



Australian Dental Council (ADC)

Accreditation Standards for Dental Practitioner Programs

ADC Consultation Paper

September 2014

Australian Dental Council/Dental Council (New Zealand) program accreditation

The Australian Dental Council (ADC) is the external accreditation authority for dental practitioner education and training programs in Australia. The ADC has been appointed to this function by the Dental Board of Australia (DBA), the regulator for dental practitioners in Australia, pursuant to the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). The National Law requires that a dental practitioner program in Australia must be accredited by the ADC if its graduates are to be eligible for registration with the DBA (refer Appendix C for further details).

The Dental Council (New Zealand) [DC(NZ)], pursuant to s118a of the *Health Practitioners Competence Assurance Act 2003*, prescribes qualifications for registration in dental scopes of practice, and accredits and monitors oral health practitioner programs (refer Appendix C for further details).

Dental practitioner programs¹ in both Australia and New Zealand are accredited using the joint ADC/DC(NZ) accreditation standards for dentists, dental specialists, dental hygienists and dental therapists, and dental prosthetists/clinical dental technicians^{2,3}. The ADC/DC(NZ) accreditation standards support the defined knowledge, competencies and professional attributes required of graduates to register as a dental practitioner.

Whilst sharing accreditation standards and processes, the ADC and DC(NZ) have developed separate sets of competencies to be used in accrediting dental practitioner programs⁴. These competencies are used as a key reference point in the accreditation of dental practitioner programs.

¹ The National Law in Australia refers to dental practitioners and the Health Practitioners Competence Assurance Act 2003 in New Zealand refers to oral health practitioners. For the purpose of the Accreditation Standards dental practitioners collectively refer to registered dental practitioners in Australia and registered oral health practitioners in New Zealand, with a similar meaning to dental practitioner programs.

² Dental prosthetists registered in Australia only, Clinical dental technicians registered in New Zealand only.

³ Accreditation standards are available on www.adc.org.au/index.php?id=13 or <http://dcnz.org.nz/resources-and-publications/education/accreditation/>

⁴ Australian competencies can be accessed on www.adc.org.au/index.php?id=14. New Zealand competencies can be accessed under the specific profession pages on www.dcnz.org.nz/i-practise-in-new-zealand/

Review of Program Accreditation Standards

The ADC and DC(NZ) are responsible in their respective jurisdictions for developing and reviewing accreditation standards. In Australia, the accreditation standards are approved by the DBA.

The current set of standards, with the exception of the dental prosthetist standards, were originally guidelines and were essentially re-badged as accreditation standards in June 2010, following the implementation of the National Law. While they have proved to be fit for purpose over many years the changing nature of both the professional and the educative landscapes makes this review timely.

The ADC and DC(NZ) are required to review the accreditation standards regularly. It must ensure that all the relevant stakeholders have input into any review and development of accreditation standards through wide-ranging consultation. The standards must meet relevant Australian and New Zealand standards, be internationally benchmarked and must be based on the available research and evidence.

The requirement for the ADC and the DC(NZ) to maintain accreditation standards that are contemporary and relevant provides the rationale for reviewing the current accreditation standards.

Initial review and consultation process

The review process is being overseen by a Steering Committee comprised as follows:

- Dr John Boucher (President ADC) Chair
- Dr Michael Bain (Chair, DC(NZ))
- Mr Michael Carpenter (ADC Director, Accreditation)
- Ms Lyn LeBlanc (ADC CEO)
- Professor Robert Love (DC(NZ) appointed representative)
- Professor Mike Morgan (Chair, ADC Accreditation Committee)
- Dr Rolf Scharfbilling (Chair, Australian and New Zealand Podiatry Accreditation Council)
- Dr Michael Shobbrook (Chair, Council on Chiropractic Education Australia Inc)
- Ms Cathy Snelling (ADC Governing Board Director)
- Ms Marie Warner (DC(NZ) CEO)
- Dr Nicholas Voudouris (CEO, Australian Psychology Accreditation Council)

An initial ADC/DC(NZ) *Review Discussion Paper*, dated December 2013, containing a number of high level questions designed to shape thinking on the development of the new standards was circulated to over 70 stakeholders, and was complemented by an online stakeholder survey and five face-to-face consultation fora across Australia and New Zealand - attended by around 100 people.

