THE CANADIAN DENTAL HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE DES HYGIÉNISTES DENTAIRES
96 Centrepointe Dr., Ottawa, Ontario K2G 6B1 Tel.: (613) 224-5515 Fax: (613) 224-7283
E-mail: info@cdha.ca Toll Free: 1 800 267-5235 Website: www.cdha.ca

September 9, 2011

Dr. Marie Dagenais
Chair
Commission on Dental Accreditation of Canada (CDAC)
1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6

Dear Dr. Dagenais,

Thank you for the opportunity to provide comment on CDAC's Dental Hygiene Program (DHP) accreditation requirements.

CDHA sought input on this important document from our key committees: the Education Advisory Committee and the Research Advisory Committee.

We were particularly pleased to see that there is a clear process for ensuring that the competencies, identified in the Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists, are integrated into curriculum. We have included, for your consideration, our recommendations for revisions to the DHP accreditation requirements. They are divided into two sections — Strategic Areas of Development and Operational Issues.

We received tremendous feedback from our committee members and although we received numerous comments and suggestions, the attached document focuses on the more substantive comments. We believe that these recommendations will result in increased consistency and quality in the accreditation process.

We look forward to working collaboratively with you to protect and further the public interest through the important work of the Commission.

Sincerely,

Ondina Love, CAE
Executive Director

cc: Ms. Lee Callan, Coordinator, Surveys , CDAC
Ms. Susan Matheson, Director, CDAC
Ms. Chiraz Guessaier, Manager, CDAC
Laura MacDonald, CDHA Representative, CDAC
Joanna Asadoorian, Chairperson, CDHA Research Advisory Committee
Sharon Compton, Chairperson, CDHA Education Advisory Committee

Encl.

Table of Contents

Section 1

Strategic Areas of Development

1. Standards

CDHA Recommendation

Develop standards to accompany the requirements.

Rationale

The introduction to the DHP requirements suggests that the focus is on outcomes; that the requirements are not meant to be prescriptive. However, we would argue that the document has become more prescriptive in the way that it requests "Documentation Required". In addition, we found that some of the documentation is requested in different ways throughout the document. For example, on page 22, 2.4.0 there is a call for course name number, faculty student ratio, course outline; which is similar to the request in 2.3.2.

CDHA conducted a survey of dental hygiene educators (survey report available in September 2011) and the majority of respondents indicate that they would like to see increased consistency and quality in the accreditation process. Also, educators were asked to identify the most important change that needs to take place in dental hygiene education. The largest degree of consensus was around the issue of better standards for curricula, competencies, scope, program length, and pre-requisites.

We recommend that CDAC develop solid standards to accompany the requirements. For example, 2.3.1 is an example of where a standard would help in determining the equivalence to a 2 year program. Standards would provide a deeper level of understanding about the program and contribute to increased consistency, quality and increased objectivity. In addition, standards would result in an accreditation process that is grounded in evidence, literature or educational theory.

2. Dental Hygiene Degree Programs

CDHA Recommendation

Develop a new set of accreditation requirements and accreditation format for dental hygiene degree programs.

Rationale

There are several reasons that it is critical that a separate set of requirements and accreditation format be developed for dental hygiene degree programs. CDAC has historically reviewed 2 years of curriculum in Canadian dental hygiene programs, as the entrance to the programs occurred at that point; however, Canada now has a degree as entry-to-practice program, a 4 year program, in British Columbia and the

issue of accrediting the degree program needs to be addressed. It is an issue of creating evaluation standards for the degree program that are equitable with the diploma programs.

A degree education differs considerably from a diploma education and therefore a separate accreditation process is warranted. The 4 year program is characterized by greater breadth (for example the UBC dental hygiene program has increased breadth in residential care in comparison to the diploma programs), and also greater depth of material.

UBC now has a 4 year entry-to-practice program and it underwent its first accreditation review this year. However, UBC's 4 year program was reviewed in the same amount of time given to 2 year programs. In order to acknowledge that the breadth and depth of the 4 year bachelors degree program differs from the 2 year diploma program, we strongly recommend different requirements and format for the 4 year degree program.

There is precedence for a longer accreditation review format for programs with increased length, for example, CDAC reviews dentistry with this longer format. In addition, standards exist for educational programme evaluations (see http://www.jcsee.org/program-evaluation-standards/program-evaluation-standards-statements); they are the reflections of the work of many organizations. The assessment of 2 year and 4 year curriculum within the same time frame is contrary to these standards. This is not a reflection of the work of the survey team; it is a reality of the amount of work that needs to be done to assess a program with increased breadth and depth.

