ACCREDITATION STANDARDS FOR ORAL AND MAXILLOFACIAL SURGERY PROGRAMS

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Oral and maxillofacial surgery is that branch and specialty of dentistry which is concerned with and includes the diagnosis, surgical and adjunctive treatment of disorders, diseases, injuries and defects involving both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions and related structures.

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ACCREDITATION STANDARDS
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The Commission on Dental Accreditation of Canada

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

Vision

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

Mission

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

Basic Process

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

Responsibilities of Accredited Programs or Services

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

Programs or services must submit reports to CDAC as requested following an accreditation survey. Programs or services must also, on their own initiative, inform 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.

Resident;

For the purpose of this document, the term 'resident' refers to the student's status within the hospital and the term 'graduate/postgraduate' refers to the student's university status in the oral and maxillofacial surgery program.

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 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 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 student selection, program curriculum, the selection of teaching materials and academic appointments.

2.0 EDUCATIONAL PROGRAM

2.1.0 Admissions

Standard

2.1.1 Admission must be based on specific selection criteria, which must be established and published prior to the 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 standards.

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 number of residents enrolled in the programs at the institution.

	Male	Female	Total
First year Second year Third year Fourth year Additional years (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 programs 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 didactic, clinical and rotational requirements are necessary to provide the experiences for specialty education and that these may involve a variety of intramural and extramural sites. The diversity of educational sites may contribute to the complexity of scheduling and increase the possibility of time-table conflicts. Scheduling must be done to ensure that resident progress within the program is not compromised by these experiences and rotations.

Documentation Required

Provide the full schedule of academic and clinical activities and demonstrate how they are integrated to avoid conflicting schedules.

2.3.0 Curriculum Content and Program Duration

Standard

2.3.1 CDAC recognizes that there may be various patterns for advanced or specialty education, however education in oral and maxillofacial surgery must be a minimum of forty-eight (48) months, wherein one (1) month is no less than twenty (20) workdays and exclusive of on-call requirements of advanced education, which provides for increasingly complex levels of clinical procedures and responsibilities, together with a comprehensive understanding of the relevant basic biological sciences. Residents must devote a minimum of thirty (30) months to clinical oral and maxillofacial surgery.
Documentation required

a. Provide a complete schedule of resident activity with relevant educational objectives and outcomes expected, indicating when a clinical experience is related to a didactic program.
b. Sample transcript, including the course requirements for the program.

Standards 2.3.2 to 2.3.4

2.3.2 Twelve (12) months of the time spent on the oral and maxillofacial surgery service must be at a senior level of responsibility, six (6) months of which must be in the final year.

> *Interpretation: Senior level responsibility means residents serving as first assistant to attending surgeon on major cases.*

2.3.3 Rotations to affiliated teaching institutions may be used to supplement the educational experience. Up to two (2) months of the core thirty (30) month requirement for clinical oral and maxillofacial surgery may be used for these rotations. Surgical procedures performed during such rotations will only count toward fulfillment of the case census requirements, found in Standard 2.3.18-2.3.22, in cases where these procedures are not available in sufficient quantity at the home institution.

A written affiliation agreement must identify the level of resident activity and responsibility, the educational responsibility of the host institution (including evaluation of the resident) and financial arrangements. The agreement must be signed by the appropriate administrative representative from each of the participating institutions.

> *Interpretation: The resident will function at a level comparable to that at the home institution and the host institutions must be able to provide a similar educational environment and supervision, including a documented evaluation.*

2.3.4 Training in a private practice facility must be no longer than two (2) months of the core thirty (30) months in duration. In order to assure the integrity of the educational process, the preoperative, intraoperative and postoperative parts of the procedures undertaken must have active resident participation. The treatment rendered by the resident must be under OMS teaching staff supervision and the resident must keep a logbook of the procedures performed. The cases performed by the resident on this rotation are part of the total oral and maxillofacial surgery case requirement.

