

Accreditation Standards for Oral Health Care Education Programs

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Accreditation Standards for Oral Health Care Education Programs



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Preface

This is the first edition of **CDAC-AS-XXX-YY**, Accreditation Standards for Oral Health Care Education Programs.

The Commission on Dental Accreditation of Canaca (CDAC) Accreditation Standards for Oral Health Care Education Programs was approved by the Standards Committee under the authority of the CDAC Board of Directors on **20XX-MM-DD**.

CDAC Accreditation Standards for Oral Health Care Education Programs are designed to ensure that educational programs in oral health care provide students with the knowledge, skills, attitudes and competencies to deliver competent patient care. These accreditation standards outline the expectations for accredited programs, promoting excellence in education and ultimately enhancing oral health with attention to cultural safety, in the communities they serve.

These accreditation standards are the result of a collaborative effort among interested parties, including educators, clinicians, examining boards, and regulatory bodies. They reflect the evolving nature of oral health care and the need for educational programs to adapt to changing demands and advancements in the Dentistry, Dental Hygiene, and Dental Assisting professions.

These standards will undergo periodic review and update to reflect the dynamic nature of oral health care education and practice.

All inquiries regarding this publication should be addressed to CDAC, at P.O. Box 34048, Ottawa RPO Strandherd, Ottawa ON K2J 5B1.

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Note: Profession-specific information has been included in this 2nd draft for **information and consultation purposes only** to facilitate review and feedback. Final placement of this content will be in the guidance document.

Acknowledgements

The Commission on Dental Accreditation of Canada (CDAC) expresses thanks to the Standards Committee and Subcommittees members who contributed to the initial development, ongoing review and continuous improvement of these accreditation standards.

The contributors for varying aspects of the standards development process are listed below:

Standards Committee:

Subcommittees / Working Groups:

French Language Translators and Reviewers:

Introduction

1. General

The Commission on Dental Accreditation of Canada (CDAC) is a partnership with public and organizational members representing oral health care professionals, educators, examining boards, and regulators. CDAC, in consultation with its partners, develops and approves standards for educational programs that prepare dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants for entry-to-practice. CDAC also develops and approves standards for institutional dental services.

By establishing a framework for accreditation, CDAC standards aim to:

1. Ensure educational programs meet rigorous standards.
2. Foster continuous quality improvement.
3. Promote innovation and best practices in oral health care.
4. Advance equitable oral health care and address population and community oral health needs.

CDAC is committed to promoting excellence in oral health care education and ensuring that accredited programs provide students with the competencies required to succeed in their oral health care practice careers.

2. Accreditation 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 for review 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, after which, CDAC then determines the eligibility of the program or service for accreditation. Programs and services meeting or exceeding the standards are granted accredited status.

3. Standards Application and Objectives

These accreditation standards apply to all new and established Dentistry, Dental Hygiene, and Dental Assisting educational programs seeking accreditation through the CDAC. The standards establish the criteria institutions must meet to demonstrate their ability to graduate students who are competent at the entry-to-practice level for oral health care professions in Canada.

These accreditation standards are intended to:

1. Promote consistency, transparency, and quality in oral health care education across Canada.
2. Ensure alignment with national oral health priorities, interprofessional practice, and emerging technologies.
3. Support continuous program improvement through evidence-informed practices and stakeholder feedback.
4. Advance the quality of oral health education by ensuring that accredited programs graduate learners who are competent at the entry-to-practice level and prepared to meet professional and ethical expectations.
5. Promote equity and access to oral health care education and services for vulnerable and underserved populations.

4. The Standards Framework

These standards are logically presented with information across five levels as outlined and described in the table below.

Level	Description
Domain	Common area of expertise or organizational terminologies to facilitate alignment of accreditation standards across oral health care education.
Scope	The overarching outcome(s) to be achieved through the fulfilment of the associated standards.
Standard	A measurable component.
Outcomes	The criteria required to be in place to ensure compliance with the standard.
Required Evidence	The specific documentation, data, policies, processes, and records that demonstrate achievement of an outcome. The required evidence must be submitted with the pre-survey documentation, or as requested in a progress report; and verified onsite accreditation survey review. Programs may provide a brief narrative description to contextualize the required evidence, accompanied by supporting documentation, records, or examples that demonstrate and substantiate the information provided. Note: A single source of required evidence may apply to one or more outcomes. However, it will be reviewed and assessed within the context of the outcome.

DOMAIN 1: Public Safety and Risk Management

Scope: To ensure that the program applies principles of safety, risk management, and regulatory compliance to protect patients, the public, students, faculty, staff, and the oral health team. The program must operate in a culture that promotes infection prevention and control, emergency preparedness, radiation safety, occupational health and safety, patient safety, ethical and legal obligations.