3. Dental hygiene scope of practice

CDHA Recommendation

Revise the document so that all sections reflect the full dental hygiene scope of practice.

Rationale

The conception of dental hygiene practice within the DHP accreditation requirements seems to reflect a clinical focus as commonly found in private clinical practices and only a minimal mention is made of other roles. For example, 2.3.10 lists learning opportunities that curriculum must include; however, the list emphasizes clinical practice. This list would better reflect dental hygiene practice if it was broadened to include community practice, population health, health promotion, and disease prevention. While clinical care is important it does not reflect the full scope of dental hygiene practice. This document needs to have an expanded focus on other roles, such as community practice, in order to adequately assess the outcomes of community practice.

4. Developing Dental Hygiene Programs

CDHA Recommendation

Develop a requirement for new dental hygiene programs that are under development, which stipulates that they provide the survey team with a comprehensive needs assessment with the goal of maintaining a balance between supply and demand.

Rationale

Over the last several years, CDHA has received numerous complaints from our members regarding the proliferation of dental hygiene educational programs in Ontario. There are reports that many of the Ontario school graduates move to other provinces to try to obtain employment, creating an imbalance in supply and demand in provinces other than Ontario. This imbalance may also have had a negative impact on dental hygiene wages.

The CDHA Job Market and Labour Survey 2009, supports the suspicion that there is an imbalance in supply and demand in Canada. This survey notes that the primary reason for dental hygienists not to be working is due to an inability to find employment. Of those not currently practicing, a large number of dental hygienists representing 44% indicated they have searched for new employment in dental hygiene in the past two years. However, in the 2006 survey there were fewer respondents, only 31% who had searched for employment in the two years previous to the survey. The 2009 survey also indicates that 20% of dental hygienists responded that they were seeking more hours of work; however, in the 2006 study 6% of respondents were seeking more hours. We believe that these negative changes in the job market that have taken place since 2006 may be due to an imbalance between supply and demand, caused by an increase in the number of educational institutions, particularly private schools in Ontario.

Therefore, we recommend that CDAC create a requirement for new dental hygiene programs that are under development. These new programs must provide the survey team with a comprehensive needs assessment to establish evidence that there is a need for the program and that there is a balance between supply and demand. Although the Ontario school situation has improved over the last couple of years, since the programs have decreased in numbers from approximately 21 to 7, there is a need to create accreditation requirements that will ensure this situation does not occur again in the future.

We believe that this is a public protection issue, since schools are offering education to students who in turn are expecting to find positions in dental hygiene once they graduate. If students cannot find employment when they graduate, this is not good use of student's scarce financial resources, or their time, and it delays the time before students are able to enter the workforce, causing financial strains in supporting themselves and being able to pay their educational loans.

While this could be viewed as an institutional concern, or a concern only for the graduate, this should also be considered a direct concern for the accrediting agency since the goal of accreditation is to ensure a quality educational experience and to evaluate a program's ability to meet their defined goals and competencies. Some educational programs have a goal to prepare graduates to enter the workplace. The dental hygiene requirements can play a role in protecting the student seeking a quality education and ensuring the institution demonstrates their responsibility to students based on the program's defined goals and outcomes.

Section 2

Operational Issues

****Please note that the purple font, yellow highlighted (additions) and ~~strikethroughs~~ (deletions), information is copied and pasted from the DHP accreditation requirements document November 2011, for circulation**

Basic Process

The starting point within accreditation is CDAC's development, approval and ongoing revision of accreditation requirements. Educational programs and dental services are invited to apply for review against current requirements. Programs applying submit detailed documentation outlining evidence addressing the accreditation requirements. A site 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 then submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation.

CDHA Recommendations and Rationale

1. **Dental Hygiene Program Committee oversight of the review/revision of DHP accreditation requirements**

   CDHA Recommendation

   Develop a modified review process whereby the Dental Hygiene Program (DHP) Committee be responsible for striking a sub-committee consisting of dental hygiene educators to review the DHP accreditation requirements and makes recommendations for changes/deletions. The document would then undergo a consultation with communities of interest and the DHP Committee would review/revise/approve this document prior to forwarding it to the Commission for final approval.