> *Interpretation: Experience can be gained in segments of less than a month or week at a time. Resident serves as first assistant for the majority of surgical procedures performed during this rotation. They are to be present for most pre and postoperative patient visits.*

Documentation Required for 2.3.2-2.3.4

a. Schedules showing that residents were present in pre and postoperative visits.
b. Progress notes or resident logs showing that the resident was present during pre and postoperative visits.
c. Resident logbook of all procedures with which resident had active participation.
d. Credentials of staff supervising the private practice experiences, if not provided as part of the documentation provided in Standard 3.2.1.

Standard

2.3.5 The residency program in oral and maxillofacial surgery must include education and training in the basic and clinical sciences, which is integrated into the training program. A distinct and specific curriculum must be provided in anesthesia, clinical medicine and surgery.

The integrated clinical science curriculum must include off-service rotations, lectures and seminars given during the oral and maxillofacial surgery training program by oral and maxillofacial surgery residents and attending staff. Course work and training taken as requirements for the medical degree and the general surgery residency year provided within integrated MD/oral and maxillofacial surgery training programs may also qualify to satisfy some of the clinical science curriculum requirements.

When assigned to another service, the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

Documentation Required

a. Lecture schedules.
b. Curriculum; educational objectives and outcomes expected.
c. Rotation schedules.

Standard

2.3.6 Anesthesia Service

The assignment must be for a minimum of four (4) months. It is expected that the resident must function as an anesthesia resident with commensurate level of responsibility.

> *Interpretation: It is expected that oral and maxillofacial surgery residents rotating on the anesthesia service will have the same level of responsibility to those of the anesthesia residents with a similar level of experience, and abide by the anesthesia department's assignments and schedules. Part of this time can be as a medical resident as long as oral and maxillofacial surgery trainee functions at the anesthesia resident level.*

Documentation Required

a. Policy of anesthesia department related to on-call participation by residents if residents are not permitted to be on-call.
b. Resident on-call rotation schedules.
c. Anesthesia records.

Standard

2.3.7 Medical/Surgical Service

A minimum of eight (8) months of clinical medical/surgical experience must be provided. This experience should be achieved by rotation to the appropriate medical (minimum two (2) months)/surgical (minimum four (4) months) services, as determined by the program director.

> *Interpretation: The intent is to gain the highest quality educational experience possible even if the trainee does not have complete management authority over patients. Residents should gain further experience in history and physical examination and familiarity with the diagnosis and management of medically compromised and critically ill patients. They should also gain experience in pre and postoperative care, as well as experience in intra-operative techniques. Oral and maxillofacial surgery residents should operate at a resident I level of responsibilities or higher, and be on the regular night call schedule.*

Documentation Required

Resident rotation and call schedules.

Standard

2.3.8 Expanded Clinical or Research Opportunities

Six (6) months must be provided within the forty-eight (48) month program for expanded clinical and/or research opportunities. Private practice should not be used. Cases performed during these rotations will not count toward the case census standards in section 2.3.17-2.3.22.

> *Interpretation: This elective time should be used to enhance resident experience in any field of medicine, dentistry, or research, including focused areas of oral and maxillofacial surgery. It is not the intent that the resident be assigned to service performing across-the-board, routine oral and maxillofacial surgery service obligations.*

Documentation Required

a. Resident rotation schedules.
b. Educational objectives and expected outcomes for each rotation.

Standard

2.3.9 Weekly departmental seminars and conferences, directed by participating members of the teaching staff, must be conducted to augment the biomedical science and clinical program. They must be scheduled and structured to provide instruction in the broad scope of oral

and maxillofacial surgery and related sciences and must include retrospective audits, clinicopathological conferences, tumour conferences and guest lectures. The majority of teaching sessions must be presented by members of the teaching staff. Residents must also prepare and present departmental conferences.

Documentation Required

a. Course outlines, including educational objectives and expected outcomes.
b. Timetable of seminars and conferences for the previous full academic year, including the names of presenters and dates.

Standard

Basic Sciences

2.3.10 Instruction in the biomedical sciences must be provided at an advanced level beyond that of the predoctoral dental curriculum and consistent with achieving competency in the specialty. These sciences include anatomy (including growth and development), physiology, pharmacology, microbiology and pathology. This instruction may be provided through formal courses, seminars, conferences or rotations to other services of the hospital.

