



Program Review

Policies & Procedures

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Introduction

The Alberta College of Dental Hygienists (ACDH) has the authority under the *Health Professions Act* (HPA) to protect and serve the public interest through regulation of its registrants. Section 3(1)(f) of the HPA states that "A college may approve programs of study and education courses for the purposes of registration requirements."

As such, the ACDH has established an educational program review and approval process. This process:

- o requires that any new DH program seeking establishment in Alberta be approved by the ACDH's Council prior to program implementation;
- o requires that approved DH programs complete regular reviews; and
- o establishes standards against which programs will be assessed and evaluated;

This document outlines the application and review process, monitoring between review cycles, the purpose and function of site visits, and potential consequences of noncompliance.

Eligibility

Only DH programs that are supported by a post-secondary educational institution (PSI) in the province of Alberta are eligible for program review and approval.

Programs must be in good standing with their respective branch of advanced education.

<u>Post-Secondary Learning Act</u> (public institutions) <u>Private Vocational Training Act</u> (private institutions)

Overview of the process

The desired outcome of dental hygiene education in Alberta is a graduate who meets the Entry-to-Practice Canadian Competencies for Dental Hygienists as defined by the Federation of Dental Hygiene Regulators of Canada and meets the scope of practice in Alberta as defined in the Dental Hygienists Profession Regulation and the Health Professions Restricted Activity Regulation.

The ACDH Council assesses new programs against a set of standards that include these competencies. These are outlined in the ACDH Education Standards document. The work of Council is supported by the Education Program Review Committee (EPRC).



Stage 1: Notice of Intent

Refer to the Notice of Intent document for detailed requirements.

Step 1: An institution makes an inquiry regarding the establishment of a new DH education program in Alberta by emailing registration@acdh.ca.

Step 2: The ACDH responds to the inquiring institution by email with a referral to the website for the ACDH's policies for establishing a new program, additional resources, and the required Notice of Intent form.

Step 3: The institution completes the Notice of Intent and submits all required documentation electronically to the ACDH in the format determined by the ACDH, as well as accompanying payment.

The ACDH accepts a complete notice of intent two (2) times per year:

- February 1st
- August 1st

A completed Notice of Intent must be submitted by the institution by February 1st or August 1st **and** at least 18-24 months prior to the anticipated commencement of the program. Delays with Institutional governance or government processes should be anticipated.

Step 4: The institution receives an email from the ACDH acknowledging receipt of the Notice of Intent and payment.

Step 5: Once a complete Notice of Intent and the accompanying fee is collected, the ACDH will submit the full package to the Council-appointed Education Program Review Committee (EPRC). The EPRC will not consider additional documentation submitted by the institution after submission. However, the EPRC may request additional documentation or clarification from the institution, if deemed necessary and at its sole discretion.

Step 6: Once the EPRC receives the complete Notice of Intent submission, they have three (3) months to review the Notice of Intent and up to four (4) months to notify the institution of the decision.

Step 7: The EPRC reviews the Notice of Intent and decides to either accept or reject it.

i. If the EPRC **accepts** the Notice of Intent, the Registrar & CEO or their designate advises the institution that their expressed interest in establishing a new DH program may proceed to Stage 2 Initial Program Review. The



- Registrar & CEO will also **inform** the Minister of Health and the Minister of Advanced Education.
- ii. If the EPRC **rejects** the Notice of Intent, the Registrar & CEO advises the institution that their expressed interest in establishing a new DH program is not accepted. This decision cannot be appealed. (*Institutions may return to Step 1*)

If the Notice of Intent is accepted, it is valid for **2 years** and the program may proceed to submit the Education Standards and accompanying fee. Programs may apply to the Registrar & CEO for an extension of the NOI if they are actively working on developing their program.

If the Notice of Intent is not accepted, the decision is **final; there is no mechanism to request an appeal of this decision.** The program may resubmit a Notice of Intent and fee as early as the next Notice of Intent deadline.

Step 8: The EPRC informs Council.