   Rationale

   Lee Callan - CDAC – Coordinator of Surveys provided us with detailed information on CDAC's process to review and revise the DHP accreditation requirements (see Appendix C). The rational for CDHA's recommendation is that the review/revision/approval of dental hygiene accreditation requirements should be overseen by the committee that has current knowledge and expertise in dental hygiene education programs. The present Documentation Committee does not fulfil this requirement as it primarily consists of individuals with expertise in dental education. The Documentation Committee does have one allied dental professional position, which can be filled by either a dental hygienist or a dental assistant; however, there is no requirement for the dental hygiene representative to hold an existing position as a dental hygiene educator. Holding an existing position is important in order to provide the individual with current knowledge and expertise in dental hygiene programs. In addition, a situation may arise where the allied dental

professional position is filled by a dental assistant and not a dental hygienist. This situation results in a committee with a gap in expertise in the area of dental hygiene expertise, which will compromise the quality of the committee work.

We believe that the Dental Hygiene Program (DHP) Committee should strike a sub-committee consisting of dental hygiene educators to review the DHP accreditation requirements and make recommendations for changes/deletions. This modification is needed to ensure increased quality in the accreditation review/revision process. In order to facilitate this change, the Terms of Reference for the DHP Committee should include membership criteria that reflects the knowledge, skills and expertise required to oversee the review/revision of the DHP Requirements.

2. Accreditation Decision Making

CDHA Recommendation

Provide more detailed information on how the accreditation decision is made.

Rationale

The Basic Process in the DHP accreditation requirements indicates that "The survey team then submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation." It would be helpful to provide more detailed information on how the accreditation decision is made, as this would provide a greater understanding of the process and it would make the process more transparent for those who are outside the accreditation process and do not have firsthand knowledge of how the process works. We understand that the accreditation survey team submits the report to the DHP Committee which then makes a recommendation to the Commission regarding the decision: accredited; provisional accreditation; or not accredited.

It would also be helpful to know if the survey team makes a recommendation for accreditation status: accredited; provisional accreditation; or not accredited. The survey team recommendation may be useful in the decision making process, as it has detailed, first hand information that may be helpful in making the final accreditation decision.

3. Calibration of Survey team members

CDHA Recommendation

Develop an improved calibration process for survey team members.

Rationale

The CDHA Educators' Survey report (to be published in the fall 2011) indicates that the majority of educators felt there was a need to improve the calibration process. High quality calibration is integral to high quality accreditation. Calibration ensures survey team members are well versed in the requirements and how to survey

programs; provides reviewers an opportunity to discuss reasons as to why they gave a particular rating and understand better how others are applying the rating; gives survey team members more confidence in their ratings; and it ensures consistent and fair evaluation by identifying survey team member bias. The calibration process must include all of these characteristics in order to achieve an effective calibration process.

4. **Accreditation decisions made in a timely manner**

CDHA Recommendation

Develop an expedited process for programs to receive final accreditation status.

Rationale

An expedited process for reaching final accreditation status would ensure that programs receive an accreditation decision in a timely manner. Expediting the process would prevent the following situation from occurring, which took place in 2010 at the University of British Columbia. The dental hygiene program underwent a CDAC accreditation survey in March 2010 and dental hygiene program students graduated in May, but they did not know the accreditation status until November of 2010. Students graduating in May did not want to invest their money in the National Dental Hygiene Certification Board exam until they were assured a satisfactory program accreditation status. As a result, the UBC dental hygiene program spent additional financial and human resources to help the graduating class maintain their competencies between the time when the students graduated in May and the time when they took the NDHCB exam, following the November accreditation decision.

We recommend that a more time efficient process be developed for reaching a final accreditation decision, to avoid the delay in students writing the exam and the additional cost of having students maintain their competencies.

Responsibilities of Accredited Programs or Services

Programs or services must submit reports to CDAC as requested following an accreditation survey.

CDHA Recommendation

This section should document the following types of information:

- types of reports (e.g. progress reports)
- anticipated frequency of reports
- report due dates.

1.0 Institutional Structure

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

CDHA Recommendation

Revise the wording in this section as follows: "Institutions offering diploma-level dental hygiene education must provide evidence of actively pursuing articulation agreements or collaborative partnerships with recognized degree-granting institutions that offer both dental hygiene degree completion and also degrees other than dental hygiene. Within 5 years the dental hygiene program will show evidence of the articulation agreement/collaborative agreement."

