the past two (2) years.

Standard

- 2.2.2 The program must evaluate the currency and comprehensiveness of the program curriculum and use evidence-based practice as the basis for curriculum decisions. Students must have the opportunity to evaluate the program curriculum, teaching effectiveness and their preparation for entry to practice.

Documentation Required

- a. Describe how the program evaluates the curriculum.
- b. Describe how input from faculty members, students, administration and the Program Advisory Committee is used to evaluate the program curriculum.
- c. Describe how evidence-based practice is incorporated in the program curriculum.
- d. Describe how the program identifies gaps and/or deficiencies within the curriculum.
- e. Provide examples of gaps and/or deficiencies previously identified by the program, using the curriculum evaluation process.
- f. Provide examples of recent curriculum revisions implemented following evaluation of the curriculum.
- g. Describe how the results of the National Dental Hygiene Certification Examination (NDHCE) and other key performance indicators are used to evaluate the program curriculum and to ensure its consistency with the national dental hygiene competencies and provincial standards.
- h. Provide copies of student evaluations of course content and teaching effectiveness.
- i. Provide copies of any graduate surveys conducted from the past two (2) years.

Standard

- 2.2.3 Teaching methods and student learning activities must be effectively integrated and coordinated so that the students' educational experiences are comprehensive, current; 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 throughout the program.

2.3.0 Curriculum Content

Standard

- 2.3.1 CDAC accredits entry-to-practice dental hygiene programs granting the educational credential of a diploma or degree. CDAC recognizes that there may be various educational models; however, the dental hygiene education program must be a minimum of two (2) academic years in length.

Documentation Required

Describe the length of the program, the number of intakes, the number and length of semesters per year, the number of weeks, the hours of instruction per week, and the program start and completion dates.

Standard

- 2.3.2 The curriculum must be based on the program graduate outcomes defined in Standard 1.3. Program competencies must be consistent with the *Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH)* and provincial standards and scope of practice, determined by the dental hygiene regulatory authority. The program competencies must reflect the elements of the dental hygiene process of care (dental hygiene assessment, dental hygiene diagnosis, planning, implementation, and evaluation).

Documentation Required

Provide a copy of the curriculum map identifying the program competencies, where these competencies are taught, to which level they are taught, and how they are evaluated.

Standards

- 2.3.3 The curriculum must include content in the following areas:
- a. Behavioural sciences
 - b. Biomedical sciences
 - c. Oral health sciences
 - d. Dental hygiene theory and practice

The program must identify the specific courses that include content related to the behavioural sciences, biomedical sciences, oral health sciences, and dental hygiene theory and practice, including ethics, jurisprudence professional practice, and content relating to workplace harassment.

This content must be integrated within the curriculum and must be current and of sufficient depth, scope, quality, and emphasis to ensure the achievement of the program graduate outcomes. Particular attention must be given to the interrelationship of knowledge, especially to the application of theoretical and empirical information, into the clinical and community health curricula, so that the program comprises a related body of knowledge rather than a collection of individual and separate subjects. The sequencing of learning experiences must be managed in a rational and logical way. Foundation knowledge must be established early in the dental hygiene program and must be current and of appropriate scope and depth to permit students to demonstrate competence as entry-to-practice graduates.

Program scheduling must provide sufficient learning activities, during preclinical, clinical, and externship sessions, appropriately distributed and sequenced throughout the program to permit students to achieve competence providing dental hygiene interventions for clients/patients and groups.

Students must begin preclinical activities early in the program. Clinical activities must then be scheduled for students to provide dental hygiene care for clients/patients until competence is achieved.

- 2.3.4 Course information provided to students at the beginning of the course/program must include course hours, course descriptions, learning outcomes/course objectives, learning activities, and evaluation procedures.

Behavioural Sciences

- 2.3.5 Behavioural science content must be current and of sufficient scope and depth so that knowledge can be applied to client/patient- and group-centred to demonstrate competent approaches for promoting, improving, and supporting the oral health and wellness of diverse populations and to develop the communication skills to function successfully in a multicultural work environment.