Stage 2: Initial Program Review

Please refer to the Education Standards document for detailed requirements.

Step 9: The institution completes the Education Standards and submits all required documentation electronically to the College, as well as accompanying payment.

Step 10: The EPRC endeavours to assess the Education Standards submission over a period of **three (3)** months but may take up to **six (6)** months. The EPRC will not consider additional documentation provided by the institution after submission. However, the EPRC may request additional documentation or clarification from the institution, if deemed necessary and at its sole discretion.

Step 11: The EPRC provides documentation, a presentation and a recommendation regarding the Education Standards to the ACDH Council at the next reasonable Council meeting. The Council reviews the Education Standards and decides to either accept or reject it.

i. If the educational provider receives **approval to implement** the DH education program from the Council, a letter from the Registrar & CEO or their designate is sent to the institution, the Minister of Health and the Minister of Advanced Education. This letter specifies the date of approval to implement all monitoring required in this phase and any conditions specified by the Council. (*Proceed to Stage 3*)



ii. If the program is **not approved to implement** the DH education program by the Council, a letter from the Registrar & CEO is sent to the institution, the Minister of Health and the Minister of Advanced Education advising of the decision. (Institutions may return to Stage 1, Step 1)

If the Education Standards are approved, the program will receive Approval to Implement, which is valid for 2 years upon from the approval date. Programs may apply in writing to the Registrar & CEO for an extension if they are actively working on implementing their program.

If the Education Standards are not approved by Council, the decision is **final**. However, the program may resubmit the Education Standards at a later date, but no later than the expiry of the Notice of Intent acceptance. There is no mechanism to request a review of this decision.

If the Notice of Intent acceptance has expired, the program must start the process again.

*Note: approval to implement is NOT considered an approval as per Section 3(1)(f) of the HPA.

Stage 3: Initial Site Visit

Step 12: The institution notifies the ACDH a **minimum of six (6) months** prior to commencement of the program.

Step 13: ACDH schedules an in-person Initial Site Visit to occur at least **three (3) months** prior to commencement of the program. The program is required to pay the initial site visit fee upon scheduling of the site visit.

Step 14: The ACDH notifies the EPRC of the date for the Initial Site Visit. The EPRC assigns a Site Review Team (SRT).

Refer to the Education Program Review Committee Terms of Reference

Step 15: The SRT will assess the program utilizing a checklist approved by the EPRC. This is an opportunity to note any concerns or deficiencies which can be addressed by the program before opening. If significant concerns arise during the Initial Site Visit, the program may be prevented from beginning the program until the deficiencies are corrected.

Step 16: The EPRC will prepare a report approximately 2-4 weeks after the initial site visit and share this with Council as well as the program. Based on the initial site-visit, an interim review may be required.



Stage 4: Program Review and Evaluation

A program review and evaluation include an in-depth review of a program's **compliance** to all Education Standards.

Step 17: ACDH schedules a program review site visit to occur within the **final** semester of the first graduating cohort.

Step 18: The DH education provider submits **updated** Education Standards and fee for program review and evaluation a minimum of three (3) months prior to the scheduled site visit. The DH education provider may take their submission of the Education Standards in Stage 2 (above) and provide additional evidence or submit changes to the program that was not provided in the original submission.

Step 19: The EPRC will complete a comprehensive review of all submissions and advise the DH education provider of any additional information required prior to a program review site visit.

Step 20: A program review site visit is conducted by the Site Review Team (SRT). The SRT selects a Team Lead prior to the program review site visit. The program review site visit is typically 1-3 days but may be up to 5 days in length. A program review site visit may be conducted in person, virtually, or a combination of both.

The purpose of a program review site visit is to validate the evidence the program has submitted as part of a program review. A DH education provider is responsible for ensuring review documentation is complete and submitted prior to the program review site visit. During the program review site visit, the SRT will not consider documentation that was not included in the original submission.

The SRT meets with students, faculty, staff, clinical placement partners, and program administrators, therefore it is important to plan the program review site visit during a time when the SRT can meet with everyone involved. A program review site visit schedule which addresses the needs of the SRT and minimizes disruption to student learning will be negotiated.