Standard 1.1 Infection Prevention and Control (IPAC) and Risk Management Students apply infection prevention and control (IPAC) requirements, identify and mitigate risks related to occupational and environmental hazards in the practice environment, aligned with regulatory and professional requirements.	
Outcome 1.1.1 IPAC in Practice The program prepares students to consistently apply IPAC requirements in practice while maintaining a system, supported by appropriate policies and procedures.	Required Evidence 1. Current IPAC policies and procedures aligned with applicable legislation, regulatory requirements, and recognized best practices. 2. Faculty and staff teaching, observing, supervising, evaluating, and signing-off of students' adherence to IPAC expectations – sample of redacted student clinical evaluation logs, chart audits, clinic audits, quality assurance (QA) reviews or faculty evaluations of IPAC logs as per regulations. 3. Competency assessment records showing aggregate results for practical exams, laboratory assessment or simulation activities from the last 2 years. 4. Corrective action and quality improvement reports documenting action items and follow-up decisions to address IPAC deficiencies.
Outcome 1.1.2 Safety Training and Preparedness The program provides orientation and risk assessment training for all faculty, staff and students, and regular risk assessment in identifying and managing hazards, emergency response, and occupational health and safety issues.	Required Evidence 1. Health and safety policies and procedures with logs and information for vaccination, safety data sheet (SDS), Workplace Hazardous Materials Information System (WHMIS) training, clinic and lab health and safety manuals. 2. Mechanisms / records for reporting, investigating, and addressing occupational health and safety incidents and near misses. 3. Records of faculty, staff and students current First Aid, Basic Life Support (BLS), or Cardiopulmonary resuscitation (CPR) required by professional regulations. Note: Institutional records and/or the profession's licensure system can be submitted for compliance.
Outcome 1.1.3 Safe and Accessible Facilities The program facilities are safe, maintained, accessible, and in compliance with Health and Safety provincial and regulatory requirements.	Required Evidence 1. Current certificate(s) of compliance with safety regulations, local, provincial and federal accessibility legislations. 2. Records for the cleaning and sanitization of the educational and clinical facilities where the program operates (institutional records acceptable where they cover the program). 3. Records of facility features supporting accessibility (ramps, accessible operatories, quiet rooms), modifications made to the facility or areas identified to improve accessibility

	with plans for follow-up actions.
Outcome 1.1.4 Safe Radiography Practices The program enables students to apply radiation protection principles and comply with applicable federal and provincial radiation safety regulations within the scope of their profession.	Required Evidence 1. Policy or protocol for the prescription of radiographs. 2. Sample of 10 patient records demonstrating interpretation of radiographs, as well as clinical justification and/or prescriptions. 3. Quality assurance protocols, logs and corrective measure or retake policy, consistent with applicable federal and provincial regulations. 4. Records from the National Dose Registry (NDR) facilitated by Health Canada National Dosimetry Services program as per federal and provincial regulations, where applicable as some jurisdiction may not require it. See notes for profession specific information in the Annex. Final placement of this content will be in the guidance document.
Standard 1.2 Safe, Patient-Centered Care Students provide safe, comprehensive, patient-centered care through risk-informed decision making and communication.	
Outcome 1.2.1 Consent and Confidentiality The program implements policies to obtain patient informed consent, maintain confidentiality, and communicate risks associated with patient care, in compliance with applicable privacy requirements.	Required Evidence 1. Current policy and procedures implemented and aligned with the provincial and federal privacy requirements to include digital privacy. 2. Records of handling and retaining patient information. 3. Sample of 10 patient records documenting informed consent / refusal, decisions, risks, side-effects, follow-up, or referral for treatment planning. 4. Orientation and training records for students, faculty, teaching and administrative staff on consent and confidentiality to include cybersecurity. 5. Records of quality assurance and follow-up of corrective actions on consent and confidentiality issues.
Outcome 1.2.2 Patient Safety Monitoring The program prepares students to apply safe quality patient clinical care through the monitoring of accurate and complete documentation, record management, and patient outcome.	Required Evidence 1. Chart audit process with faculty review and sign-off, and a sample of 10 audited patient records. 2. Process and protocol for patient care incident reporting and documentation in patient files. 3. Quality assurance follow-up for addressing student error for patient safety monitoring (institutional records acceptable where they cover the program).
Standard 1.3 Legal and Ethical Practice Students demonstrate ethical and legal responsibilities related to patient care and management.	
Outcome 1.3.1 Professional and Ethical Responsibilities The program prepares students to comply with the professional and ethical code(s) of conduct and standards of practice applicable to their profession and jurisdiction.	Required Evidence 1. Records of didactic and/or clinical instruction. 2. Evaluation records of professional and ethical practice.

Outcome 1.3.2 Safeguarding Protocols The program educates students to protect vulnerable populations by recognizing and reporting suspected abuse or neglect while respecting confidentiality, patient autonomy, and social accountability in relation to legal and ethical obligations.	Required Evidence 1. Current policies, procedures and/or protocols on safeguarding protocols aligned with the provincial and/or federal requirements. 2. Records of didactic and/or clinical instruction. 3. Evaluation records of recognizing and reporting abuse and neglect.
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DOMAIN 2: Governance, Leadership, and Quality Assurance

Scope: To ensure that the program has structures, governance, leadership responsibilities, and quality assurance that support professional practice. Students have awareness of, can contribute to, and participate in the structures that promote accountability, continuous improvement, and evidence-informed decision making.