Professor Maree O'Keefe was engaged to develop the Standards and in addition to the aforementioned work she undertook a review of relevant and recent literature on program accreditation standards and competence standards to identify suitable standards nationally and internationally for mapping and benchmarking.

This initial project stage lasted for approximately six months, with the outcome of the stakeholder engagement and research being consistent support for the following:

- a single set of standards that are outcomes focused and evidence based;
- a reduction in the number of accreditation standards;
- referencing the ADC/DC(NZ) professional attributes and competencies within accompanying guidelines for each discipline as key requirements;
- a rationalisation of processes and evidence requirements to maximise benefit and minimise the reporting burden on education providers, including considering information from other review processes (such as those associated with TEQSA or ASQA provider registration) as providing evidence towards meeting the accreditation standards;
- benchmarking and robust peer review to support standards and quality improvement;
- standards that relate to 'enabling' aspects of programs to be sufficiently flexible in their evidence requirements so as to take account of the differences between Schools in their teaching and learning approaches and their clinical experience arrangements, and of new and emerging educational trends;
- a specific and detailed set of contemporary professional attributes and competencies statements for each individual discipline. A considerable amount of feedback received related to specific content for such statements;
- use of the ADC/DC(NZ) professional attributes and competencies statements as more appropriate curriculum guides than the current list of suggested courses/topics set out in the Accreditation Guidelines and Explanatory Notes;
- greater attention to curriculum, assessment and documenting student achievement of intended learning outcomes;
- greater attention to the qualifications of teaching staff;
- broad applicability across all education settings not only universities.

These messages guided the development of the draft standards presented in the consultation paper. In particular, the Draft ADC/DC(NZ) Accreditation Standards contain the following:

- a single set of outcomes focused standards that have been developed to be applicable across the dental professions in scope and across a range of education providers;
- a reduction in the number of draft standards to five with accompanying specific criteria that relate to each draft standard;
- the ADC/DC(NZ) professional attributes and competencies are referenced as criteria to be met for individual professions;

- other key review processes are referenced permitting the use of evidence from other sources to satisfy accreditation criteria, if appropriate;
- peer review and quality improvement are listed as specific criteria;
- the focus of draft standard three on the overall design and delivery of the program of study, in addition to the achievement of student learning outcomes, provides the scope for flexibility in specific aspects of curriculum development and delivery while strengthening the specific outcomes on ensuring competence is achieved;
- criteria relating to qualifications and registration requirements are included in relation to clinical teaching staff, supervisors and assessors.

The draft domains were mapped at high level to the current ADC/DC(NZ) standards' headings - included as Appendix A – and the Australian VET Quality Framework proposed revised Standards for RTOs (June 2014) - included as Appendix B.

Draft Accreditation Standards - Introduction

The following section provides the Draft ADC/DC(NZ) Accreditation Standards developed as a result of the work described earlier in the document. The Draft Accreditation Standards are set out in the following hierarchical format:

- Five **Domains** - each of which has a headline **Standard statement** describing the threshold standard to be met by the provider.
- Associated with each Domain are **Criteria** that demonstrate the outcomes required for achievement of the domain standard. All criteria must be met to meet the relevant domain standard. These Criteria are articulated to be threshold and measurable. In some instances a particular criterion could be included in more than one domain. A best fit approach was taken in determining the final allocation.
- 'Examples of possible evidence' are provided, that could be produced to demonstrate that one or more Criteria have been met. The examples of evidence are not part of the standards, but are provided for the reader as an indication of the types of information or documents that *could* be used to show that the Standards and particular Criteria are being met.

The 'Examples of possible evidence' that are provided are not intended to be exhaustive or prescriptive. The Steering Committee, ADC and DC(NZ) are supportive of the approach of allowing program providers flexibility in demonstrating how they meet the standards. This could include the submission of material prepared for other purposes (e.g. a TEQSA, or ASQA/AQA audit, or an internal review).

