

Summary of Changes to the 2nd Draft

CDAC Accreditation Standards for Oral Health Care Education Programs

Overall

The revised 2nd Draft retains the six-domain framework of the 1st Draft while incorporating public consultation feedback and subsequent Working Group review. The revisions focus on simplifying the standards structure, reducing duplication, clarifying accreditation expectations, and strengthening the evidence programs will be required to demonstrate.

1. **Simplified:** The Element level used throughout the 1st Draft has been removed, creating a more direct structure from Domain - Scope - Standard - Outcome - Required Evidence.
2. **Revised:** “Indicator(s) / Evidence / Document(s)” has been replaced with Required Evidence, with requirements refined to be more specific and less documentation.
3. **Consolidated:** Overlapping outcomes and requirements have been combined where appropriate to reduce duplication.
4. **Clarified:** Standards and outcomes have been revised to better distinguish the accreditation requirement from the evidence used to demonstrate compliance.
5. **Outcome:** The 2nd draft provides a more streamlined and measurable framework while maintaining the intent of the original six domains.

DOMAIN 1 – Public Safety and Risk Management

- **Strengthened:** Infection Prevention and Control (IPAC) requirements have been revised from general evidence of policies, monitoring, and committee activities to clearer expectations for implementation, student competency, faculty oversight, and corrective action. The 1st Draft focused on IPAC policies, monitoring, committee records, and clinical audit results mostly.
- **Expanded:** Consent and Confidentiality now address applicable provincial and federal privacy requirements, digital privacy, handling and retention of patient information, and cybersecurity.
- **Clarified:** Patient Safety Monitoring places greater emphasis on accurate and complete patient-care documentation, chart auditing, incident-reporting protocols, and quality-assurance follow-up.
- **Consolidated:** Legal and ethical requirements have been streamlined. The four related outcomes in the 1st Draft have been reorganized into two clearer requirements for Professional and Ethical Responsibilities and Safeguarding Protocols, reducing overlap while retaining the core regulatory and patient-protection expectations.
- **Outcome:** Domain 1 now places greater emphasis on demonstrable implementation and monitoring of patient and public safety requirements rather than primarily documenting the existence of policies and procedures.

DOMAIN 2 – Governance, Leadership, and Quality Assurance

- **Revised:** The domain title has changed from “Governance and Quality Assurance” to “Governance, Leadership and Quality Assurance,” making program leadership an explicit component of the domain.
- **Strengthened:** Governance Structures now explicitly require clearly assigned authority, accountability and decision-making responsibilities, rather than the broader requirement in the 1st Draft for a governance structure with leadership oversight and review. Similarly, quality assurance requirements place greater emphasis on demonstrating how program-performance information and feedback lead to improvement.
- **Expanded:** Governance Representation has been broadened from an emphasis on student representation to include representation and participation from students, oral health faculty, and staff.
- **Reorganized:** Leadership requirements previously distributed across Leadership and Communication outcomes have been brought into a clearer Program Leadership standard, strengthening the distinction between governance and operational leadership.
- **Outcome:** Domain 2 provides clearer lines of accountability between governance, program leadership, and continuous quality improvement.

DOMAIN 3 – Program Design, Delivery, and Resources

- **Expanded:** The scope has been broadened beyond national competency expectations and emerging technologies to explicitly address profession-specific entry-to-practice competencies, regulatory expectations, evidence-informed practice, cultural safety, critical thinking, interprofessional learning and health literacy.
- **Strengthened:** Curriculum Development now requires a documented process for curriculum development and revision, evidence of sequencing from foundational knowledge through clinical/professional application, and evidence that program-performance information informs curriculum effectiveness. Effective Teaching now more clearly addresses diverse and intentionally designed teaching methods, including Universal Design for Learning (UDL) and diverse knowledge systems. Qualified Faculty and Clinical Supervision has also been strengthened to address credentials, regulatory status, clinical expertise, student-to-instructor ratios, and verification of current standing.
- **Clarified:** Curriculum Mapping now requires explicit linkage between program/graduate outcomes, course learning objectives, and profession-specific entry-to-practice competencies, including a process for updating the curriculum when competency frameworks or regulatory requirements change.
- **Expanded:** Current and Emerging Trends in Practice now identifies contemporary developments such as digital dentistry, artificial intelligence, electronic records, tele dentistry, digital radiography, intraoral scanning, CAD/CAM, data privacy and ethical use of technology.
- **Added/Expanded:** Resource Sustainability has been added as an outcome under Resource Availability to provide clearer evidence expectations for operating and capital planning, equipment and technology renewal, staffing contingencies and changes in curriculum or cohort size.
- **Revised:** Research and Scholarly Activity requirements have been made proportionate to the type of program and institutional mission. The 1st Draft contained a common research/scholarship framework, whereas the 2nd draft distinguishes expectations appropriate to program with some specific examples outlined in the guidance document.
- **Outcome:** Domain 3 more clearly connects curriculum design, teaching, clinical supervision, resources and scholarly activity to current entry-to-practice expectations and a sustainable program.