Standard 2.1 Governance Students benefit from a well-governed program and participate in the governance structures relevant to the program quality, curriculum, and the learning environment.	
Outcome 2.1.1 Governance Structures The program operates within a governance structure with clearly assigned authority, accountability, decision-making responsibilities, and mechanisms for review and improvement.	Required Evidence 1. Organizational charts with documented position of authorities and reporting relationships applicable to the program. 2. Terms of reference of committees that have leadership governance responsibilities.
Outcome 2.1.2 Governance Representation The program demonstrates that there is representation in the governance structures from students and oral health faculty and staff.	Required Evidence 1. Records of student, faculty and staff membership, participation, or consultation in governance structures. 2. Leadership review or report with response, action, and communication back to students regarding feedback and decisions.
Standard 2.2 Program Leadership Students benefit from leadership that demonstrates accountability, commitment to transparent oversight, and continual improvement of the program.	
Outcome 2.2.1 Leadership Autonomy The program leadership has the responsibility, autonomy and authority to oversee and manage the program activities.	Required Evidence 1. Job descriptions of program leadership. 2. Documentation of program planning and future direction.
Outcome 2.2.2 Communication Protocols The program leadership communicates institutional requirements, expectations, and policies in a clear, timely, and accurate manner to students, faculty, and staff.	Required Evidence 1. Current communication policies and procedures. 2. Records of communication methods used such as bulletin board, intranet / internet, or faculty / student portals. 3. Sample records demonstrating dissemination of significant requirements or changes from leadership since the last survey visit.
Outcome 2.2.3 Informed Decision Making The program academic and clinical decisions are informed by faculty and staff expertise, students, interested parties, and evidence-informed practices.	Required Evidence 1. Methods used to gather, analyze, and document relevant information and data. 2. Samples of consultation with relevant groups and how their input informs program decisions from the last 2 years.
Standard 2.3 Quality Assurance and Continuous Improvement Students, faculty and staff contribute to and benefit from the program's quality assurance and continuous improvement processes.	
Outcome 2.3.1 Program Quality Contributions The program enables students, faculty, staff, patients / clients and other interested parties to contribute to its quality assurance and improvement efforts.	Required Evidence 1. Demonstrate how feedback is gathered, reviewed, acted upon, and incorporated into continuous quality improvement processes to improve governance, overall operations and quality of the program.

Outcome 2.3.2 Program Performance and Assessment The program collects and analyzes data on students' performance, program outcomes, satisfaction, and effectiveness.	Required Evidence 1. Records and analysis of program performance information which may include program completion rates, student graduation surveys, or national exams results and/or aggregate data as applicable since the last survey visit. 2. Records of changes made in response to feedback and program performance data received.
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DOMAIN 3: Program Design, Delivery, and Resources

Scope: To ensure the program is aligned with current profession-specific entry-to-practice competencies, regulatory expectations, evidence-informed practice, cultural safety, and emerging developments and technologies. The curriculum and learning experiences provide students with foundational knowledge to clinical and professional application inclusive of critical thinking, interprofessional learning, health literacy, and culturally responsive approaches.

Standard 3.1 Competency-Based Curriculum Students learn from a curriculum that is developed in alignment with the nationally defined competencies and emerging trends in oral health care.	
Outcome 3.1.1 Curriculum Development The program develops, maintains and reviews a curriculum that prepares students for safe, competent, evidence-informed and entry-level practice.	Required Evidence 1. Documented curriculum development and revision process with recent examples of changes made in response to evidence, competency updates, regulatory changes, or program outcomes. 2. Evidence of curriculum sequencing and integration from foundational knowledge through clinical / professional application. 3. School / program performance profile since last survey cycle – aggregate learner achievement and other program-performance evidence used to evaluate curriculum development and effectiveness.
Outcome 3.1.2 Curriculum Mapping & Content The program curriculum and course learning outcomes are mapped to the program / graduate outcomes and aligned with professional competencies required for practice.	Required Evidence 1. Current curriculum map linking program / graduate outcomes, course learning outcomes, and entry-to-practice competencies. 2. Course outlines and sequencing documentation showing how competencies are introduced, developed, practiced, and assessed. 3. Documented process and schedule for reviewing and updating the curriculum mapping and content when competency frameworks or regulatory standards change. See notes for profession specific information in the Annex. Final placement of this content will be in the guidance document.
Outcome 3.1.3 Current & Emerging Trends in Practice The program curriculum prepares students to critically appraise and apply current evidence and emerging developments in oral health care relevant to safe professional practice.	Required Evidence 1. Curriculum records demonstrating the integration of and exposure to current and emerging trends / changes in paradigms into course and clinical learning experiences. 2. Learning outcomes assessment that demonstrates students can locate, appraise, interpret, and apply evidence to clinical or professional decisions. 3. Records of technologies, techniques, or practice changes, for example, evolving theories of oral health care management incorporated into the curriculum and evaluated after implementation.
Standard 3.2 Effective Teaching Students are exposed to diverse, inclusive, engaging, culturally responsive, and evidence-informed teaching methods that promote interprofessional skills, critical thinking, and facilitate competency development.	
Outcome 3.2.1 Teaching Methods The program uses diverse and intentionally	Required Evidence