Rationale:

CDHA believes that entry-level dental hygienists should be educated in college programs that provide flexibility in future career paths by having articulation agreements with universities. There are three important reasons that flexibility in career paths and articulation agreements are critical to public protection. First, delivering clinical dental hygiene services can involve strain on the body, including the back, and the neck, and as a result some dental hygienists choose to modify their career path by returning to school to obtain further education which will allow them to practice in positions such as education, research and public health, that may not involve clinical practice. CDHA's Labour Market and Employment Survey 2009 indicates that 1,174 dental hygienists reported that they had an occupational injury or medical issue directly related to their work (24% shoulder, 17% neck, 14% back). CDHA's Labour Market and Employment Survey indicates that 1,174 dental hygienists reported that they had an occupational injury or medical issue directly related to their work (24% shoulder, 17% neck, 14% back). And almost 50% of these individuals report that the medical condition affects their ability to practice dental hygiene. Providing increased options for education will enable a larger number of dental hygienists to remain employed and continue to be productive citizens.

Second, in order for the dental hygiene profession to use research to inform practice, it must develop a body of knowledge that guides practice. This body of knowledge is created by dental hygienists, primarily with Masters or Doctoral degrees who conduct research on areas such as clinical practice, dental hygiene products, and population health programs. Dental hygienists should be guaranteed an entry-level-education that provides them with options down the road for continuing their education, should they choose to conduct research. All health professions are now placing a high degree of emphasis on evidence based practice, in order to increase the quality of services and provide better public protection. The dental hygiene requirements must contribute to fulfilling this improved quality in services by stipulating that programs must have agreements/partnerships with universities.

Third, in section 3.1.2., we call for dental hygiene program directors/coordinators to have a minimum of a masters degree, therefore ETP programs must articulate with high levels of education in order to facilitate this higher level of education.

Dental hygienists require more cost effective and efficient alternatives that will enable them to achieve higher levels of education. ETP programs that have articulation agreements with universities will allow their graduates to spend less time and money achieving higher levels of education. Without articulation agreements, dental hygienists will be absent from the workforce for longer periods of time, resulting in a loss of revenue. They will also pay higher costs to achieve further education, since they will be required to take a larger number of courses. The loss of revenue and higher costs for education can be a strong deterrent to obtaining further education. Articulation agreements can help to achieve effectiveness and efficiency in obtaining further education.

1.5

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.~~

Documentation Required

a. Describe the process(es) used to evaluate the program relative to its stated objectives and outcomes.

b. Identify how this/these process(es) is/are used to improve the quality of the program.

CDHA Recommendation and Rationale

The wording in b. should be revised to provide increased clarity: "Provide evidence of how this/these process(es) ...."

Also, it should be noted that up to this point in the requirements there has been no request to provide the objectives and outcomes. Perhaps this requirement should be moved to a section that follows the requirement to provide the objectives and outcomes.

2.1.1

Criteria for admission must include academic preparation with completion of a high school program or equivalent being the minimum standard assessed. Faculty members must be involved and or have input in establishing these criteria. Selection criteria should encourage recruitment of a diverse student population with appropriate academic preparation and aptitude.

CDHA Recommendation

This section should be revised to provide increased clarity in the area of "appropriate" academic preparation.

Rationale

There is a need to clarify what is meant by "appropriate academic preparation", as there are a number of dental hygiene education program models in Canada and they define appropriate academic preparation in different ways. CDHA conducted a survey of dental hygiene education programs and one of the questions deals with pre-requisites for dental hygiene programs. The responses show that there are a large number of differences in pre-requisites for dental hygiene programs. It would be helpful to expand on the definition for appropriate academic preparation in order to achieve consistency and quality in the accreditation process.

2.2.1

Global program outcomes, describing the graduate, must be published and must reflect the national dental hygiene competencies.

CDHA Recommendation

Provide a definition of "global program outcomes".

Rationale

This is a critical requirement, as it links program outcomes to national competencies. However, the words "...must reflect the national dental hygiene competencies", should be modified to reflect the name of the document where the competencies are found: *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists.*

A definition should be provided of "global program outcomes" in order to increase clarity and understanding of the concept. The definition can explain if the term differs from "graduate outcomes" or "graduate ability statements" and the vision and goals of the program. The term "outcomes" normally implies that they are measurable. Does this definition of measurable outcomes need to be included in the definition?