Draft Accreditation Standards

Domain	Standard statement	Criteria	Examples of possible evidence <i>(Not part of the Standards)</i>
1. Public Safety	1. Public safety is ensured and protected.	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes. 1.2 Students achieve the relevant competencies in the pre-clinical environment before providing patient care as part of the program. 1.3 Students are always supervised by suitably qualified and registered dental and/or health practitioners supervise and assess students in clinical training and on placements. 1.4 Health services and dental practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards. 1.5 Where required, all students are registered with the relevant regulatory authority/ies. 1.6 Students and staff are held to high levels of ethical and professional behavior. 1.7 Equity and diversity principles and good practice are observed and promoted. 1.8 A culture of professionalism is established and maintained.	<ul style="list-style-type: none"> • Guiding principles are articulated and referenced in key documentation • Assessment of preclinical competence/capability for each student in clinical training or outplacement • Mapping of preclinical and clinical program to required competencies • Assessment matrix or blueprint • List of supervisors' qualifications and registration • Policies and procedures on student placement and supervision • Formal (and informal) agreements between the provider and supervisors, placement clinics, practices, services - including how safety and quality assurance matters are set out and handled • Policies and procedures on clinical and workplace safety including infection control and Workplace Health and Safety • Systems that identify, report on and remedy issues that may

Domain	Standard statement	Criteria	Examples of possible evidence <i>(Not part of the Standards)</i>
			<p>affect public safety and any actions taken.</p> <ul style="list-style-type: none"> • Record of provider communication with ADC/DBA • Student registration documentation • Policies and procedures on ethical and professional behaviour
2. Academic Governance and Quality Assurance	2. Academic governance and quality assurance processes are effective.	<p>2.1 The provider has robust academic governance arrangements in place for the program of study that includes systematic monitoring, review and improvement.</p> <p>2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program.</p> <p>2.3 There is relevant external input to the design and management of the program, including from representatives of the dental profession.</p> <p>2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> • Registration as a provider with appropriate authority e.g. TEQSA, ASQA, CUAP, NZQA • Relevant academic policies and procedures • Documentation on academic governance, program quality assurance, review and improvement • Records, minutes of relevant review meetings and consultations and the decisions made and implemented • Relevant key stakeholder consultation/engagement activities

Domain	Standard statement	Criteria	Examples of possible evidence (Not part of the Standards)
3. Program of Study	3. Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	<p>3.1 A coherent educational philosophy informs the program of study design and delivery.</p> <p>3.2 Program learning outcomes address all the relevant ADC/DC(NZ) professional attributes and competencies.</p> <p>3.3 The quantum of clinical training is sufficient to produce a graduate competent to safely practice.</p> <p>3.4 Teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p> <p>3.5 Graduates are competent in research literacy appropriate to the level of the program.</p> <p>3.6 Graduates understand the importance of inter-professional practice and are able to contribute to teams of health care practitioners in a cooperative, collaborative and integrative manner.</p> <p>3.7 Teaching staff are suitably qualified to deliver the units that they teach.</p> <p>3.8 Learning environments support the achievement of the required learning outcomes.</p> <p>3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p> <p>3.10 Cultural competence is appropriately integrated within the program and clearly articulated as required disciplinary learning</p>	<ul style="list-style-type: none"> • Documentation showing where and how the educational philosophy is articulated and enacted. • A template showing detailed alignment of the program's learning outcomes to the relevant ADC/DC(NZ) Competencies Statements • The program/course guides that are made available to students and detail how the program of study is structured and enacted at each stage. • Program/course approval documentation showing: <ul style="list-style-type: none"> ○ the consultation processes used and the level and nature of participation and advice by dental academics and professionals into the development and approval of the program and its components. ○ Teaching staff ○ Curriculum content, including clinical placement hours ○ Learning environments, facilities and resources used, including clinical placements ○ Timetable