The length of a program review site visit is contingent on the SRT being able to validate evidence provided by the program through observing program operations and speaking with stakeholders. The ACDH expects that the DH education program will fully collaborate with and provide accurate information to the SRT. Should the work of the SRT be impeded or there is limited cooperation from the program, the program review site visit will end and the report to the EPRC will reflect accordingly.

During the program review site visit, the Education Standards will be assessed and scored according to the following scale:



1. **Compliant (2)**: The required policy, process, resource, or system is in place and there is evidence to indicate that it is effective.

2. Partially Compliant (1):

- a. The dental hygiene program has the required policy, process, resource, or system in place, but there is insufficient evidence to indicate that it is effective. Therefore, further follow-up is required to ensure that the desired outcome has been achieved.
- b. The dental hygiene program is currently in compliance with the standard, but known circumstances exist that could lead to future noncompliance.
- 3. **Non-Compliant (0)**: The dental hygiene program has not met one or more of the requirements of the standard. The required policy, process, resource, or system either is not in place or is in place but has been found to be ineffective, or has not been provided for assessment.

Step 21: When the program review site visit has been completed, the team lead, who will have overseen the data and information collection procedures, prepares the summary report and executive summary, with input and collaboration from the review team members. The report provides a comprehensive description of the education program's adherence to the Education Standards. The findings of the summary report are essential to informing the EPRC in making its recommendation to the ACDH Council.

The report will include detailed ratings for each of the 3 above-mentioned parts, as well as a global rating of the standards. The approval level of a program undergoing review is dependent on the program meeting a minimum of 75% for each indicator, and overall score of 80% for Council to consider full program approval.

Step 22: A written summary report and executive summary are presented to the EPRC. The EPRC reviews these reports and provides a report and recommendation for program approval status to Council within three (3) months of the program review site visit.

Stage 5: Decision

Step 23: The ACDH Council will issue one of the following decisions based on the EPRC recommendations and any other information to support Council's consideration of approval:

Full Approval: This recommended action means that a program meets the minimum criteria to be recommended for full approval.



- A program with full approval status may still have unmet Education Standards. It is expected that the DH education program will continue to maintain or work towards meeting all indicators.
- Full approval status may be impacted if the DH education program continues to have **unmet** indicators which may have detrimental effects on students or compromises the delivery of the DH education program.
- If a program meets a minimum of 75% for each indicator and overall score of 80% but **critical errors** exist, full approval status may not always be granted.

Conditional Approval: This recommended action means that the program has not met the minimum criteria for full approval status or has failed to comply with a previous condition, direction or warning. A conditional approval is similar to a probationary approval, where conditions are placed for a specified period before a final decision is made.

Programs with conditional approval must meet conditions imposed by ACDH's Council.

- A conditional approval letter will specify the length of approval and timelines for compliance. A program can achieve full approval status if the program:
 - o meets all conditions stipulated in their conditional approval,
 - o provides adequate supporting evidence, and
 - o meets the timeline specified.
- A change in status from full approval to conditional approval within the required monitoring cycle (Stage 6) requires there to have been a **material change in circumstances**.
 - o Typically, the ACDH's Registrar & CEO or designate will issue a warning in writing to a program before such a change in approval status.
 - A program may be subject to such a change in status without warning where the EPRC provides evidence of an imminent risk to public safety.

Approval Denied (new programs) or Withdrawn (current programs): This recommended action means that approval is withdrawn when a program is unable to comply with conditions, directions or warnings imposed by ACDH's Council within the specified timeline or noncompliance with indicators are an imminent risk to public safety.

- The DH education program lead and the President of the Institution providing a program will receive a letter indicating the date when the denial or withdrawal of program approval status takes effect.
- A change in status from full approval to approval withdrawn within the required monitoring cycle (Stage 6) requires there to have been a material change in circumstances.
 - Typically, the Registrar & CEO or designate will issue a warning letter to the program in advance of withdrawing approval.