2.2.3 The national dental hygiene competencies must be integrated within the program curriculum

CDHA Recommendation and Rationale

The formal name of the competencies document should be mentioned. Same issue as mentioned in 2.2.1

2.2.4 The program must have a formal process to evaluate the currency and comprehensiveness of the program curriculum.

Documentation Required

a. Provide a copy of the curriculum evaluation process.

b. Describe how the program identifies gaps and/or deficiencies within the curriculum.

c. Provide examples of gaps and/or deficiencies previously identified by the program, using the curriculum evaluation process.

d. Describe how the results of the National Dental Hygiene Certification Board (NDHCB) Examination and other key performance indicators are used to validate the program curriculum and ensure that it is consistent with the national dental hygiene competencies.

e. Provide copies of student course evaluations onsite.

CDHA Recommendation

Full support for including NDHCB examination results in the documentation.

Rationale

We were also very pleased to see that the results of the NDHCB examination will now be used to validate the program curriculum (2.2.4 d.), as this is important information to include in the accreditation process. It can be noted that in general the accredited private career colleges score approximately 10 to 15 % lower on the first sitting of the exam, than the accredited public colleges and we anticipate that the new documentation required in 2.2.4 d. will help to reduce the gap. It should be noted that you may need to change the wording to add an exception for new programs that do not have the exam results available until the first round of students have graduated.

2.3.1

CDAC recognizes that there may be various educational models; however the dental hygiene education program must be a minimum of two (2) academic years in length or equivalent. Equivalence must be documented to identify achievement of the same outcomes.

CDHA Recommendation

Develop standards for measuring equivalencies in program length.

Rationale

It is not clear how the equivalence between an 18 month program and a two year program is presently measured by the survey team, since the information is not included

in the requirements. The elements for evaluation should be identified. There should be a standard way in which to measure equivalency between programs, such as number of hours in the program. Credits may not be appropriate, since the way in which they are calculated varies from one program to the next.

2.3.10The program curriculum must provide learning opportunities for the student to:

a. Use fine motor skills in the assessment, planning, implementation, and evaluation of clinical dental hygiene care.

b. Manage dental hygiene clinical care for clients of all ages and those who are medically-compromised and with special needs.

c. Critically review literature pertinent to the provision of evidence-based dental hygiene practice.

d. Make dental hygiene decisions supported by current evidence.

CDHA Recommendation

Learning opportunities must reflect the dental hygienists full scope of practice, not just clinical care.

Rationale

It is not clear how these particular learning opportunities were chosen above other learning opportunities, however, the focus appears to be on "clinical" care. Program curriculum must include the full scope of practice of dental hygienists, including community practice which includes an emphasis on health promotion, oral health education and advocacy. This is a significant omission that must be addressed.

3.1.2

Effective January 1, 2012, the program director or the individual assigned the responsibilities for the day-to-day program activities must be a dental hygienist with an educational credential one level higher than the credential granted to program graduates (i.e. a Bachelor's degree if the program credential is a Diploma). This individual must have the educational and professional experience, the authority and responsibility necessary to fulfil the assigned responsibilities. If the program director has instructional assignments, s/he must have current content knowledge and experience related to their instructional assignments and must have training in educational theory and methodology.

CDHA Recommendation

The program director or the individual assigned the responsibilities for the day-to-day program activities must be a dental hygienist with a minimum of a masters degree.

Existing program directors/coordinators can be grandfathered - they would maintain their position and new directors/coordinators would be required to obtain a masters degree. A grace period would be in place for approximately 5 to 7 years, to allow educators who are interested in applying for new positions as directors/coordinators to complete the masters degree.

Rationale

CDHA conducted a survey of educators in Canada and found that 82% of educators felt that it was important for directors/coordinators to hold a masters degree. This requirement is of particular importance in order to prepare program directors/coordinators to have expertise and knowledge about research, in order to oversee programs that emphasize evidence based education and evidence based practice.

In addition, the dental hygiene requirements presently include the following information: "Opportunities for faculty members and student involvement in research and scholarly activities are encouraged." In order for the program to adequately meet this requirement there is a need for the program director/coordinator to have knowledge of and experience with research, which is obtained at a minimum of a masters level of education.