Domain	Standard statement	Criteria	Examples of possible evidence <i>(Not part of the Standards)</i>
		<p>outcomes: this includes Aboriginal, Torres Strait Islander and Maori cultures.</p> <p>3.11 The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary competencies and attributes.</p>	<ul style="list-style-type: none"> • List of teaching staff qualifications and registration status • Record of communication with ADC/DBA/DC(NZ) on relevant issues
4. The student experience	4. Students are provided with fair, equitable and timely access to information and support.	<p>4.1 Course information is clear and accessible.</p> <p>4.2 Admission and progression requirements and processes are fair and equitable.</p> <p>4.3 Students have access to effective grievance and appeals processes.</p> <p>4.4 The provider identifies and provides appropriate support to meet the academic learning needs of students.</p> <p>4.5 Students are informed of and have appropriate access to personal support services provided by appropriately qualified personnel.</p> <p>4.6 As appropriate to its scale and scope there is student representation within the deliberative and decision making processes for the program.</p>	<ul style="list-style-type: none"> • Copies of course information available to prospective and enrolled students • Admission and progression policies and procedures • Sample of admission and progression decisions • Policies and procedures on equity and diversity with examples of implementation and monitoring • Copies of relevant grievance and appeals procedures • A register of grievances or appeals lodged, showing the outcome of the process • Details of the academic and personal support services available to students • Details of student representation within the governance and management of the program

Domain	Standard statement	Criteria	Examples of possible evidence <i>(Not part of the Standards)</i>
5. Assessment	5. Assessment is fair, valid and reliable	5.1 Assessment enables a fair, valid and reliable judgment of student performance. 5.2 There is a clear relationship between learning outcomes and assessment strategies. 5.3 Scope of assessment covers all learning outcomes relevant to attributes and competencies. 5.4 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting. 5.5 Program management and co-ordination, including moderation procedures ensure consistent and appropriate assessment. 5.6 Suitably qualified staff assess student performance including external discipline experts for final year examinations. 5.7 All learning outcomes are mapped to the required competencies and attributes, and assessed.	<ul style="list-style-type: none"> • Policies and procedures on assessment, including assessment strategy • Assessment matrices or blueprints – to LO and Competence Statements • Program/course approval documentation showing assessment plan, methods, tools, frequency, timetables • Policies on and examples of assessment moderation • Samples of student assessments and feedback • Samples of use of assessment data to improve program/course outcomes • List of assessment staff qualifications and registration status • Processes for identifying and using external examiners

Guide to interpreting the draft accreditation standards

As far as possible the Draft ADC/DC(NZ) Accreditation Standards are written clearly and unambiguously so as to support consistent judgments by providers, site evaluation team members, accrediting bodies and regulators.

As the draft standards are applicable across all dental education programs within various settings, there are some terms that require further clarification.

Suitably qualified: In student clinical supervision, the required professional qualifications and registration status of the clinical supervisor, teacher, or assessor is governed by specific regulatory requirements and professional expectations. For example, a dental student providing dental care to a patient must be supervised by a dental practitioner, registered within the relevant discipline of the clinical tasks undertaken. A dentist in a specialist program must have supervision by a registered health practitioner in the relevant discipline of the clinical tasks undertaken, and qualified at the appropriate level.

Robust academic governance: Where relevant the provider should be registered with the appropriate authority, for example TEQSA, ASQA (Australian programs) or AQA (New Zealand programs). The provider should have formalised quality assurance policies and processes in relation to admission requirements, program management, curriculum development, assessment and graduations. Policies should also be in place in relation to teaching and learning quality and student evaluations and feedback.

Relevant ADC/DCNZ competencies: The contemporaneous published ADC or DC(NZ) professional attributes and competencies statements for newly qualified Dentists, Dental Specialists, Dental Hygienists, Dental Therapists, Oral Health Therapists (Australia only), clinical dental technicians (New Zealand only)

Research literacy: Includes knowledge, skills and the capacity required to access, understand, appraise, apply and communicate evidence in an ethical manner.

Learning outcomes: A description of what a student will know and be able to do upon successful completion of a program of study.

Consultation Questions

Please note that when the Draft ADC/DC(NZ)Accreditation Standards are mentioned below that these refer to the 'Domains', 'Standard Statements' and 'Criteria'. Feedback is not being sought on the 'Examples of possible evidence', as these do not form part of the draft standards.

a. Content of the Draft ADC/DC(NZ)Accreditation Standards

QUESTION 1: Is there anything not included in the Draft ADC/DC(NZ)Accreditation Standards that is a vital threshold standard that should be met by all accredited programs?