Behavioural science content includes, but is not limited to:

- Communication principles
- Psychology
- Sociology
- Educational principles
- Health promotion principles
- Research principles

- Community programming

Biomedical Sciences

- 2.3.6 Biomedical science content must be current and of sufficient scope and depth to apply knowledge and develop science-based, client/patient-centred approaches for promoting, improving, and supporting oral health and wellness. Information on abnormal biological conditions must be provided to support understanding of the etiology, epidemiology, diagnosis, pathogenesis, prevention, treatment, and prognosis of oral and oral-related disorders and pathologies.
- 2.3.7 Biomedical science knowledge must be of sufficient depth and scope for graduates to apply advances in modern biology, utilize best practices related to personal protective equipment (PPE) requirements, and advanced reprocessing techniques to clinical and community practice and to integrate new medical knowledge and therapies relevant to oral health care and health promotion.

Biomedical science content includes, but is not limited to:

- Anatomy
- Physiology
- Chemistry
- Biology
- Biochemistry
- Microbiology
- Immunology
- General pathology
- Nutrition
- Pharmacology
- Infection control
- Medical emergencies
- CPR/Basic Life Support

Oral Health Sciences

- 2.3.8 Oral health science content must be current and of sufficient scope and depth to permit graduates to apply knowledge or develop science-based, client/patient-centred approaches for promoting, improving, and supporting oral health and wellness.

Oral health science content includes, but is not limited to:

- Oral and dental anatomy
- Head and neck anatomy
- Oral and dental embryology and histology

- Oral pathology
- Radiography
- Periodontology
- Dental specialties
- Pain and anxiety management
- Dental materials

Dental Hygiene Theory and Practice

- 2.3.9 Dental hygiene theory content must be current and of sufficient scope and depth for graduates to apply the fundamental principles of dental hygiene theory as they pertain to client/patient-centred approaches for promoting, improving, and supporting oral health. Dental hygiene theory must be sequenced throughout the program to ensure the integration of theory and practice.
- 2.3.10 Graduates must have the ability to provide evidence-based dental hygiene interventions for individuals and groups. Learning opportunities must reflect the full dental hygiene scope of practice to permit students to:
- a. Apply dental hygiene care/services/interventions to individuals, groups, and communities.
 - b. Critically review literature pertinent to the provision of evidence-based dental hygiene services/care/interventions.
 - c. Make dental hygiene decisions supported by current evidence, ethical principles and practice standards.
 - d. Use fine motor skills in the application of the dental hygiene process of care in the assessment, dental hygiene diagnosis, planning, implementation, and evaluation of clinical dental hygiene care.
 - e. Manage dental hygiene clinical care for clients/patients of all ages.
 - f. Manage dental hygiene clinical care for clients/patients who medically-compromised.
 - g. Manage dental hygiene clinical care for clients/patients who have specialized health needs.
 - h. Manage health promotion activities for communities and groups.
 - i. Manage health educational activities for communities and groups.
 - j. Manage the business management aspects of the practice of dental hygiene.
- 2.3.11 The program must provide learning opportunities to prepare students, upon graduation, to apply the principles of ethical reasoning and professional responsibility as they pertain to client/patients services and practice management. Graduates must recognize the role of lifelong learning, self-assessment, and peer-assessment in maintaining continued competence.

Documentation Required for 2.3.3 to 2.3.11

- a. Describe how and when students receive course information.
- b. Provide a list of required textbooks or other resources used by students in the program.
- c. Provide all timetables for each cohort enrolled within the program.
- d. Provide a global list of courses, by year and semester/term.
- e. Using the following format as an example, provide a further breakdown of all courses alphabetically, using the following sections:

Section A - Behavioural Sciences

<u>Course Name/Number</u>	<u>Semester</u>	<u>Faculty member</u>	<u>Faculty/student ratio</u>
DH 01	Fall	Ms. Jones	1:30

Section B - Biomedical Sciences

<u>Course Name/Number</u>	<u>Semester</u>	<u>Faculty member</u>	<u>Faculty/student ratio</u>
DH 01	Fall	Ms. Jones	1:30

Section C - Oral Health Sciences

<u>Course Name/Number</u>	<u>Semester</u>	<u>Faculty member</u>	<u>Faculty/student ratio</u>
DH 01	Fall	Ms. Jones	1:30

Section D - Dental Hygiene Theory and Practice

<u>Course Name/Number</u>	<u>Semester</u>	<u>Faculty member</u>	<u>Faculty/student ratio</u>
DH 01	Fall	Ms. Jones	1:30

- f. Provide a copy of the information given to students for each course in the program that includes the following:
 1. Course title, number, and academic year offered
 2. Course description
 3. Number of instructional teaching hours, laboratory hours, preclinic hours, clinic hours, seminar hours, other instructional hours, and total course hours as they apply to each course.
 4. Academic unit responsible for the course
 5. Learning activities, learning outcomes/course objectives
 6. Detailed evaluation procedures

2.4.0 Preparation for Entry to Practice

Standard

- 2.4.1 Graduates of the program must be competent to manage health promotion and oral health care for a range of clients/patients within the life cycle, including children, adolescents, adults, and seniors. Students should have opportunities to provide care for clients/patients who are medically-compromised and clients/patients with specialized healthcare needs.