The CDHA Educators Survey 2011 indicates that educators are a group in transition, with a significant number of educators pursuing or intending to pursue further education. It appears that there is a cultural shift in the educator community, with a larger number of educators expressing interest in or achieving higher levels of education. In addition, CDHA's Job Market and Employment Survey 2009 indicates that there are presently 43 dental hygienists holding a masters degree, there are 23 dental hygienists currently seeking a Masters degree and 3 pursuing a doctorate degree. In addition, there are an additional 202 who are intending to pursue further education at the masters level and 26 who are intending to pursue a doctoral degree. These numbers suggestion that educational institutions will not have difficulty in filling positions with qualified individuals who possess a minimum of a masters degree.

3.2.1

Paragraph one

The program must be staffed by qualified permanent faculty members whose professional education and experience for teaching, dental hygiene practice, scholarship, and research (if applicable) are adequate to prepare an entry-to-practice dental hygienist. The faculty member complement, including full-time and part-time, must be proportionate to the number of students enrolled in the program. Assignment of teaching responsibilities to faculty members must be commensurate with the faculty members' backgrounds.

CDHA Recommendation and Rationale

This requirement calls for a program that is staffed by qualified permanent faculty members; however, programs have a mix of permanent and contracted faculty

members. This mix is needed in order to achieve program efficiencies. Staffing program decisions should be left up to the program and not dealt with as part of the accreditation process.

3.2.1

Paragraph two

Faculty members who are assigned didactic, preclinical, and clinical theory instructional responsibilities must show evidence of successful completion of formal training in educational theory and methodology. Individuals appointed as clinicians who are assigned preclinical and clinical responsibilities must have a minimum of three (3) years of dental hygiene clinical experience and show evidence of educational training to evaluate students.

CDHA Recommendation

Remove the requirement for "evidence of successful completion of formal training in educational theory and methodology".

Rationale

The requirement calling for "evidence of successful completion of formal training in educational theory and methodology..." is problematic from a number of viewpoints. It results in dental hygiene programs being unable to employ faculty who are experts in their field (e.g. periodontists and other health professionals). These individuals may be full professors, and they make a critical contribution to the dental hygiene program and the curriculum. However, they do not meet this requirement and they would not be interested in obtaining continuing education that would allow them to fulfill this requirement, as their focus is on conducting research in a particular specialized area. This requirement could create a serious lack of capacity for dental hygiene programs, as it may lead to programs not have qualified faculty to contribute to the curriculum. In addition, it would compromise the program quality, as the faculty who may have these qualifications would be less qualified from a content perspective. Also, this requirement is contrary to interprofessional education, since it may prevent dental hygiene programs from hiring faculty from other health disciplines who have knowledge and experience that they could contribute to the dental hygiene program. This requirement would result in isolating dental hygiene from other health professions. We recommend that the wording in this section pertaining to "formal training in educational theory and methodology" be removed. This particular requirement is not included in the dentistry accreditation requirements and there is no rationale for having a different requirement for dental hygiene programs.

We believe that it is important to have faculty members with a blend of content specific knowledge and educational knowledge. There is a benefit to having educators who have some formal training in areas such as curriculum, educational theory, methodology, and evaluation. However, the issue of ensuring that faculty are meeting their objectives and adhere to good educational practice is assessed annually by the institution through an annual review process that takes into account teaching practice and development, or scholarly teaching. In addition, the issue of continuing education is dealt with under the

section 7.1.2. where we request that CDAC strengthen this requirement and we call for programs to be proactive in their support of continuing education.

3.2.1

Paragraph five

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

Documentation required

g. Describe how faculty members' workloads are determined to permit sufficient time for teaching preparation; student evaluation and counselling; development of subject content and appropriate evaluation criteria; program development and review; and professional development.

CDHA Comment

CDHA believes that it is important for faculty to adequately prepare for courses; however, we would like to point out that some dental hygiene programs do not provide faculty with teaching preparation time. In some dental hygiene programs, teaching preparation time is not part of the employment contract and faculty are expected to conduct course preparation outside of their teaching responsibilities. The issue of adequate time for teaching preparation, student evaluation, development of subject content, program development and review and professional development are all issues that can be deal with during the faculty annual review of performance. This review determines if individuals have met their objectives.

3.2.1

c. Provide evidence that faculty members have permanent and continuous employment.

CDHA Comment

CDHA supports giving faculty an opportunity for permanent employment; however, we do not believe that permanent or contract positions are a public protection issue. Presently, in some programs faculty are hired as full time or part time staff, and others may have a one year contract.