designed teaching methods to enable students to achieve the required learning outcomes and competencies aligned with learning needs and stage of competency development.	1. Lesson plans, course outline, or course progression document describing instructional strategies or teaching modalities / guides. 2. Universal Design for Learning (UDL) to show diverse knowledge systems, pedagogical approaches, and other ways of knowing.
Outcome 3.2.2 Qualified Faculty and Clinical Supervision The program demonstrates that student clinical experiences and patient interactions are conducted under the supervision of qualified and registered / licensed / certified oral health care practitioners, as required by regulatory authorities.	Required Evidence 1. Faculty and supervisor credentials, registration / licensure / certification status where applicable, clinical experience, and evidence of expertise to assigned teaching responsibilities. 2. Pre-clinic and clinical supervision student instructor ratios and justification. 3. Processes for verifying credentials and current standing. See notes for profession specific information in the Annex. Final placement of this content will be in the guidance document.
Outcome 3.2.3 Interprofessional Learning The program provides opportunities for students to participate in learning activities that foster interprofessional skills and the application of collaborative health care practices.	Required Evidence 1. Schedules and descriptions of interprofessional learning activities with examples of collaboration communication, role understanding, referral, teamwork, and coordinated patient-centered care with other professionals.
Standard 3.3 Resource Availability Students, faculty, and staff are supported with accessible, current and sustainable learning, clinical, technological and academic resources to deliver the curriculum and achieve program outcomes.	
Outcome 3.3.1 Access to Learning Environments The program provides students, faculty, and staff access to well-maintained accessible learning environments, including pre-clinical and clinical facilities and equipment that support the achievement of learning outcomes.	Required Evidence 1. Inventory, availability, and usage scheduling of the facilities and equipment for teaching the curriculum as per the faculty-to-student ratio.
Outcome 3.3.2 Access to Learning Resources The program provides students and faculty access to current discipline-relevant learning materials, digital tools, technologies, library resources, and academic support to complete the curriculum.	Required Evidence 1. Policies to govern the secure, and ethical use of learning resources and artificial intelligence (AI) enabled technologies, including privacy, security, and academic integrity requirements. 2. Current inventories and student access to library, databases, e-learning platforms, simulation, software, and/or other learning resources. 3. Orientation or training to students on how to effectively use the learning technologies and resources.
Outcome 3.3.3 Diverse Practice Experiences The program provides students with access to diverse patients and clinical experiences to demonstrate oral health care to diverse groups and needs to support achievement of entry-to-practice.	Required Evidence 1. Clinic administration process for establishing and maintaining patient pool. 2. Evidence of pre-clinical and clinical-experiences and/or exposures on patients / clients of diverse needs. 3. Program's administration of student assignments to patients from diverse groups and needs (vulnerable

	populations), with how individual experience is tracked and gaps are addressed.
Outcome 3.3.4 Qualified Support Staff The program employs qualified administrative, technical, and other personnel to support the delivery of the program.	Required Evidence 1. Support staff job descriptions as well as qualifications, experience, training, and required certifications / credentials. 2. Staff coverage schedules for labs, pre-clinics, and clinics.
Outcome 3.3.5 Resource Sustainability The program demonstrates planning for the financial, human, physical, technological, and clinical resources required to sustain and improve educational quality and competency achievement.	Required Evidence 1. Approved operating and capital plans and budget for program requirements such as equipment replacement, preventive maintenance, technology renewal, and facility development. 2. Workforce and faculty succession or contingency planning where staffing risks exist. 3. Review evidence demonstrating that resource decisions respond to changes in curriculum, cohort size, technology, regulation, and quality findings.
Standard 3.4 Research and Scholarly Activity Students learn within a scholarly environment, appropriate to the type of program and the mission and mandate of its institution, in which faculty engage in research or other scholarly activity to inform education and practice.	
Outcome 3.4.1 Research Environment and Faculty Scholarly Activity The program maintains a scholarly environment in which faculty engage in and/or are encouraged to engage in research or other forms of scholarly activity, relevant to the profession and the mission of patient-centered care.	Required Evidence 1. The research or scholarship expectations that apply to faculty, including any institutional, faculty-level, or program-level strategies, policies, or workload provisions relevant to the program. 2. A record of faculty scholarly activity, as relevant to the program mandate / mission. 3. A description of the infrastructure available to support scholarship, including access to library resources and academic databases. 4. A description of additional supports for scholarship and research, such as research ethics review processes (where applicable), protected time, funding, or other institutional resources. See notes for profession specific information in the Annex. Final placement of this content will be in the guidance document.
Outcome 3.4.2 Student Participation in Research and Scholarly Activity The program provides opportunities for students to participate in research or other scholarly activities, consistent with the profession's entry-to-practice competencies and the type of program.	Required Evidence 1. An inventory of the research and scholarly opportunities available to students. 2. Records of student participation in research and scholarly activities at conferences / workshops and/or other community base projects since the last survey. See notes for profession specific information in the Annex. Final placement of this content will be in the guidance document.

DOMAIN 4: Student Learning Experience and Support

Scope: To ensure that students experience a supportive, accessible, inclusive, equitable, and psychologically safe educational environment from admission through graduation. The program provides transparent information, fair selection and progression processes, timely academic and personal supports, accommodations, and preparation for professional practice while promoting belonging, respect, and equitable opportunity.