Faculty members, staff, and students must at all times give priority to client/patient safety. Designated individuals must be responsible for identifying unacceptable risk and providing appropriate management.

Documentation Required

- a. Provide a copy of the preclinical and clinical manuals provided to students.
- b. Describe how the program manages client/patient assignment.
- c. Describe the process to identify risk, ensure client/patient safety and provide appropriate management.
- d. Describe how the program ensures that each student is provided with sufficient experiences to develop competency within the contemporary scope of dental hygiene practice.

Standard

- 2.4.2 The program must take primary responsibility for recruiting clients/patients, providing and maintaining a sufficient pool of clients/patients, and providing an appropriate variety of clients/patients and clinical experiences for students. Client/patient recruitment must be conducted according to provincial/federal privacy legislation.

Students must be provided with sufficient experiences to develop competency within the contemporary scope of dental hygiene practice. An ongoing record of the number and variety of clinical experiences must be maintained and monitored to ensure sufficient experiences for each student.

Documentation Required

- a. Provide evidence that the pool of active clients/patients available is sufficient to allow students to develop competency in all aspects of client care.
- b. Describe how the students' clinical experiences are monitored.
- c. Provide a sample of the tracking system used by the program to track clinical experiences.
- d. Identify areas of shortage of specific types of clients/patients. Describe the strategies that have been implemented to ensure that students have sufficient and varied experiences to develop competency in all aspects of client/patient care.

- e. Describe how clients/patients are recruited and managed in accordance with provincial/federal privacy legislation.

Standard

- 2.4.3 The program must ensure that graduates are competent in the management of dental hygiene processes within the community. The program must have a relationship with at least one (1) external health care facility, health unit and/or community or public service agency where students have opportunities to implement health and wellness promotion programs. Scheduling must be done to ensure student progress within the overall program is not compromised by these experiences. Students must have opportunities to assess, plan, implement, and evaluate health promotion and health education activities in the community. These activities must be formally evaluated.

Documentation Required

- a. Identify all healthcare facilities, health units and/or community or public service agencies that the program has agreements with to permit students to implement health promotion activities. Provide the agreement(s) as an appendix.
- b. Describe how students achieve competence in managing dental hygiene processes within the community.
- c. Describe student health promotion activities in the community.
- d. Describe student health education activities in the community.
- e. Identify how these student experiences are evaluated.
- f. Provide, on site, examples of student health promotion and health education activities in the community.

Standard

- 2.4.4 Students must have exposure to various dental hygiene practice settings.

Documentation Required

- a. Provide a list of the various dental hygiene practice settings scheduled for students.
- b. Describe these students' learning experiences.

2.5.0 Evaluation

Standard

- 2.5.1 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 program competencies/learning outcomes. The program must show evidence of scheduled

formative and summative evaluation of theoretical, preclinical, and clinical experiences. The program must show evidence of remedial opportunities for students. Institutional due process policies with respect to academic standards must be followed.

In the case of hybrid (online) evaluation components, the e-platform must be secure, reliable with appropriate IT support (as needed).

Documentation Required

- a. Describe the program evaluation system(s).
- b. Describe the program evaluation philosophy, identifying the use of formative and summative evaluations and remediation activities.
- c. Describe how formative and summative evaluations are scheduled and used to assist student learning.
- d. Describe how remediation sessions are scheduled and used to assist student learning.
- e. Describe how the program evaluates students in terms of their achievement of the program competencies/learning outcomes.
- f. Describe how students receive the results of their evaluations.
- g. Describe how the program uses student feedback to assess and revise the evaluation system.
- h. Provide a copy of the student promotion policies, including due process policies and a description of how decisions about academic progress and promotion are made and communicated to students.
- i. Provide the institute profile reports from the National Dental Hygiene Certification Examination (NDHCE) for each graduating class since the last accreditation survey visit.
- j. Provide data for the last five (5) years regarding student attrition, specifically student failures, students required to repeat a term/semester/year, student withdrawals, and student dismissals.
- k. Describe the e-platform being used by the program.
- l. Describe how the e-platform assures security and examination integrity.
- m. Provide rubrics (ie: time limits and the maximum number of attempts/retakes) as an appendix.