 A program may have its approval status withdrawn where the EPRC provides evidence of imminent risk to public safety.

Should a program have **unmet** indicators, the EPRC may initiate a risk assessment before providing their final recommendation (see Additional Policies for more information on risk assessments).

Step 24: Council's decision is communicated to DH education program lead by the Registrar & CEO or designate via a letter.

The DH education program is provided with written feedback on their compliance with Education Standards through the program review and evaluation summary report. The report is delivered once the program receives their approval decision. The report will include review team observations and feedback, Council's decision, and any standards where compliance or noncompliance were identified and the need for any remediation actions.

The DH education program lead is required to inform the faculty, staff, and student body of the program's approval status within **one (1) month** of receiving the letter from the ACDH. At this time, the DH education program approval status will be made available to the public on the ACDH website.

Step 25: The Minister of Health and the Minister of Advanced Education must be advised of Council's decision. Programs with an approval status will continue with annual progress reporting and will commence on a regular program review cycle (Stage 6).

Step 26: Subject to the exceptions noted below, where an educational institution receives notification about a decision under this policy, the institution will have the opportunity to respond. Responses must be made to Council within **three (3) months** of receiving the decision under Step 22.

An educational institution may respond to a notification from the ACDH Council about a decision under this policy by providing new or clarifying information to the ACDH Council that may help resolve the matter.

If an educational institution chooses to respond to the Council's decision under Step 22 (Full Approval, Conditional Approval, or Approval Denied or Withdrawn), the Council will take the following actions to reassess the program and ensure procedural fairness and transparency:

- 1. Acknowledge Receipt Upon receiving the response from the educational institution, the ACDH Council will:
 - Acknowledge receipt in writing.
 - Confirm that the response was received within the required three (3) month timeframe.



• Confirm whether the institution provided new or clarifying information for consideration.

2. Initiate Reassessment

- Council will reassess the program based on the information originally submitted and any additional information or clarifications provided by the institution. This reassessment may include:
 - o Reviewing relevant sections of the original program review report.
 - Consulting with the EPRC, college staff, or external experts (as required).
 - Assessing the sufficiency and credibility of the additional information submitted.

3. Determine Reassessment Outcomes

- Following reassessment, Council may:
 - o Uphold the original decision.
 - o Modify the decision
 - o Reverse the decision
- The reassessed decision must clearly state:
 - o The rationale for the final decision.
 - o Any changes made from the original decision, if applicable.
 - o Any revised conditions, timelines, or reporting requirements.

4. Communicate Final Decision

- Council will notify the educational institution in writing of the reassessed decision, including:
 - o A summary of the review process.
 - o The final outcome and rationale.
 - o Any further steps required by the institution.
 - o Clarification that the decision following reassessment is **final** unless otherwise specified in Council policy or relevant legislation.

Step 27: The Minister of Health and the Minister of Advanced Education must be advised of Council's decision, regardless if a change in status occurred or not. Programs with an approval status will continue with annual progress reporting and will commence on a regular program review cycle (Stage 6).

Stage 6: Program Reporting

The ACDH holds programs accountable for addressing their approval requirements as outlined in the specific terms given to them after a program review. A program may be required to submit a periodic progress report providing evidence of their progress toward completing the ACDH's approval requirements. The ACDH expects programs to commit to continuous quality improvement principles and to make every effort to work towards meeting the Education Standards in the timelines specified.



Established programs are reviewed to ensure compliance to Education Standards on the following monitoring schedule:

- Public Institutions every 5 years
- Private Institutions every 3 years

In addition, programs must submit to the College:

- an annual progress report; and
- interim reports in the case where a *substantial change* has been made.

A substantial change is any planned or unplanned alteration to the program's structure, resources, curriculum, operations, or outcomes that may affect compliance with Education Standards or the ability of graduates to meet entry-level competencies. Substantial changes must be reported to the ACDH in a timely manner for review and approval. Examples of a substantial change includes, but not limited to:

- 1. Curriculum and Program Delivery
 - Major revision to curriculum structure (e.g., changes to program length or credit hours).
 - Significant changes to course content related to core competencies or scope of practice.
 - Transition from in-person delivery to hybrid or fully online delivery.
 - Introduction of new technologies or simulation replacing traditional clinical experiences.