Standard 4.1 Transparent Admissions and Selection Students' acceptance and selection to the program are facilitated by fair, equitable, consistent, and transparent processes aligned with the program's competencies for practice.	
Outcome 4.1.1 Available and Accessible Admissions Requirements The program admissions requirements are publicly available, clearly defined, and accessible to applicants, ensuring informed decision-making during application.	Required Evidence 1. Current approved admissions policy and publicly available admissions requirements. 2. Applicant information specifying prerequisites, required documentation, costs, selection criteria, and accommodation processes.
Outcome 4.1.2 Diverse Admissions and Retention The program supports equitable recruitment, admission, and participation, retention, completion of the program by Indigenous and equity-deserving groups.	Required Evidence 1. Admissions and recruitment strategies designed to reduce barriers and support equitable access, consistent with institutional policy. 2. Evidence of action taken to address barriers affecting participation, retention, or completion (climate or belonging feedback). 3. Evidence of retention strategies responsive to identified barriers to include mentorship, culturally relevant support, accessibility services, belonging initiatives, or others.
Outcome 4.1.3 Fair, Equitable, and Unbiased Selection The program applies selection practices designed to remove bias and support equity while using consistent, defensible, and program-appropriate criteria.	Required Evidence 1. Selection processes including any scoring criteria and rubrics used to evaluate applicants for admissions. 2. Training and calibration records for the panel (assessors / interviewers) appropriate to the selection method(s) used. 3. Records of accommodation policies and/or procedures provided during admission process, including timelines and decision criteria. 4. Records of selection practices and action taken where barriers, inequities, or outdated criteria are identified.
Outcome 4.1.4 Criteria Alignment with Program Outcomes The program reviews admissions criteria to determine relevance, equity, and alignment with learning outcome student success, and professional readiness without creating barriers.	Required Evidence 1. Review of admissions criteria with evidence of changes made to demonstrate alignment with program outcomes.
Standard 4.2 Accessible Support Services Students know the academic requirements and have access to academic, personal, and professional support services to meet their needs throughout the program.	
Outcome 4.2.1 Access to Program Information The program provides timely access to accurate and transparent information on	Required Evidence 1. Current student handbooks, website, learning-management system, or other platforms showing program information and version control.

tuition, ancillary costs, curriculum structure, assessment policies, accommodation processes, transfer/advanced standing arrangements where applicable, and graduation requirements.	2. Student feedback or audit evidence related to the accessibility, clarity, and accuracy of program information. 3. Information for students with special circumstances, including leave, re-entry, transfer, advanced standing, prior learning, or other applicable pathways.
Outcome 4.2.2 Academic Support for Complaints and Appeals The program provides accessible mechanisms for students to address academic concerns and offers opportunities for academic improvement, remediation, and appeals or grievances.	Required Evidence 1. Current policies and procedures for academic support on complaints, appeals, and grievances. 2. Records showing student access / use of the mechanisms demonstrating response time and aggregate outcome. Note: Applicable institutional policies and/or records may be used where they cover the program.
Outcome 4.2.3 Access to Support Services The program provides students with access to academic advising, health and wellness counselling, financial aid, accommodation / accessibility services, and other support services.	Required Evidence 1. Current support services available to students including information provided about eligibility, access routes / formats, hours, and confidentiality. 2. Records of aggregate student access or usage data where available, to include student feedback on use of services.
Outcome 4.2.4 Framework for Seeking Support The program fosters a supportive environment that encourages students to seek assistance without fear, stigma, or penalty.	Required Evidence 1. Privacy and confidential policies describing help-seeking and non-retaliation. 2. Orientation and communication to students about how to access support and what to expect after a request.
Outcome 4.2.5 Personal Support for Health & Wellness The program provides access to personal support by qualified personnel to manage stress and mental health.	Required Evidence 1. List or database identifying qualified support personnel, professional roles, availability, and referral pathways.
Outcome 4.2.6 Student Service Responsibilities The program demonstrates that students' participation in institutional, program, or clinical services activities is educational, supervised, and proportionate to the stage of the education and training, and that students are not relied upon to fulfil operational or service responsibilities that would normally require designated personnel.	Required Evidence 1. Policies or agreements defining acceptable student service participation and responsibilities. 2. Records of documented monitoring and review of student physical workload, cognitive wellbeing, and service activities. 3. Records of corrective actions when excessive burden or inappropriate reliance on students are identified.
Standard 4.3 Inclusivity and Respect Students contribute to and benefit from an inclusive culture that respects diversity and promotes equity in the program's learning environment and student experience.	
Outcome 4.3.1 Equity, Diversity, and Inclusion (EDI) Environment The program promotes and applies equity, diversity, and inclusion (EDI) principles across the student experience. Note: In the Province of Alberta, the term Access, Community, and Belonging (ACB) is used instead of EDI. Within this standard, the terms are considered equivalent and have the same meaning.	Required Evidence 1. Current EDI policy describing the program or institution commitment or implementation across the student experiences (admissions, learning environments, supports, assessment, clinical education, and overall program participation). 2. De-identified records of discrimination, harassment, bias, or accessibility concerns and resolution trends where privacy permits.