3.0 ADMINISTRATION, FACULTY AND FACULTY DEVELOPMENT

3.1.0 Program Administration

Standard

- 3.1.1 The dean/program administrator/or equivalent must be an individual who has the educational background, professional experience, authority, and responsibility necessary to fulfill the program objectives and outcomes.

Documentation Required

The program is requested to provide a current curriculum vitae and the job description of the dean or equivalent.

Program Director

Standard

- 3.1.2 The program director or the individual assigned the responsibilities for the day-to-day program activities must be a dental hygienist with an educational credential one level higher than the credential granted to program graduates (i.e., a Bachelor degree, if the program credential is a Diploma). The program director should possess a Master's Degree. This individual must have the educational and professional experience, and the authority and responsibility necessary to fulfill the assigned responsibilities. This individual must have the necessary time to oversee program administration, operation, supervision, evaluation, and revision.

If the program director has instructional assignments, they must have current content knowledge and experience related to their instructional assignments and must have training in educational theory and methodology.

Documentation Required

- a. Provide a current curriculum vitae of the program director describing their educational qualifications and training in educational theory and methodology.
- b. Provide a copy of the job description for the program director.
- c. Describe the program director's responsibilities as a percentage of time allotted to teaching, administration, and other activities.
- d. Provide the mechanisms for the appointment and review of the program director (if applicable).

Standard

- 3.1.3 When a new program is being planned, a full-time program director, who meets the credentials outlined in 3.1.2, must be appointed four to six months in advance of admitting students 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:

- a. Identify when the facilities were established in relation to student enrollment.

- b. Identify when the program coordinator/lead was appointed
- c. Describe how faculty members and staff were oriented to the program.
- d. Attach as an appendix the handbook, manual or other related documents to assist in faculty member orientation.

3.2.0 Faculty and Faculty Development

Standard

- 3.2.1 The program must be staffed by qualified permanent faculty members whose professional education and experience for teaching, dental hygiene practice, scholarship, and research (if applicable) are adequate to prepare an entry-to-practice dental hygienist. The faculty member complement, including full-time and part-time, must be proportionate to the number of students enrolled in the program. Assignment of teaching responsibilities to faculty members must be commensurate with their education and experience. Dental hygiene faculty members assigned instructional responsibilities must have training in educational theory and methodology. Dental hygiene faculty members assigned instructional responsibilities should also possess a baccalaureate degree.

Faculty members with online instructional responsibilities must have current knowledge and experience related to online teaching and learning.

Individuals with preclinical and clinical assignments must be registered/licensed and in good standing with their respective regulatory authorities. Dental hygienists appointed as clinicians, assigned preclinical and clinical supervisory responsibilities, must have training in educational theory and methodology, and a minimum of three (3) years of dental hygiene clinical experience.

The program must provide faculty members with adequate time for teaching preparation, student evaluation and counselling, development of subject content including appropriate evaluation criteria, program development and review, and professional development.

The program must have mechanisms for the appointment, review, and reappointment of faculty members, including those with administrative positions.

Documentation Required

- a. List alphabetically the names of all full- and part-time and casual faculty members, including clinicians, teaching in the program indicating their assigned workload and teaching responsibilities. List the faculty members as full-time, part-time and casual.
- b. Provide current curricula vitae for all faculty members, identifying their educational qualifications. Provide evidence (copies of certificates) that individuals assigned instructional and clinical responsibilities have training in educational theory and methodology.

- c. Provide the program profile or definition for full-time and part-time and casual faculty members.
- d. Provide evidence (copies of faculty members' registration/license/permit) that individuals' assigned responsibilities for preclinical and clinical instruction are registered/licensed with their respective regulatory authorities.
- e. Provide evidence that the faculty member complement is sufficient to meet program outcomes.
- f. Describe how faculty members' workloads are determined to permit sufficient time for teaching preparation, student evaluation and counselling, development of subject content and appropriate evaluation criteria, program development and review, and professional development.
- g. Identify any areas where there is insufficient coverage and the strategies implemented to address these areas.
- h. Provide the mechanisms for the appointment, review, and reappointment of full-time faculty members, including those with administrative positions.
- i. Provide the mechanisms for the appointment, review, and reappointment of part-time faculty members, including those with administrative positions.

