



Australian
Dental
Council

Dental Council

Te Kaunihera Tiaki Niho

**ADC/DC(NZ) Guidelines for Accreditation of Education and
Training Programs for Dental Practitioners**

Effective 18 August 2017

Australian Dental Council
ABN 70 072 269 900
Level 2
99 King Street
Melbourne Vic 3000 Australia

Dental Council
Level 10, 101 The Terrace
PO Box 10-448
Wellington
New Zealand

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Australian Dental Council

Level 2
99 King Street
Melbourne Vic 3000
Australia

Tel +61 (0)3 9657 1777
www.adc.org.au

Australian Dental Council
ABN 70 072 269 900
Level 2
99 King Street
Melbourne Vic 3000 Australia

Dental Council
Level 10, 101 The Terrace
PO Box 10-448
Wellington
New Zealand

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1. PURPOSE

These guidelines are intended to assist education providers that are seeking accreditation (or re-accreditation) of their education and training programs with the Australian Dental Council (ADC) and/or the Dental Council (New Zealand) (DC[NZ]).

2. CURRENT DOCUMENTS AND INFORMATION

The current version of the guidelines and the related materials referred to in this document should be used. They are available at: <http://www.adc.org.au> or <http://www.dcnz.org.nz/>

3. FURTHER INFORMATION

For further information please contact the ADC or DC(NZ).

ADC
Senior Accreditation Officer
Australian Dental Council
PO Box 13278
Law Courts Victoria 8010
Tel: +61(0)3 9657 1777
Fax: +61(0)3 9657 1766
E-mail: accred@adc.org.au

DC(NZ)
Standards and Accreditation Manager
Dental Council (New Zealand)
PO Box 10-448
Wellington 6143 New Zealand
Tel: +64(0)4 4994820
Fax: +64(0)4 4991668
Email: inquiries@dcnz.org.nz

4. OVERVIEW OF PROGRAM ACCREDITATION

4.1. Accreditation

Accreditation is the status granted by the ADC and the DC(NZ) to education and training programs for dental practitioners that meet, and continue to meet, the ADC/DC(NZ) Accreditation Standards.

Accreditation of a program signifies that it is expected to provide graduating students with the knowledge, skills and other professional attributes and competencies that are necessary to be registered to practise in Australia or New Zealand.

Graduation from an accredited program of study is a requirement for registration to practice in Australia. Prescribed qualifications by New Zealand education providers must be accredited.

4.2. Accreditation is based on Accreditation Standards

The *ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs* (the Standards) are endorsed by the ADC and approved by the DC(NZ)¹ and the Dental Board of Australia (DBA) - pursuant to the *Health Practitioner Regulation National Law Act 2009* (National Law). The Standards apply to all dental education programs that are approved/prescribed for registration as a dental practitioner in Australia and New Zealand. New Standards were developed by the ADC and DC(NZ) during 2014 and these apply to all programs in Australia and New Zealand from 1 January 2016.

¹ Pursuant to the Health Practitioners Competence Assurance Act 2003

4.3. Structure of the Program Accreditation Standards

The Standards comprise five Domains:

1. Public Safety
2. Academic Governance and Quality Assurance
3. Program of Study
4. The student experience
5. Assessment

These are supported by a Standard Statement that articulates the key purpose of the Domain.

Each Standard Statement is supported by multiple Criteria. The Criteria are indicators that set out what is expected of an ADC/DC(NZ) accredited program in order to meet each Standard Statement. **The Criteria are not sub-standards that will be individually assessed.** When assessing a program the ADC/DC(NZ) will have regard for whether each Criteria is met, but will take an on-balance view of whether the evidence presented by a provider clearly demonstrates that a particular Standard is met.

New programs and established programs are assessed against the same accreditation standards, although the assessment may be varied according to the circumstances of the provider. The current standards are published on the ADC website (<http://www.adc.org.au>).

4.4. Accreditation Considers Professional Competencies

In Australia, the following statements of professional competencies for newly qualified dental practitioners have been developed in consultation with the profession:

- *Professional Competencies of the Newly Qualified Dentist*
- *Professional Competencies of the Newly Qualified Dental Hygienist, Dental Therapist and Oral Health Therapist*
- *Professional Competencies of the Newly Qualified Dental Prosthetist*

In New Zealand, DC(NZ) has the following sets of competencies:

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

The DBA, in conjunction with the DC(NZ), published Entry-level competencies for dental specialties in 2016. The competencies expected of a newly graduated specialist are outlined for each different specialty recognised in each jurisdiction.