This instruction may be met through the completion of the requirements for the M.D. or any other advanced degrees, provided those requirements have not been fulfilled by exemption from subjects on the basis of predoctoral courses. Instruction in anatomy should include laboratory dissection emphasizing surgical approaches used in various oral and maxillofacial surgery procedures.

Documentation Required

a. Course outlines.
b. Educational objectives and expected outcomes of biomedical sciences curriculum.
c. Schedule showing curriculum in the mandated areas for a typical year.

Standard

2.3.11 Physical Diagnosis

Educating residents to take a complete medical history and perform a comprehensive physical evaluation are essential components of an oral and maxillofacial surgery residency program. A formally structured didactic and clinical course in physical diagnosis must be provided by individuals holding privileges to perform histories and physical examinations. Resident competency in physical diagnosis must be documented by qualified members of the medical teaching staff. This instruction must be initiated in the first year of the program to ensure that residents have the opportunity to apply this training throughout the program on adult and pediatric patients.

Interpretation: A medical resident level course in physical diagnosis, or a faculty led, formally structured and comprehensive physical diagnosis course that includes didactic and practical instruction.

Documentation Required

a. Course outlines and educational objectives and expected outcomes.
b. Course syllabi.
c. Course schedules.
d. Credentialing letter from course director that resident has achieved competency.

Standard

2.3.12 Patients admitted on the teaching service must have a complete history and physical examination performed by an oral and maxillofacial surgery resident.

Interpretation: It is expected that surgical patients undergo a routine history and physical by the residents.

Documentation Required

Patient records demonstrating histories and physicals are performed by residents.

Standard

2.3.13 Clinical Oral and Maxillofacial Surgery

Each program must provide complete teaching exposure to outpatient, inpatient and emergency room experiences. Assignment of duties and responsibilities must be based on the individual resident's experience and competence. The residents' exposure to major and minor surgical procedures should be integrated throughout the duration of the program.

In addition to providing the teaching and supervision of the resident activities described above, there must also be provided patients of sufficient number who have a sufficient variety of problems to give residents exposure to and competence in the full scope of oral and maxillofacial surgery. The training of a resident in the full scope of oral and maxillofacial surgery requires, as a minimum, the number of patients and variety of cases enumerated in the following paragraphs. Program directors must demonstrate that the objectives of the standards have been met and must ensure that quality and quantity of clinical experience is consistent among all residents.

Documentation Required

Records kept by program director that show comparison of surgical experiences in the various aspects of oral and maxillofacial surgery across years and among residents.

Standard

2.3.14 Outpatient Oral and Maxillofacial Surgery Experience

The outpatient surgical experience must ensure adequate training in a broad range of ambulatory oral and maxillofacial surgery procedures involving adult and pediatric patients. This experience must include the management of traumatic injuries and pathologic conditions, dentoalveolar surgery, the placement of dental implants, alveolar augmentations and other hard and soft tissue surgery, including surgery of the mucogingival tissues. For each first year resident position, an accredited program must demonstrate that the oral and maxillofacial surgery service has one thousand five hundred (1,500) oral and maxillofacial surgery outpatient visits per year, excluding preoperative assessments and uncomplicated follow-ups.

> *Interpretation: Faculty cases can count within a residency program, but they should have resident involvement.*

Documentation Required

a. Tabulation of cases for three (3) consecutive months.
b. An additional three (3) months data may be requested.
c. If numbers are low, an entire year's tabulation may be requested, as well as strategies implemented to increase access to cases.

Standard

2.3.15 Ambulatory General Anesthesia and Deep Sedation

The off-service rotation in anesthesia must be supplemented by increasingly complex experience throughout the training program in all aspects of pain and anxiety control. The clinical practice of ambulatory oral and maxillofacial surgery requires familiarity, experience and capability in ambulatory techniques of anesthesia. The outpatient surgery experience must ensure adequate training in anxiety and pain control for oral and maxillofacial surgery procedures on adult and pediatric patients. This includes competence in managing the airway. Each resident must administer general anesthesia and inhalation or intravenous sedation to a minimum of one hundred (100) ambulatory oral and maxillofacial surgery patients.