Standard

- 3.2.2 An evaluation process must be in place to measure faculty members' performance in teaching, scholarship, and service within the context of the organization mission.

Documentation Required

Describe the process in place for faculty members' performance evaluation.

Standard

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

Documentation Required

Provide the faculty/student ratios in relation to the maximum student enrollment per intake in each of the following areas: lectures, preclinic, clinic, laboratory, and seminar sessions.

Standard

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

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

Documentation Required

Provide a list of dental hygiene program meeting dates held within the past two (2) years and provide copies of the minutes for these meetings.

Standard

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

Documentation Required

- a. Describe the program calibration activities.
- b. Provide a copy of the program calibration policies and procedures.
- c. Provide copies of calibration activities for the last two (2) years.

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, preclinical, and clinical objectives of the program. The adequacy of facilities will be evaluated in relation to availability and student enrollment. The design of the physical facilities must facilitate and promote the health and safety of all occupants in the facilities. If other programs utilize the same facilities, the program must provide evidence that the existing facilities are sufficient to meet program needs. The facility must meet applicable legislative, public health, regulatory and institutional requirements (i.e.: physical accessibility, occupational health and safety requirements).

Documentation Required

- a. Provide a floor plan of the program facilities, including the number and capacity of lecture rooms, clinics, reprocessing area, laboratory facilities, offices, storage and

- locker space/change room space for all students. Identify any areas where space is insufficient.
- b. Specify the number of dental units available to 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 for dental hygiene only.
 - c. Describe how clinical facilities are shared with other programs, if applicable. If the program has multiple enrollments, describe the facility usage, the scheduling and sharing of class, lab, and clinical activities.

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. Identify areas of the physical facilities that should be improved in order to enhance the program.

Standard

- 4.1.3 If the program does not have a clinical facility on site, describe the off-campus clinical facility. Specific requirements for administration, faculty members, facilities, clients/patients, and instruction must be identified. Policies and procedures for the operation of the 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 negotiated and confirmed in writing. 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 clients/patients and the treatment provided.
- b. Provide a list and copies of all the affiliation agreements between the institution and the agency or site where students provide off-site clinical experiences.

Standard

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

Documentation Required

Provide commentary to supplement the floor plan provided in 4.1.1, confirming the adequacy of space.

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

Provide information to supplement the policies provided in 1.4 to describe the program 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 Students, faculty members and staff must have access to computers, secure and reliable Internet, databases, and other multimedia resources to permit the retrieval of current scientific literature.

Documentation Required

- a. Describe student and faculty members' and staff access to computers, secure and reliable Internet, databases, and other multimedia resources.
- b. Describe how the program provides access to current literature and journals.
- c. Describe how the program supports students to effectively access and retrieve current scientific literature.
- d. Describe how faculty members encourage students to use the available literature.
- e. Describe how faculty members, staff, and students have appropriate IT support, and how the e-platform used by the program is supported for faculty members, students and staff.

4.3.0. Didactic and Clinical Support

Standard

- 4.3.1 Student learning must not be compromised by overly relying on students to provide institutional service, clinical productivity solely to enhance revenue, and 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 student and client/patient comfort and safety. (i.e.: personal protective equipment).

Documentation Required

- a. Describe students' obligations to provide instructional treatment and/or support services within the program.
- b. Provide evidence that there are adequate documented protocols to ensure student and client/patient safety.
- c. Provide evidence that routine safety checks of equipment, resources and supplies are scheduled, conducted, and logged by individuals who, by credentials and experience, are qualified to perform this function.

Standard

- 4.3.2 Sufficient qualified support personnel must be assigned to the program to support instruction and client/patient care. Adequate administrative, secretarial, clerical, IT 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 its adequacy.

4.4.0 Student Issues

Standard

- 4.4.1 Students must have rights, responsibilities, and privileges.

Policies must exist related to student representation on appropriate committees.

The program must have methods (i.e.: a department/person(s)) to identify and address student concerns.