QUESTION 2: Is there anything included in the Draft ADC/DC(NZ)Accreditation Standards that is beyond what would reasonably be required as a threshold standard for all accredited programs to meet?

b. Use of the standards

QUESTION 3: Do you foresee any problems with the implementation and use of the Draft ADC/DC(NZ)Accreditation Standards as currently presented?

c. Guidance on the use of evidence

QUESTION 4: Notwithstanding that 'evidence' is not part of the standards would a list of core/minimum prescribed evidence required against each standard be helpful in assisting program providers prepare an accreditation submission to the ADC/ or DC(NZ)? Or should ADC/DC(NZ) leave the choice of evidence entirely to the discretion of a program provider to demonstrate how they are meeting each standard?

How to respond

Responses to the above questions (together with any other feedback that you wish to provide) should be addressed to Michael Carpenter – Director, Accreditation at the Australian Dental Council – at michael.carpenter@adc.org.au

The closing date for the ADC consultation is 8 November 2014.

Next steps

While the ADC and DC(NZ) are running separate consultation processes the project finalisation date for the new ADC/DC(NZ) Accreditation Standards is the end of 2014. DBA and DC(NZ) will then meet to consider, and once agreed, approve the ADC/DC(NZ) Accreditation Standards for publication.

At that time the ADC and DC(NZ) will be in a position to advise on the timeframe for rollout and implementation of the new standards, will prepare guidelines to complement the standards and will provide regular updates to stakeholders directly and via the ADC and DC(NZ) websites. It is anticipated that the new standards will be fully implemented by 1 January 2016.

Appendix A - Draft domains mapped at high level to current ADC/DC(NZ) standards headings

D = Dentistry; DS = Dental Specialist. Other standards are very similar to Dentistry

All current ADC/DCNZ Standards are covered to some degree within the proposed 5 domains.

New standard domain	Previous Standard domain/heading
1. Public safety	D1 Overview of the program D5 Physical facilities and resources D6 Staff and staff development D9 Clinic administration (the only current standard that mentions 'patients') DS 9 Specialist staff D10 Preparation for practice D14 Interface with hospital/government services D15 Interface with the education provider, profession, community D16 and DS18 Research and postgraduate and continuing education Aspects of D8 The curriculum and D13 Relationships with allied and dental health
2. Academic governance and quality assurance	D2 Responses to conditions, recommendations and suggestions from the previous accreditation process D3 The administrative relationship of the School to the Education Provider/University D4 School Administration and budget D14 Interface with hospital/government services D15 Interface with the education provider, profession community D17 Evaluation procedures and outcomes, DS 20 Evaluation of outcome D19 SWOT analysis D20 Strategies and timetables for improvement DS 3 Peer evaluation
3. Program of study	DS 3 Peer evaluation D5 Physical facilities and resources D6 Staff and staff development D8 The curriculum DS 9 Specialist staff D13 Relationships with other allied dental and health education programs D16 and DS18 Research and postgraduate and continuing education D18 and DS19 Principles for Maori and Aboriginal and Torres Strait Islander peoples
4. The student experience	D7 Admission policies and procedures D12 Student support and representation

5. Assessment	D6 Staff and staff development D11 Student assessment and examination Aspects of D8 The curriculum Aspects of D13 Relationships to allied and other health DS 9 Specialist staff

Appendix B - Australian VET Quality Framework (AVQF)
 proposed revised Standards for RTOs (June 2014)
 mapped to 5 Domains

New standard domain	Draft RTO Standards June 2104 (implement by 2016)
1. Public safety	<p>RTO S1 The RTO's training and assessment strategies and practices are responsive to industry and learner needs and meet the requirements of Training Packages and VET Accredited Courses</p> <p>Industry = 1.4 to 1.9 (see below)</p>
2. Academic governance and quality assurance	<p>RTO S2 The Operations of the RTO are quality assured.</p> <p>RTO S7 The RTO has effective governance and administration arrangements in place.</p> <p>RTO S6 Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively.</p> <p>RTO S8 The RTO cooperates with the VET Regulator and is legally compliant at all times.</p> <p>RTO S3 The RTO issues, maintains and accepts AQF certification documentation in accordance with these Standards and provides access to learner records.</p>
3. Program of study	<p>RTO S1 The RTO's training and assessment strategies and practices are responsive to industry and learner needs and meet the requirements of Training Packages and VET Accredited Courses</p> <p>Industry responsiveness = S1.4 to S1.9</p> <p>Staff qualifications (industry and education) = S1.9 to S1.17</p>
4. The student experience	<p>RTO S4 Accurate and accessible information about an RTO, its training and assessment and related services and performance is available to</p>