The clinical program must be supported by a comprehensive didactic program on anesthesia, sedation and other methods of pain and anxiety control. This includes Advanced Cardiac Life Support (ACLS) certification, lectures and seminars emphasizing patient evaluation, risk assessment, anesthesia and sedation techniques, monitoring, and the diagnosis and management of complications.

Documentation Required

a. Three (3) consecutive months records of patients with anesthesia and sedations, including children.
b. Detailed curriculum content for anesthesia/pain control, educational objectives and expected outcomes.
c. Patient charts.

Standard

2.3.16 Admissions

Inpatient surgical experience must ensure adequate training in a broad range of inpatient oral and maxillofacial surgery care, including admission and management of patients.

Standard

2.3.17 Major Surgery

Each final year resident must keep an appropriate patient census of inpatient cases requiring major surgery, including adults and children. These experiences must be of sufficient variety and quantity for the residents to achieve competency in treatment planning, often in consultation with another specialist, preadmission and preoperative orders and care, and complete postoperative follow-up including critical evaluation of outcomes. In order for a major surgical case to be counted toward meeting this standard, the resident must be an operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, the patient must be managed by the oral and maxillofacial surgery service and the resident must be directly supervised by an oral and maxillofacial surgery attending staff member. A resident will be considered to be the operating surgeon only when the program has documented he or she has played a significant role in determining or confirming the diagnosis, including appropriate consultation, providing preoperative care, selecting and performing the appropriate operative procedure, managing the postoperative course and conducting sufficient follow-up to be acquainted both with the course of the disease and outcome of treatment. Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services, while a valuable part of the educational program, cannot be counted toward this standard.

Standard

2.3.18 Variety of Major Surgical Experience

Of the major surgical patients available for each final year resident position, there must be a reasonable distribution of patients in each category of surgery. The categories of major surgery are defined as:

1. Trauma
2. Treatment of pathological processes

3.Orthognathic surgery
4.Reconstructive and esthetic surgery.

Patients who have simultaneous surgical procedures in multiple categories must only be counted in one category. Sufficient variety in each category, as specified below, must be provided.

Interpretation: To ensure the balanced exposure to all categories of major surgical cases. **Note:** *closed reduction of fractures and incisional biopsies are not considered major cases.*

Standard

2.3.19 In the trauma category, in addition to mandibular fractures, the surgical management and treatment of the maxilla and zygomatico-maxillary complex must be included.

Trauma management includes, but is not limited to, tracheotomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary complex, nose, naso-frontal-orbital-ethmoidal and midface region and repair of facial, oral, soft tissue injuries and injuries to specialized structures.

Standard

2.3.20 In the treatment of the pathological process category, experiences must include appropriate management of temporomandibular joint disorders and at least three (3) other types of procedures.

Management of pathological processes includes, but is not limited to, major maxillary sinus procedures, treatment of temporomandibular joint disorder, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth nerve surgery and surgical management of benign and malignant neoplasms. The management of malignant neoplasms must include full understanding of the diagnostic and treatment planning protocol. There must also be a clear understanding of the need for appropriate referral for treatment by other specialties and modalities including radiotherapy, chemotherapy and surgery where the complexity and anatomical scope exceed the level of competency that can be obtained within a traditional oral and maxillofacial surgery program.

Documentation Required for 2.3.16-2.3.20

Department and institution general operating room statistics and logs.

Standard

2.3.21 In the orthognathic category, procedures must include correction of deformities in the mandible and the middle third of the facial skeleton.

Orthognathic surgery includes the surgical correction of functional and esthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma and other facial bones. Surgical procedures in this category include, but are not limited to, ramus and body procedures, subapical segmental osteotomies, Le Fort I, II and III procedures and craniofacial operations. Comprehensive care must include consultation and treatment by an orthodontic or other specialists when indicated.

Interpretation: Evidence of resident pre- and post-operative care and intra operative participation in the treatment of the orthognathic patient.

Documentation Required

a. Evidence of collaborative care (with orthodontist or other specialists).
b. Oral and maxillofacial surgery record with orthodontic involvement.

Standard

2.3.22 In the reconstructive and esthetic category, both bone grafting and soft tissue grafting procedures and insertion of implants must be included. Residents must learn the harvesting of bone and soft tissue grafts during the course of training.