4.2.0 Learning Resources

Requirement

~~4.2.1~~

~~A professionally administered library must be available. The library must be accessible to both students and faculty members during and after scheduled hours of instruction and/or via electronic format.~~

~~*Documentation Required*~~

~~a) Provide the name, curriculum vitae and job description of the primary individual(s) who administers the library that supports the program.~~

~~b) Provide during the site visit, a complete list of the currently held dental related journals and library holdings.~~

~~c) Provide the library schedule describing when students and faculty members have access the physical library resources.~~

~~d) Provide details of student access to computers with internet and database access and access to electronic journals.~~

New text:

4.2.1 "Students must have access to a professionally administered library.

Documentation Required

a. Identify the library that is accessed by the program.

b. Provide a list of library acquisitions related to dental hygiene services.

c. Describe how the library responds and supports the teaching and scholarly activities of the program (e.g. acquisition process for books and journals).

d. Describe how faculty members promote student use of available library resources. "

CDHA Recommendation

Develop improved standards for the library.

Rationale

We believe that this section requires more specific information in order to allow the reviewers to adequately review the library. For example, we recommend that this section include requirements that students must have access to current and up to date full articles and books electronically and not just abstracts, and the librarian must have expertise in developing search strategies and locating information. Information must be

requested on whether or not the library includes resources on a defined list of topic areas specific to dental hygiene education and practice in various practice settings.

4.4.6 Prior to admission, students must receive general information concerning the expected costs of the program.

Documentation Required

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

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

CDHA Recommendation and Rationale

The table provided in this section needs to be updated to reflect that there is a 4 year ETP dental hygiene program in Canada. The table only goes to 3 years.

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 by-laws of the various jurisdictions and must be readily available for faculty members, staff and students. Mechanisms must be in place to monitor compliance of these policies and protocols by faculty members, staff and students. Policies and/or procedures related to health and safety will be observed, as appropriate, during the clinical observation session scheduled during the survey visit.

CDHA Comment

We recommend that this sentence be moved to the pre-amble, where you can cover off all observation of policies and procedures, not just health and safety.

5.3.3 d. Provide onsite copies of completed feedback forms.

CDHA Recommendation and Rationale

We recommend that Section d. be replaced with the following sentence: Provide onsite copies of completed, collated and analyzed feedback forms. This would increase the depth of the information requested and make it easier to determine the results of the feedback.

Program Relationships

7.1.0 Relationships with Other Educational Programs

Requirement

7.1.1

"Where other health science programs and/or baccalaureate/graduate/postgraduate educational programs exist, efforts should be made to integrate the didactic and clinical aspects of these programs wherever possible and/or appropriate, in order to foster effective working relationships.

Documentation Required

Describe the program's relationships with other health sciences educational programs that permit students to develop multidisciplinary working relationships, as appropriate, with other programs and students.

Requirement

CDHA Recommendation

Revise the requirement as follows: "Dental hygiene programs must provide opportunities for students to integrate their knowledge and abilities with other health science students' knowledge and abilities. This will foster effective working relationships and provide opportunities for students to learn about, experience, and develop skills in the area of interprofessional collaboration."

Rationale

There are 5 areas within the Entry-to-Practice Competencies and Standards, that specifically mention interprofessional practice, for example in the sections on the dental hygienists as a communicator, a health promoter and in professional relationships. Since practicing interprofessionally is an integral aspect of the competencies and standards, we recommend that the section on program relationships (7.1.0) be modified to reflect this level of importance of interprofessional practice.

7.2.0 Relationships with Health Care Facilities and Other Health Care Agencies

Requirement

7.2.1 The program must have a functional relationship with at least one (1) health care facility, health unit, or community, or public service agency where students have opportunities to implement general health and wellness promotion programs.

Documentation Required

Describe the relationship between the program and the community service agency (ies) where students implement general health and wellness promotion programs.

CDHA Recommendation

We recommend an increased consistency in terminology. Clarification is required around what is meant by "functional relationship". Also, the terms such as health care facilities, other health care agencies, health unit, community or public service agency may be represented by one overarching term such as "community/health service agency". Examples could be provided of community service agencies that represent both clinical and health promotion, and disease prevention agencies. In addition, this requirement should reflect not just "opportunities to implement general health and wellness promotion programs", but other opportunities as well, such as clinical opportunities.