	<p>inform current and prospective learners and clients.</p> <p>RTO S5 Each learner is properly informed and protected</p> <p>RTO S6 Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively</p>
5. Assessment	Same as 3 above

Appendix C: Dental regulation and accreditation in Australia and New Zealand

Australia

To be eligible to be registered as a dental practitioner in Australia individuals must be a graduate of a program accredited by the ADC and subsequently approved by the DBA as providing a qualification for the purposes of registration.

Depending on the program, graduates of accredited and approved programs are eligible to register in the following general registration divisions: dentists; dental hygienists; dental prosthetists; dental therapists; and oral health therapists. Registered dentists who have graduated from an accredited and approved specialist program are eligible to register in the relevant specialty that is taught by the program.

There are a range of pathways for registration in the above named divisions:

- **Dental Prosthetist:** a two-year VET Advanced Diploma of Dental Prosthetics program (with a pre-requisite of a 2 year Diploma of Dental Technology program) or Master of Dental Technology in Dental Prosthetics.
- **Dental Hygienist:** a two year VET Advanced Diploma of Oral Health (Dental Hygiene) or a three-year bachelor level degree (which, depending on the program, may also lead to a dual registration as a dental therapist).
- **Dental Therapist:** a three year bachelor degree (which, depending on the program, may also lead to a dual registration as a dental hygienist) or a graduate diploma following completion of relevant bachelor degree or equivalent training.
- **Oral Health Therapist:** generally a three year bachelor degree in oral health.
- **Dentist:** a four or five year degree, either as four year postgraduate dentistry degree, or five years study as an undergraduate or combined undergraduate and postgraduate dentistry degree.
- **Specialist dentist:** There are presently 13 specialties recognised by the DBA: dento-maxillofacial radiology; endodontics; oral and maxillofacial surgery; oral medicine; oral pathology; oral surgery; orthodontics; paediatric dentistry; periodontics; prosthodontics; public health dentistry (community dentistry); special needs dentistry; and forensic odontology. Specialist dentists are generally graduates of either a university-taught Doctor of Clinical Dentistry masters degree (extended) in the relevant specialty or a specialist training program provided by the Royal Australasian College of Dental Surgeons or the Royal College of Pathology of Australasia.

New Zealand

The DC(NZ) accredits the following prescribed qualifications for the following scopes of practice:

- **Dental hygiene and dental therapy:** a three year bachelor degree in oral health, with graduates eligible for registration in both dental hygiene and dental therapy scopes of practice.
- **Clinical dental technician:** a one year fulltime Diploma in Dental Technology with an entry requirement of a three-year bachelor degree in dental technology, or equivalent.
- **Dentist:** a five year bachelor degree.

- **Dental Specialists:**
 - For the following dental specialties: endodontics; oral pathology; orthodontics; paediatric dentistry; periodontics; prosthodontics; special needs dentistry - a three year postgraduate Doctor of Clinical Dentistry.
 - For the public health dentistry (community dentistry) – a two year Masters degree.
 - For the oral and maxillofacial surgery and oral medicine scopes of practice conjoint programs are prescribed - a postgraduate dental qualification plus a medical degree. The dental components are equivalent to a three year postgraduate Doctor of Clinical Dentistry.
 - One oral and maxillofacial surgery program is delivered by a College, with surgical training a minimum of four years.

The DC(NZ) also accredits dental technology and orthodontic auxiliary programs which do not require registration in Australia.

Common accreditation process

Accreditation is the status granted by the ADC and the DC(NZ) to dental practitioner programs that meet the stated minimum criteria as set out in the ADC/DC(NZ) accreditation standards. Accreditation of a program signifies that the program provides graduates with the knowledge, professional attributes and competencies necessary to be registered to practise in Australia or New Zealand.

Accreditation of dental practitioner programs protects the public by helping to ensure that programs produce graduates who are competent and who can practise safely. Accreditation also aims to optimise health outcomes and contribute to confidence in the delivery of competent dental services by assuring the quality of, and encouraging improvement in, dental practitioner programs.