Standard 4.4 Career Preparation Students are equipped with the resources necessary to transition into professional oral health care practice.	
Outcome 4.4.1 Career and Licensure Information The program provides current information and guidance on profession-specific certification or examination requirements, licensure registration, regulatory expectations, career pathways, and post-graduate opportunities.	Required Evidence 1. Current communications or references from regulatory bodies, certification/examination organizations, and other competent authorities. 2. Course or program content addressing career planning, certification / examination, registration / licensure, and post-graduate opportunities.
Outcome 4.4.2 Professional Realities The program provides resources addressing the psychological, ethical or legal, regulatory, administrative, safety, employment, and wellness realities of the oral health care practice, appropriate to the profession.	Required Evidence 1. Educational activities (workshop, session) addressing workplace models, employment expectations, contracts or practice ownership, business concepts, professional communications, recordkeeping, infection control, occupational health and safety, and professional wellness. respectful workplace behavior, psychological safety, violence / harassment prevention, healthy team dynamics, and resources for managing professional stress and burnout.

DOMAIN 5: Assessment and Evaluation for Entry to Professional Practice

Scope: To ensure students are assessed and evaluated using fair, valid, reliable, culturally responsive methods aligned with current national entry-to-practice competencies and professional expectations in Canada.

Standards 5.1 Assessment Process Students are assessed for competency using objective transparent policy and methods which are reviewed for quality improvement.	
Outcome 5.1.1 Assessment Process and Review The program develops and reviews assessment tools and decisions for validity, reliability, relevance, equity, accessibility, cultural bias, fairness, and consistency across courses, sites, and cohorts and improves assessments when concerns are identified.	Required Evidence 1. Policies and processes for developing and monitoring assessment tools. 2. Records of changes, improvements, rationale, and implementation to assessments tools. 3. Process for communicating changes to the assessment tools to students, staff, faculty, and clinicians.
Standard 5.2 Student Assessment Students are assessed and evaluated using multi-modal methods for progressive ability to integrate knowledge and pre-clinical skills toward the delivery of competent patient-centered care at graduation.	
Outcome 5.2.1 Assessment of Fundamental and Pre-clinical Learning The program assesses and evaluates students' didactic knowledge and pre-clinical skills before progression to clinical care.	Required Evidence 1. Mutli-modal assessment methods and rubrics for pre-requisite, didactic and knowledge-based education. 2. Process to verify achievement of pre-requisite didactic knowledge and pre-clinical readiness before specified patient-care privileges are granted.
Outcome 5.2.2 Assessment of Clinical Patient Care The program assesses and evaluates students' competency through direct onsite / offsite patient care and / or validated simulation appropriate to the profession, using complexity and a variety of experiences to support competency decisions.	Required Evidence 1. Mutli-modal assessment methods and rubrics for simulations / clinical care, faculty / clinical supervisor evaluations of student performance in direct patient care and/or simulation using defined criteria. 2. Process for final program-level sign-off or equivalent documentation confirming completion of patient care competency before graduation.
Standard 5.3 Feedback for Competency Achievement Students receive formative and summative feedback and remediation opportunities that support progressive development towards entry-to-practice competencies.	
Outcome 5.3.1 Feedback and Progression The program utilizes objective-aligned, competency-based assessments, and timely, learner-centred feedback to monitor student progression and support continuous development.	Required Evidence 1. Process for providing timely feedback to support improvement and in formats aligned with the learning context including written, verbal, audio, video, coaching, or feedforward approaches. 2. Progress reports and competency tracking records showing student achievement against defined progression benchmarks. 3. Evidence of support or action for students not meeting progression expectations in clear and non- stigmatizing language.
Outcome 5.3.2 Remediation and Reassessment The program has defined, accessible, and	Required Evidence 1. Student promotion policy outlining remediation, reassessment, and progression criteria.

consistently applied remediation and, reassessment pathways for students who have not achieved expected levels of competence.	2. Sample remediation plan for students identifying deficiencies, required actions, supports, and reassessment criteria, as well as results after reassessment. 3. Processes for identifying and managing situations where performance, professional conduct, health, or safety concerns arise.
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DOMAIN 6: Cultural Safety and Community Centered Care

Scope: To ensure students understand colonial harms, anti-racism, and relational accountability to provide culturally safe, respectful, and inclusive oral health care for Indigenous communities, and equity-deserving groups. The program must promote cultural humility, worldviews awareness, and provide learning experiences in partnership with Indigenous rights holders and equity-deserving groups.