Rationale

The definition of the word "practicum" aligns with the idea of a "functional relationships with community programs and other institutional healthcare and long-term care facilities". Practicum is defined as follows: Also called an externship (applied skills). It consists of supervised academic exercises consisting of study and practical/clinical work conducted outside of the educational institution. It is off-site from the regular or ongoing programming location. For example, the practical work may be in a hospital setting, seniors care facility, community public health setting, private dental hygiene practice, or a dental clinic.

CDHA conducted a survey recently indicating that there was a high degree of variation across Canada in the number of programs that have a practicum. The CDHA survey of dental hygiene programs indicates the following statistics on the number of programs that have a practicum:

- 4 out of 6 - 18 month college diploma programs have a practicum;
- 0 of the 3 – 3 year college diploma programs (one year of university/college credits and 2 years in dental hygiene program)
- 2 out of the 3 - 3 year University based Diploma programs (one year of university/college credits, then 2 years in the dental hygiene program)

~~8.0 Practice Outcomes Assessment (POA)~~

CDHA Recommendation and Rationale

This removes the structure of the POA, but we still need to ensure that the program outcomes are evaluated in both the clinical and community placement, as it is valuable information to assist the survey team.

Appendix I

Dental Hygiene Competency:				
	Assessment	**Planning**	**Implementation**	**Evaluation**
Where are the theoretical elements related to this competency introduced?				
Where are these elements reinforced?				
Where are these elements applied and practiced?				
How is this competency evaluated? Identify to which level it is evaluated? (i.e. knowledge level, application level, critical thinking)				
How is this competency integrated?				

CDHA Recommendation

Replace Appendix l with the following information.

Identify where the learners:

- Are exposed to,
- Have experience with and
- Are evaluated to the program competencies

Rationale

The typology in Appendix I appears to come from the NDHCB blueprint and it suits such an examination. It is a typology designed to categorize and create multiple choice questions which are developed from competency statements. However, there are a number of reasons that this typology is not appropriate for evaluating abilities demonstrated in practice contexts and the implementation of competencies in practice

contexts. The proposed typology is too simplistic for articulating how one evaluates dental hygiene competencies. The skills in the dental hygiene process of care are too complex to be reduced to knowledge level, application level, critical thinking. The proposed typology is also not grounded in literature on competencies and it distorts the dental hygiene competencies.

In addition, the APIE categories used in the chart are also problematic; they reflect the process of dental hygiene care but leave out the diagnosis. Even with a diagnostic element, they do not reflect all the dental hygiene competencies. The ADPIE process is important but our profession also has core interprofessional competencies found in all health professions and these competencies cannot easily be reduced to APIE.

The risk with using this chart is that it results in a deconstruction of dental hygiene practice, which cannot be easily slotted into these very simplistic categories. The chart does not allow a grasp of the complexity of dental hygiene education and it is overly prescriptive.

On the surface it appears that this chart is asking for some simple information. However, filling in the slots would require an Excel spread sheet of many pages. This information is already present in the course outlines and course evaluation information. The information is already requested in the DHP requirements repeatedly throughout the document.

We recommend using the typology recommended by Chambers and Gerrow (1994), which would provide more usable data to assess the development of competencies within a program. Programs could be required to provide an Appendix (which they generate themselves), which identifies where the learners:

- Are exposed to,
- Have experience with and
- Are evaluated to the program competencies

APPENDIX A

CDAC's process to review and revise the DHP accreditation requirements

- DH requirements are regularly reviewed on a 5-7 year cycle. However, if issues are brought forth from the communities of interest requesting specific changes then these are reviewed and considered on a case by case basis by the Documentation Committee.

- The Terms of Reference for the Documentation Committee indicate that membership consists of 1 Chair who is a CDAC Board member + 3 members appointed by CDAC with one member being an allied dental educator (either a dental hygienist or a dental assistant).

- The Documentation Committee strikes a sub committee consisting of dental hygiene educators to review the DHP accreditation requirements and make recommendations for changes/deletions.

- The document with changes/deletions is distributed to communities of interest for input. CODA – the US Commission on Dental Accreditation are included in the consultation on the dh requirements as CDAC/CODA have a reciprocal agreement, and therefore Canadian and US requirements must be congruent to a certain extent.

- Following the consultation, the document is discussed and approved by the CDAC Documentation Committee. If there are substantial changes, then the Documentation Committee may distribute the document again to the communities of interest for further input.

- Then the document is sent to the Commission for discussion and approval.