While the ADC and the DC(NZ) retain jurisdictional authority for the accreditation of programs in their respective countries, they have adopted a joint Australian and New Zealand accreditation process and policies, including the establishment of a Joint ADC/DC(NZ) Accreditation Committee in 2005 to oversee accreditation functions.

The Accreditation Committee is an expert standing committee of the ADC and DC(NZ) that makes recommendations to the Governing Boards of the ADC and the DC(NZ) on matters that relate to accreditation. The functions of the Accreditation Committee include:

- consideration of accreditation reports from the Site Evaluation Teams (SETs) that evaluate programs
- making recommendations regarding initial accreditation and re-accreditation
- monitoring accreditation conditions imposed on programs
- monitoring of accredited programs via annual and other periodic reports to ensure continued compliance with accreditation standards.

The membership of the Accreditation Committee consists of dental practitioners, dental academics, a person from the public dental sector, a final year dental student, and community representatives.

The ADC and DC(NZ) are supported in their accreditation function by SETs comprising three to five dental academics, dental practitioners and (in Australia) the Director, Accreditation or delegate, and a community member (in New Zealand). SETs assess whether programs and education providers meet, or continue to meet, accreditation standards by conducting site visits to education providers and evaluating education providers' submissions. SETs make recommendations on the accreditation of programs to the Accreditation Committee and may be involved in monitoring of program performance.

Accreditation standards

The ADC and the DC(NZ) may accredit a dental practitioner program if, after assessing the program, the ADC and the DC(NZ) are reasonably satisfied that the program of study, and the education provider either:

- meet the approved accreditation standards; or
- substantially meet the approved accreditation standards, and the imposition of conditions will ensure the program meets the standards within a reasonable time.

The current suite of accreditation standards are as follows:

- *ADC/DC(NZ) Accreditation Standards: Education Programs for Dentists*
- *ADC/DC(NZ) Accreditation Standards: Education Programs for Dental Hygienists and Dental Therapists*
- *ADC/DC(NZ) Accreditation Standards: Education Programs for Dental Specialists*
- *ADC/DC(NZ) Accreditation Standards: Education Programs for Dental Prosthetists/Clinical Dental Technicians (NZ)*

For Australia, programs that lead to registration as an oral health therapist are accredited against the standards for dental hygiene and dental therapy programs.

The accreditation of programs is guided by the *ADC/DC(NZ) Accreditation Guidelines and Explanatory Notes* which outline accreditation processes and outcomes, and provide guidance regarding curricula for dental practitioner programs.

Professional attributes and competencies

In Australia the current competencies comprise:

- *The ADC Professional Attributes and Competencies of the Newly Qualified Dentist*
- *The ADC Professional Attributes and Competencies of the Newly Qualified Dental Hygienist*
- *The ADC Professional Attributes and Competencies of the Newly Qualified Dental Therapist*
- *The ADC Professional Attributes and Competencies of the Newly Qualified Oral Health Therapist.*

The DC(NZ) has the following sets of competencies:

- *Competency Standards for Performance Measures for Dentists*
- *Competency Standards for Performance Measures for Dental Therapists*
- *Competency Standards for Performance Measures for Dental Hygienists*
- *Competency Standards for Performance Measures for Clinical Dental Technicians.*

List of Acronyms

ADC	Australian Dental Council
AHPRA	Australian Health Practitioner Regulation Agency
AQA	Academic Quality Agency for New Zealand Universities
AQF	Australian Qualifications Framework
ASQA	Australian Skills Quality Authority
CS&HISC	Community Sector and Health Industry Skills Council
CUAP	Committee on University Academic Programmes (New Zealand)
DBA	Dental Board of Australia
DC(NZ)	Dental Council (New Zealand)
HWA	Health Workforce Australia
NRAS	National Registration and Accreditation Scheme
NVETR	National Vocational Education and Training Regulator
RTO	Registered Training Organisation
SETs	Site Evaluation Teams
TEQSA	Tertiary Education Quality and Standards Agency
VET	Vocational Education and Training
WFME	World Federation for Medical Education
WHO	World Health Organisation