Standard 6.1 Cultural Safety and Humility Students understand the concepts of cultural safety and humility, and the impacts of colonization and systemic racism on the oral health care of Indigenous communities and equity-deserving groups.	
Outcome 6.1.1 Cultural Safety in Curriculum The program integrates cultural safety and cultural humility topics throughout the curriculum and assesses students' ability to apply these concepts and self-reflection in professional and patient-care contexts.	Required Evidence 1. Faculty training on cultural safety and humility concepts. 2. Curriculum mapping, course outline, syllabi, showing where cultural safety, cultural competence, Indigenous health, anti-racism, colonial history/harm, trauma-informed care, and health equity topics are taught. 3. Assessment rubrics and methods evaluating students' understanding and application of culturally safe care, critical self-reflection, relational accountability, and responsiveness to patient / community priorities.
Outcome 6.1.2 Access to Culturally Relevant Resources The program provides access to culturally relevant resources (human expertise and/or written) to facilitate students understanding of cultural humility and the delivery of culturally safe care.	Required Evidence 1. Policies and practices that explicitly recognize, mitigate, and avoid cultural taxation for Indigenous students, faculty, and staff, including processes for compensation, workload recognition, voluntary participation, and access to support when Indigenous learners or staff experience racism or identity-based burden. 2. Current learning resources addressing sociohistorical context, Indigenous health, diverse communities, cultural safety, and the impact of systemic inequities on oral health. 3. Formal or appropriately documented participation of Elders, Knowledge Holders, community educators, or other subject-matter experts, including consent, role clarity, recognition, honoraria / compensation, or other arrangements as appropriate.
Standard 6.2. Culturally Safe Care Students demonstrate knowledge, skills, reflective capacity, and professional behaviors to provide culturally safe, trauma-informed, equity-informed, dignity-affirming, and accessible oral health care.	
Outcome 6.2.1 Culturally Safe Clinical Care The program offers students context appropriate opportunities to provide culturally safe care	Required Evidence 1. Patient or community partner feedback surveys addressing cultural respect, trust, and communication during care.
Outcome 6.2.2 Culturally Safe Learning Environments The program facilitates a learning environment in which students, faculty, and staff are respected and supported. There are mechanisms to prevent, report, address, and monitor racism, lateral violence, harassment,	Required Evidence 1. Policies and reporting pathways addressing racism, lateral violence, discrimination, harassment, retaliation, cultural safety, cultural taxation with support for affected persons. 2. Records of how reports are investigated, resolved, and used for improvement.

discrimination, retaliation, cultural taxation, and other abuses of power.	
Standard 6.3 Community Engagement Students are engaged in community-informed education and experiential learning in collaboration with equity-deserving groups to shape learning experiences.	
Outcome 6.3.1 Community Partnership The program establishes external reciprocal partnership with community, Indigenous, and / or equity-deserving groups to offer students opportunities to participate in community-based service.	Required Evidence 1. Records of sustained engagement and partnership with external health care facilities, communities, or public service agencies, native health centers, or representatives relevant to program activities.
Outcome 6.3.2 Community-Based and Outreach Learning The program facilitates community-based and outreach activities that are feasible for students to attend according to the geographic context and capacities of the program and the community.	Required Evidence 1. Clinical or educational outreach activities appropriate to the program's geographic context, profession, resources, and student capacity. 2. Evaluation of students' participation in outreach activities. 3. Community-partner feedback on student involvement, relationship quality, benefits, challenges, and opportunities for improvement.
Standard 6.4 Health Equity and Advocacy Students integrate principles of oral health equity, advocacy, and reconciliation into professional practice within their scope of practice.	
Outcome 6.4.1 Truth and Reconciliation Education The program integrates the Truth and Reconciliation Commission's (TRC) Calls to Action and prepares students to articulate how these calls inform their daily clinical and professional practice.	Required Evidence 1. Curriculum mapping showing where relevant TRC Calls to Action, colonial harms in health care, anti-Indigenous racism, and reconciliation responsibilities are taught and assessed. Note: The relevant TRC Calls to Action under Health are 18 through 24. See the Guidance document for specific information.
Outcome 6.4.2 Advocacy and Allyship The program prepares students to identify inequities in oral health systems, reflect on professional responsibilities and articulate or undertake accountable advocacy and allyship actions that advance equitable access, dignity, and culturally safe care.	Required Evidence 1. Learning activities where students can identify a system or access inequity and can communicate and/or undertake allyship or advocacy actions.

Annexes for Program or Profession Specific Information

Note: Profession-specific information has been included in this 2nd draft for **information and consultation purposes only** to facilitate review and feedback. Final placement of this content will be in the guidance document.

The annexes carry the profession-specific and jurisdiction-specific information that accompanies the Standards. Each annex consolidates into one place the specific information that applies to the outcomes throughout the standard with notes for its program / profession.

Annex A - Dental Assisting

Dental Assisting Programs are typically certificate or diploma length, with clinical education considerably shorter than the other professions covered by the CDAC Standards. The following below outline where the Standards apply distinctly to dental assisting programs:

1. Outcome 1.1.4 Safe Radiography Practices

In Dental Assisting programs, students produce and evaluate radiographic images within the permissions of the jurisdiction (NDAEB DD 5.2.3); however, the prescription and interpretation of radiographs are the responsibility of the dentist.

2. Outcome 3.1.2 - Curriculum Mapping & Content

Dental Assisting programs map curriculum to the National Domain Description for Dental Assisting (NDAEB). Programs are expected to map their curriculum, clinical learning experiences, and assessment strategies to the current national entry-to-practice competencies established by the NDAEB and any additional provincial or territorial regulatory requirements applicable to graduates. Program who prepares a NDAEB curriculum assessment mapping may reuse it; no duplicate mapping is expected.

3. Outcome 3.2.2 - Qualified Faculty and Clinical Supervision

Dental Assisting Program Director / Coordinator must have a minimum of a related Health Science degree. In a program where the two positions are distinct or are designated by different titles, the program shall explain its qualification requirements with CDAC to clarify, particularly in cases where one position reports to the other.