Interpretation: Distant sites may include but are not limited to calvarium, rib, ilium, fibula and tibia. Harvesting of soft tissue may also be from such distant sites.

Reconstructive surgery includes, but is not limited to, vestibuloplasties, augmentation procedures, temporomandibular joint reconstruction, and management of continuity defects, insertion of implants, facial cleft repair and other reconstructive surgery. Dental implant training must include didactic and clinical experience in diagnosis, treatment planning and consultation with restorative dentists, as well as site preparation, adjunctive hard and soft tissue grafting, implant placement and maintenance.

Esthetic surgery of the maxillofacial regions consists of many procedures that have traditionally been performed by other surgical specialties. It is acknowledged that some oral and maxillofacial surgeons may also choose to perform some of these operations. The inclusion of some esthetic procedures in an oral and maxillofacial surgery program is expected.

*Interpretation: It is expected that in this category there will be both reconstructive and esthetic procedures performed by residents***.**

Documentation Required

a. Patient records revealing evidence of hard and soft tissue harvesting and grafting to maxillofacial region, including donor sites distant from oral cavity.
b. Implant related didactic course materials.
c. Patient records, indicating interaction with restorative dentists.
d. Patient records revealing resident experience in reconstructive and esthetic surgery.

Standard

2.3.23 Accurate and complete records of the amount and variety of clinical activity of the oral and maxillofacial surgery teaching service must be maintained. These records must include a detailed account of the number and variety of procedures performed by each resident. Records of patients managed by residents must evidence thoroughness of diagnosis, treatment planning and treatment.

Each resident must keep a current log of operative cases.

Documentation Required

Residents log of operative cases.

Emergency Care Experience:

2.3.24 Residents must be provided with emergency care experience, including diagnosing, rendering emergency treatment and assuming major responsibility for the care of oral and maxillofacial injuries. The management of acute illnesses and injuries, including management of oral and maxillofacial lacerations and fractures, must be included in this experience. A resident must be available to the emergency service at all times.

Residents must be certified in Advanced Trauma Life Support (ATLS) prior to completing the program.

Advanced Cardiac Life Support (ACLS) certification must be obtained by each resident prior to completion of the residency program.

Documentation Required

Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) certification records and cards.

2.4.0 Evaluation

Standard

2.4.1 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.

Standard

2.4.2 Evaluation of the various rotations to specific disciplines, by a designated individual from that discipline, is required as part of the specialty educational program.

Documentation Required

a. Identify the various rotations required within the program.
b. Identify how designated individuals to evaluate the resident are identified.
c. Describe how the program ensures that residents are evaluated in terms of their achievement of the rotation's stated objectives and outcomes.

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 oral and maxillofacial surgery, 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, 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 oral and maxillofacial surgery.

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 are 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.

A hospital operating suite must be available and equipped for treatment. In hospitals where beds are allocated to specific services, it is recommended that the oral surgery department have an assignment of at least four (4) (and preferably six (6)) service beds per final year resident. In hospitals where beds are unassigned, their general availability must be sufficient to provide for the recommended number of patient admissions.

Residents must be able to carry out part of their education in the hospital outpatient dental clinic, on the ward, and in the operating room.

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, operating suites and hospital beds assigned to the program. 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 oral and maxillofacial surgery 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 areas of the physical facilities that should be improved in order to enhance the program.

Standard

4.1.3 It may be necessary in some instances for the program to use an off-campus facility. Specific requirements for administration, faculty members, facilities, patients and instruction must be identified. Policies and procedures for operation of any off-campus clinical facility must be consistent with the objectives/outcomes of the program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be current, 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 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 oral and maxillofacial surgery 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 oral and maxillofacial surgery 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 Where not already required by institutional policy, 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 members, staff and residents who have bloodborne infectious disease(s).

Standard

5.2.5 Residents and oral and maxillofacial teaching faculty members involved with the direct provision of patient care must be certified in advanced life support procedures.

Documentation Required

Provide documentation that identifies the process used to monitor that all oral and maxillofacial teaching faculty members and residents are certified in advanced 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 oral and maxillofacial surgery 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 programs 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 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 standards 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.