Documentation Required

- a. Provide copies of documentation supplied to students, describing their rights, responsibilities, and privileges.
- b. Provide a list of the Institutional facilities available for student use (i.e. learning resources, lounge, cafeteria, washrooms, lockers, health clinic, day care, etc.).
- c. Provide copies of policies related to student representation on appropriate committees.
- d. Provide copies of policies describing the process(es) in place to identify and address student concerns.
- e. Provide the job description of the individual(s) responsible for addressing 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

Provide the institutional policy that provides for due process for students with grievances.

Standard

- 4.4.3 Access to, or referral to, counselling and health services must be available to all students.

Documentation Required

Describe how students access counselling and health services.

Standard

- 4.4.4 Prior to admission, students must receive general information concerning the expected program costs.

Documentation Required

Describe how students are provided with information related to dental hygiene education costs. Provide data on the estimated costs to students for each year. The following table may be used as a guide.

	DH I	DH II	DH III (if applicable)	DH IV (if applicable)
Tuition				
(a) resident				
(b) non-resident				
General fee				

	DH I	DH II	DH III (if applicable)	DH IV (if applicable)
Instruments: (a) purchase (b) rental				
Laboratory fees				
Diploma fees				
Locker fees				
Textbooks				
Miscellaneous fees for student associations, etc.				
Clinic attire				
Additional items				

5.0 CLINIC ADMINISTRATION

5.1.0 Clinic Operations

Standard

- 5.1.1 The program must identify an individual responsible for client/patient relations, clinical care, and clinic administration. This individual must have access to relevant faculty decision-making groups and have appropriate committee appointments. This individual must have effective working relationships with other administrators.

Clinical operations as well as the related policies and protocols will be observed during the accreditation survey visit.

Documentation Required

- a. Provide the name of the individual responsible for the clinic and their job description.
- b. Describe their status and access to relevant faculty decision-making groups.
- c. Describe how they have effective working relationships with other administrators.

Standard

- 5.1.2 Client/patient treatment records must be comprehensive, adequate for teaching purposes, and consistent with current regulatory requirements for record keeping. The client/patient record must clearly identify the treatment provided by the dental hygiene student.

The program must obtain client/patient authorization for their chart to be reviewed as part of the accreditation process.

Documentation Required

- a. Provide confirmation that the client/patient has authorized for their chart to be reviewed as part of the accreditation process.
- b. Describe how the current client/patient chart supports teaching in the program.
- c. Provide a copy of a blank client/patient treatment record in PDF or a screenshot of the electronic record.

Provide the following documentation with identifiers removed.

- a. 10 completed client/patient treatment records that have been audited by the program.
- b. 10 client/patient treatment records representing treatment of clients/patients in progress.

In addition, the survey team members will review, while on site, randomly selected client/patient treatment records.

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 client/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 client/patient's specific needs employing the ALARA principle, 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. Provide the name, title and job description of the radiation protection officer.
- b. Provide copies of policies and protocols related to prescription of radiographs.
- c. Provide a copy of the quality assurance program used at the institution.
- d. Provide 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, Pandemic Management, Infection Prevention and Control, and Medical Emergency Procedures. Such 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 to faculty members, staff, and students.

An automated external defibrillator (AED), oxygen tank, eyewash stations and emergency drug kits must be available within the facility and in close proximity to the clinic, following health and safety requirements.

Mechanisms must be in place to monitor compliance with these policies and protocols by faculty members, staff, and students. Policies and/or procedures related to Standard 5.2.2 will be observed, as appropriate during the clinical observation session scheduled during the survey visit.

Documentation Required

- a. Provide the policies and/or protocols outlined in 5.2.2.
- b. Describe how faculty member, student, and staff compliance with these policies and/or protocols is monitored.
- c. Provide records/schedules of safety drills and mock emergency drills.
- d. Describe the location of the AED(s) in the facility.

Standard

- 5.2.3 Students, faculty members, and appropriate staff must be encouraged to be immunized against and/or tested for infectious diseases according to Federal or Provincial guidelines, such as mumps, measles, rubella, tuberculosis, tetanus/diphtheria, Hepatitis B and influenza like illnesses (i.e.: COVID-19) prior to contact with clients/patients and/or infectious objects or materials in an effort to minimize the risk to clients/patients and dental personnel. All individuals who provide client/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 clients/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 program 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 client/patient care must be certified in Basic Life Support (BLS) (or equivalent) or cardiopulmonary resuscitation (CPR) and procedures as per the dental hygiene regulatory requirements of the province.