4. Outcome 3.4.1 - Research Environment and Faculty Scholarly Activity

Dental Assisting programs scholarly environment and activity may include educational, applied, or quality-improvement scholarship. **A formal research program is not required.** Evidence should demonstrate ongoing faculty engagement in scholarly activities relevant to the program and profession. Some examples may include:

- Applied research and quality improvement projects
- Curriculum development and review activities
- Curriculum and clinical education enhancement activities
- Continuing professional education and certification updates
- Participation in professional associations and conferences
- Teaching and learning innovation initiatives

5. Outcome 3.4.2 - Student Participation in Research and Scholarly Activity

Dental Assisting programs may support student engagement in scholarly and evidence-informed activities through evidence-informed projects, student presentations, quality improvement activities conducted within the program. The program provides students with opportunities to develop inquiry and evidence-informed practice skills.

Annex B - Dental Hygiene

Dental Hygiene programs span college diplomas and baccalaureate degrees, where graduates write the National Dental Hygiene Certification Examination (NDHCE) and register provincially. The following below outline where the Standards apply distinctly to dental hygiene programs:

1. Outcome 1.1.4 Safe Radiography Practices

In Dental Hygiene programs, students obtain radiographs as needed (EPCCoDH G.1.8), with exposure permissions set by provincial regulation. For Dental Hygiene degree programs, students may prescribe, expose, interpret/evaluate radiographic images within provincial regulations. Dental Hygiene students use instruments and equipment safely and effectively (EPCCoDH G.4.3).

2. Outcome 3.1.2 - Curriculum Mapping & Content

Dental Hygiene programs map curriculum to the Entry-to-Practice Canadian Competencies for Dental Hygienists (EPCCoDH). Programs are expected to map their curriculum, clinical learning experiences, and assessment strategies to the current version of the EPCCoDH. It organizes 22 competencies in seven domains, integrated through the ADPIE process of care, with degrees of mastery specified per competency. ADPIE stands for assessment, diagnosis, planning, implementation and evaluation.

3. Outcome 3.2.2 - Qualified Faculty and Clinical Supervision

Dental Hygiene Program Director / Coordinator must have a minimum BSc / BDH degree or related Health Science. In a program where the two positions are distinct or are designated by different titles, the program shall explain its qualification requirements with CDAC to clarify, particularly in cases where one position reports to the other.

4. Outcome 3.4.1 - Research Environment and Faculty Scholarly Activity

Dental Hygiene programs leading to a degree demonstrate research or scholarly activity by faculty that is consistent with the research mandate of the degree-granting institution. Dental hygiene diploma programs demonstrate scholarly activity may include educational, applied, or quality-improvement scholarship. **A formal research program is not required for diploma programs.** Some examples may include:

- Applied oral health and public health research
- Clinical practice and quality improvement initiatives
- Educational scholarship and curriculum renewal and development projects
- Student assessment and clinical evaluation innovations
- Interprofessional, community-based, or health promotion research activities

5. Outcome 3.4.2 - Student Participation in Research and Scholarly Activity

Dental Hygiene programs provide research and scholarly opportunities that support Competency B.3 of the Entry-to-Practice Canadian Competencies, enabling students to use various methods of inquiry, including participation in research activities. The program ensure that these opportunities are appropriate to the entry-to-practice level.

Annex C - Dentistry

Dentistry programs are university-based DDS/DMD degrees, where graduates certify through the National Dental Examining Board (NDEB) of Canada and license provincially. The following below outline where the Standards apply distinctly to dentistry programs:

1. Outcome 1.1.4 Safe Radiography Practices

In Dentistry programs, students are required to apply the full scope of radiographic practice, including prescribing, exposing, and interpreting radiographs, as well as prescribing CBCT imaging, at the Taught and Tested level.

2. Outcome 3.1.2 - Curriculum Mapping & Content

Dentistry programs map curriculum to the Knowledge, Skills, and Abilities (KSAs) for a Beginning Dental Practitioner in Canada, developed by the Canadian Dental Regulatory Authorities Federation (CDRAF). Programs are expected to map their curriculum, clinical learning experiences, and assessment strategies to the current version of the KSAs for a Beginning Dental Practitioner in Canada. It lists 47 KSAs in three groups, with indicators specifying the minimum level all graduates must attain.

3. Outcome 3.2.2 - Qualified Faculty and Clinical Supervision

Dentistry Dean / Director of the Faculty / School / College of Dentistry must have a minimum DMD / DDS degree or related Health Science degree.

4. Outcome 3.4.1 - Research Environment and Faculty Scholarly Activity

Dentistry programs demonstrate that research is an integral component of the mission of the faculty or school and that the program maintains an active research program aligned with the research mandate of the parent institution. Faculty are provided with dedicated research time and institutional support for research. Example of required evidence may include the following:

- Program's research strategy and research leadership structure (research director, associate dean responsible for research, or research committee).
- Grant funded and unfunded research activity / projects for a five-year period
- Percentage of time spent on research by faculty members
- Description of research projects including collaborations, committee work, and publications, papers presented at meetings
- Patent development and intellectual property innovation

5. Outcome 3.4.2 - Student Participation in Research and Scholarly Activity

Dentistry programs make mentored research opportunities available to all students, introduce the principles of research, and offer elective opportunities beyond foundational research education to support deeper engagement in research and scholarly activities.