DOMAIN 4 – Student Learning Experience and Support

- **Expanded:** The scope now explicitly describes a supportive, accessible, inclusive, equitable and psychologically safe educational environment from admission through to graduation.
- **Strengthened:** Admissions and Selection now include clearer evidence requirements for publicly available prerequisites, documentation, costs, selection criteria, and accommodation processes. Inclusivity and Respect now requires evidence that EDI principles are applied across admissions, learning environments, student support, assessment, clinical education, and overall program participation, with consideration of discrimination, harassment, bias, and accessibility concerns.
- **Repositioned/Expanded:** Diverse Admissions, which appeared under Domain 6 in the 1st Draft, is now addressed within the student admissions framework and explicitly includes recruitment, admission, participation, retention, and completion by Indigenous and equity-deserving groups.
- **Consolidated:** Student support requirements have been reorganized to provide clearer expectations for complaints and appeals, academic advising, accommodation/accessibility, health and wellness counselling, financial aid and other support services.
- **Expanded:** Career Preparation now more clearly addresses certification/examination and registration/licensure information, career pathways, and postgraduate opportunities, together with the psychological, ethical, regulatory, administrative, employment, safety, and wellness realities of professional practice.
- **Outcome:** Domain 4 provides a more integrated student-centered framework covering equitable access, support, wellbeing, inclusion, and transition into professional practice.

DOMAIN 5 – Assessment and Evaluation for Entry to Professional Practice

- **Reorganized:** The domain has moved from the 1st Draft's structure centered on Professional Proficiency and Assessment Methods and Design toward a clearer sequence of Assessment Process to Student Assessment and Feedback for Competency Achievement. The first draft began with competency alignment across professional domains and competency through patient care, which overlapped with aspects of domain 3.
- **Added:** A dedicated Assessment Process and Review outcome now requires programs to consider validity, reliability, relevance, fairness and consistency across courses, sites, and cohorts.
- **Clarified:** Student competency assessment has been separated into Fundamental and Pre-clinical Learning and Clinical Patient Care, providing clearer progression from foundational knowledge and skills to clinical competency.
- **Strengthened:** Programs must demonstrate that students have achieved prerequisite didactic knowledge and pre-clinical readiness before specified patient-care privileges are granted. Programs should demonstrate having a process to provide final confirmation of patient-care competency before graduation. Remediation has been expanded to Remediation and Reassessment, requiring defined and consistently applied pathways and processes for managing performance and conduct.
- **Expanded:** Feedback and Progression now includes timely learner-centered feedback, competency tracking against defined progression benchmarks, and documented support for students who are not meeting expectations.
- **Outcome:** Domain 5 now places stronger emphasis on the quality and defensibility of the program's assessment system and on demonstrating progressive competency achievement before graduation.

DOMAIN 6 – Cultural Safety and Community Centered Care

- **Strengthened:** The scope has been revised from the broader first-draft focus on culturally safe care for diverse populations to explicitly address colonial harms, anti-racism, relational accountability, Indigenous communities, Indigenous rights holders, an equity-deserving groups. The role of Elders, Knowledge Holders, community educators, and other subject-matter experts has been clarified.
- **Expanded:** Cultural Safety in Curriculum now requires evidence of Indigenous health, colonial history and harms, anti-racism, trauma-informed care, health equity, critical self-reflection, and relational accountability, together with assessment of students' ability to apply these concepts. Culturally Safe Learning Environments now explicitly address abuses of power and harmful behaviours with mechanisms for reporting, investigation, resolution, and improvement.
- **Added:** Cultural taxation is addressed, including expectations relating to voluntary participation, workload recognition, compensation and support for Indigenous students, faculty, and staff.
- **Repositioned:** Diverse admissions requirements have been moved to Domain 4, allowing Domain 6 to concentrate more directly on cultural safety, culturally safe care, learning environments, and community relationships.
- **Revised:** Community engagement has shifted from primarily demonstrating outreach activities to establishing sustained and reciprocal relationships with Indigenous and/or equity-deserving communities and community partners.
- **Outcome:** Domain 6 has evolved from a broad cultural competence and diversity framework toward a more explicit cultural safety, anti-racism, reconciliation, and relational-accountability framework to address the oral health needs of different population and community groups.

Conclusion

The most significant changes are structural simplification, consolidation of overlapping requirements, clearer and more measurable required evidence, stronger regulatory and profession-specific alignment, and targeted strengthening of areas identified through consultation. The revisions produce a standard that is more streamlined, measurable and assessable, while providing clearer expectations for programs and maintaining flexibility for differences in profession type, institutional context, and jurisdictional requirements.