Documentation Required

Provide documentation that identifies the process used to monitor that faculty members, staff, and students are certified in Basic Life Support or cardiopulmonary resuscitation (CPR).

5.3.0 Client/Patient Care and Quality Assurance

Standard

- 5.3.1 The program must have written policies and/or protocols related to the following:
- a. Audit of client/patient care.
 - b. Collection of fees.
 - c. Confidentiality of client/patient Information.
 - d. Privacy of Client/Patient Information.
 - e. Consultative protocols/client/patient referral.
 - f. Informed Consent/Informed Refusal.
 - g. Client/Patient Assignment.
 - h. Client/Patient Continuing and Recall Care.
 - i. Storage, retention and disposal, and ownership of client/patient treatment records.

j. Professional Decorum.

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

Documentation Required

- a. Provide the policies and/or protocols outlined in 5.3.1.
- b. Describe faculty member, student, and staff compliance with these policies and/or protocols is monitored.

Standard

- 5.3.2 Client/patient treatment records must be audited by the program at the completion of client/patient care. Information obtained during the audit process must be used by the program to improve client/patient care as well as clinic operations and administration.

Documentation Required

- a. Provide a sample copy of the audit form.
- b. Describe how the information obtained during the audit process is used by the program to improve client/patient care as well as clinic operations and administration.

Standard

- 5.3.3 The program must have quality assurance policies and mechanisms in place. Clients//patients accepted for dental hygiene services must be educated about their treatment needs, advised of the scope of care available at the facility, and appropriately referred for procedures that cannot be provided by students in the program.

The dental hygiene care provided in the program clinic must assure that clients’/patients’ rights and best-overall health interests are protected at all times. The program must have processes in place to collect and assess client/patient feedback and this feedback must be used to improve program quality.

Documentation Required:

- a. Describe the quality assurance policies and mechanisms in place within the program.
- b. Provide a sample copy of the client/patient feedback form.
- c. Describe the processes in place to collect and assess client/patient feedback and identify how this information is used to improve program quality.
- d. Provide a minimum of 25 copies of completed feedback forms and reports generated when the feedback forms were analyzed.

Standard

- 5.3.4 Dental hygiene treatment and services provided by students must be beneficial for the overall health and oral health of clients/patients.

Documentation Required

Describe the mechanisms in place that ensure that the care provided to clients/patients is based on their specific needs.

6.0 RESEARCH AND SCHOLARLY ACTIVITIES

Standard

- 6.1 Opportunities for faculty member and student involvement in research and scholarly activities are encouraged. Such experiences should be consistent with, and support the achievement of, the program outcomes. Initiatives leading to the improvement of the educational program should be included. Activities in this area will be assessed in relationship to the institutional mission and mandate.

Documentation Required

List and describe areas of research and scholarly activities being undertaken by faculty and/or student members of the program. This may include educational research and/or projects, experiments in course content or length, use of technology, special laboratory or clinical procedures, development of instructional resources, etc.

7.0 PROGRAM RELATIONSHIPS

7.1.0 Relationships with Other Educational Programs

Standard

- 7.1.1 Dental hygiene programs must provide interprofessional collaboration experiences for students.

Documentation Required

Identify students' interprofessional collaboration experiences.

Standard

- 7.1.2 CDAC recognizes the potential value of faculty-based continuing education courses. However, the demands of continuing education programs must not jeopardize the quality of the program.

Documentation Required

- a. Describe how faculty members provide and/or participate in the delivery of continuing education courses.
- b. If faculty members deliver continuing education courses, describe the impact on program quality and faculty member workloads.

Standard

- 7.1.3 CDAC recognizes that postgraduate dental hygiene students may be required to provide theory and clinical instruction as part of their educational program. Dental hygiene programs are encouraged to collaborate with these educational programs.

Documentation Required

Identify program collaborations with postgraduate dental hygiene programs.

7.2.0 Relationships with Regulatory Authorities and Dental Hygiene Organizations

Standard

- 7.2.1 Students must be made aware of the distinct roles of professional associations and certification agencies and the regulatory framework for dental hygiene practice. Students should be encouraged to join their professional 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 provincial and national dental hygiene organizations, the FDHRC and provincial regulatory authorities.
- b. Describe how the program promotes both student and faculty member participation in these organizations.