2. Program Resources

- Loss or addition of major clinical sites or partnerships for student placements.
- Major reductions in faculty, especially in clinical supervision ratios.
- Changes to key equipment or learning facilities.
- Change in institutional sponsorship or governance.

3. Student Outcomes and Capacity

- Increase or decrease in student enrolment that significantly impacts faculty-student ratios or clinical access.
- Trends in graduate performance that may indicate declining quality (e.g., national board exam failure rates, licensing delays, or poor employment outcomes).

4. Institutional or Administrative Changes

- Change in the credential awarded (e.g., from diploma to degree).
- Merger with or closure of the institution or program.
- Major change in ownership or leadership, such as the departure of the program lead without an interim plan.
- Change in the mission or objectives of the program.
- Change to the program's name or Institution's name



Annual progress reports and interim reports are provided to the EPRC for review and possible action.

Scheduled program reviews are conducted by the EPRC following the set monitoring schedule. When a program is due for their program review, the EPRC will determine the review process for that particular institution. A program review could include, but not limited to:

- Reviewing of Education Standards
- Site visit

Meetings with students, faculty, staff, clinical placement partners, program administrators, and relevant stakeholders

Additional Policies

Programs Operating with "Unmet" Education Standards

It is expected that programs continue to make progress in demonstrating the Education Standards and indicators and are in full compliance with all indicators within their review cycle. An DH education program may receive Full Approval status even if they have **unmet** Education Standards.

Should a program have unmet indicators on annual progress report, the EPRC may initiate a risk assessment, scoring the unmet standard(s) and the program in 3 categories

- **Risk to public safety** This is an evaluation of the impact an unmet education standard has on public safety.
- **Risk to public trust** This is an evaluation of the impact an unmet education standard has on public trust.
- Risk of continued noncompliance This is an evaluation of the ability or willingness of a program to respond to and address an unmet standard, including the ability of a program to mitigate risks.

Any program which is identified as posing a high risk in any category will be reviewed by the EPRC.

Required Notice of Change

Approved programs are required to notify the ACDH of planned or unplanned changes to their program if the change has the potential to deviate from the initial approval status of the DH education program. Refer to *substantial changes* in Stage 6.

Notice of Change Response Timeframe

A notice of change is first reviewed by the Registrar & CEO or designate. If the change is assessed to be in alignment with the current Education Standards, the Registrar will



communicate with the DH program lead within 14 days of submission, informing them to proceed with the planned changes. If the notice of change is noncompliant with the current Education Standards, the EPRC will review it at its next available meeting. Depending on the nature of the request change, the ACDH Council's review may be required. For this reason, it may take up to 6 months to receive a decision.

Fees

The ACDH Council approves the fee structure for program review to be considered for approval and ongoing approval. The ACDH Fee Schedule for Dental Hygiene Education Program Review and Approval is reviewed on an annual basis. Stakeholders are notified of any changes to the approved fee schedule. This document may be obtained by request at registration@acdh.ca.

Responsibility for Site Visit Expenses

Programs are responsible for all incurred expenses related to the site visits for each member of the review teams. During the site visits, a program is responsible for the costs of the review team's accommodations, meals, and transportation to branch campuses and affiliated clinical placement locations. Review team members are prohibited from accepting gifts from any programs.

Circumstances that may Lead to an <u>Unplanned</u> Program Review and/or Site Visit

The ACDH will enlist the support of the EPRC at any point to determine if the change warrants a program review and/or site visit. Programs that require an unplanned program review and/or additional site visits related to a program change will be responsible for associated costs. Programs will be notified by the Registrar & CEO or designate when a program review and/or site visit is required.

The following situations would typically lead to an additional program review and/or site visit:

Change in Governance or Organizational Structure

The DH education program lead must notify the ACDH in writing if there are substantial changes that involve a separation of the DH education program from its current supporting educational institution, transfer to the governance of another institution, or a merger with another institution. After a review of the changes in governance or organizational structure, the ACDH may request a site visit be conducted to collect further information.

Expansion of Existing Sites or Inclusion of a Branch Campus

At least **12 months** before the expansion of an existing campus site or inclusion of a new branch campus is expected, the lead must notify the ACDH in writing of the DH education program's ability to meet the needs for increased infrastructure and services. After a review of the expansion plans, the ACDH will decide if additional data or information is needed or if a review or site visit is warranted.



Modification to Program Curriculum or Introduction of New Educational Initiatives

DH education programs must submit in writing to the ACDH supporting evidence of any major curriculum or education initiative at least one year in advance. After a review of the evidence and plans for implementation of the curriculum changes or educational initiatives, the ACDH will decide if additional data or information is needed. A review or visit may also be warranted. Notification is not required for a curriculum change or new educational initiative at the individual course level.

Increase or Decrease in Class Size

At least 6 months before an increase or decrease in the number of students enrolled in an education program, the DH program education lead must notify the ACDH in writing of the program's anticipated change in class size if an increase or decrease in the entry class will be 10% in any 1 academic year or 20% over 3 academic years. After a review of the plans, the ACDH will decide if additional data or information is needed or if a review or site visit is warranted.

Noncompliance in Reporting

Programs that do not submit the required program progress report or submit an incomplete or inaccurate report may be subject to an unplanned program review and/or site visit.

Programs not Demonstrating Progress

Programs that have not demonstrated progress towards meeting the education standards in a defined timeframe may be subject to an unplanned program review and/or site visit.

Warnings

A warning action may be issued that specifies indicators where noncompliance may have detrimental effects on the ability of the institution to deliver the DH program (for example, legal contracts, insufficiently qualified faculty, safety concerns). A warning may be issued at any point during the program review cycle. A program will be expected to comply with the terms specified. Although a program is not required to notify its students or the public about a warning action, the Registrar or designate must inform the DH education provider in writing.

Failure of an institution to comply with the warning action to the satisfaction of the ACDH could result in a change to the current program approval status to conditional approval or approval withdrawn status.

Programs that receive a warning, as outlined in the *Decision* section may be subject to an unscheduled site visit.

Conflicts of Interest



To prevent real or perceived conflicts of interest, all persons involved in program reviews must disclose in writing and withdraw their name for participation in a site visit or decision about a program approval if:

- there is any direct connection between the individual (or a family member) and the education program as a student, graduate, faculty member, administrator, employee, or contractor within the past 3 years;
- the individual has an appointment or work-related affiliation with the education program's supporting institution;
- Any other interest (including financial, political, or professional) that may conflict with the education program or person's involvement with the ACDH.

Confidentiality of Information and Research

All EPRC and SRT members sign a confidentiality agreement when appointed. The data and information provided by the education program are held in strict confidence and will be stored securely throughout the review and until all aspects of the approval process are completed.

Complaints Regarding an Education Program

The Registrar & CEO or designate and Council will seriously consider all substantiated complaints about the education program quality or delivery of services. A complaint must be submitted in writing to the Registrar & CEO. The Registrar & CEO or designate will assess whether the program complies with Educational Standards through a written request for additional data and information or conduct a site visit. If the ACDH subsequently determines that a complaint has implications for the quality of the program, remediation actions will be put forward, and the program's approval status may be revised. If evidence is found to support a complaint, the DH program lead will be informed in writing and will be provided with an opportunity to respond in writing within one month.

If the complaint is substantiated, a subsequent site visit would be used to follow up on compliance with the concerns raised in the original complaint. The complainant will not be informed of the result of any special or regularly scheduled site visit review conclusions.

Right to Withdraw Application

Post-secondary institutions have the right to withdraw an application under this policy at any time. Requests to withdraw must be made in writing using the form established by the ACDH for that purpose.

If a post-secondary institution withdraws its application after having paid a required fee, no part of the fee will be refunded.