The Standards explicitly require program providers to map program learning outcomes to the relevant Professional Competencies by way of demonstrating a program's effectiveness in providing graduates with the professional attributes and competencies needed to practise. In this way the Professional Competencies are the key differentiator between different types of dental programs. The current Professional Competencies statements are published at <http://www.adc.org.au>, www.dentalboard.gov.au and www.dcnz.org.nz.

4.5. Jurisdictional Authorities for Accreditation and Joint Activities

The ADC and the DC(NZ) have authority for accreditation of programs in their respective countries. However, a joint Australasian accreditation process has been established and a joint ADC/DC(NZ) Accreditation Committee oversees the accreditation process for both countries.

4.6. Function and Composition of the Accreditation Committee

The Accreditation Committee:

- oversees the assessment of programs for accreditation against the Accreditation Standards
- makes decisions and recommendations to the ADC and recommendations to the DC(NZ) on accreditation outcomes, and
- advises the ADC and DC(NZ) on accreditation and related matters.

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, and includes membership from both jurisdictions.

4.7. Function and Composition of Site Evaluation Teams

The Accreditation Committee is assisted in its assessment of programs and providers by Site Evaluation Teams (SETs), whose members ('Assessors') are appointed by the respective Councils.

SETs have three key functions:

- to review the available evidence and determine whether a program complies with the Accreditation Standards
- to provide an overall recommendation to the ADC/DC(NZ) Accreditation Committee on whether a program should be accredited
- To make quality improvement recommendations and to identify areas for commendation for a program.

When forming a SET the ADC/DC(NZ) ensures that there is appropriate experience in clinical practice in the relevant dental profession, dental education and assessment, and in accreditation processes.

SETs typically comprise three to five members, although they may be smaller or larger depending on whether the SET is involved in a limited review against a designated set of standards or a concurrent review of multiple programs. The composition of a SET to assess multiple dental specialist programs of an education provider consists of representatives of all the specialties under review – details of the composition is described in the ADC/DC(NZ) procedure for the review of specialist dental practitioner programs.

In Australia a SET must include:

- an experienced clinician in the relevant discipline with standing in the profession
- a senior academic with strong understanding of modern educational principles and practice
- the ADC Director, Accreditation (or delegate), whose role is to ensure that the program evaluation is conducted appropriately.

In New Zealand a SET must include:

- an experienced and respected oral health practitioner who is registered in the relevant scope(s) of practice;
- a senior dental academic who has the educational competencies to evaluate the course submitted;
- a member who is experienced in accreditation processes; and
- a lay member.

SET's are chaired by experienced and skilled assessors who are appointed by the ADC or DC(NZ). In Australia, the Chair and members of a SET are typically not from the same state or territory as the education provider and are appointed by the ADC CEO on advice from the

Chair of the Accreditation Committee and the ADC Director, Accreditation. In New Zealand, the Chair and members of a SET are appointed by the Dental Council (NZ).

The role of the Chair is to lead the evaluation of the program, which includes: chairing the SET teleconference; allocating assessment and writing tasks to SET members; leading the questioning of interviewees; leading the writing of the report and taking the lead in the formulation of the overall recommendation.

The role of the ADC Director, Accreditation (or delegate) on ADC SETs is to: liaise with the education provider regarding the site visit to ensure appropriate arrangements; advise the SET on the application and interpretation of the Accreditation Standards, to ensure the report has appropriately addressed the Accreditation Standards, and is within the scope of the ADC's accreditation function, and may therefore proceed to the Accreditation Committee for consideration.

For New Zealand reviews, the role of the DC(NZ) Secretariat is to: liaise with the education provider regarding the site visit to ensure appropriate arrangements; provide administrative support to the SET throughout the process; be observers at the site visit; advise the SET on the application and interpretation of the accreditation standards during the site visit and report writing; and to ensure that the review is conducted within the scope of the DC(NZ) accreditation function.

4.8. Opportunity for Comment by Education Providers

The education provider has an opportunity to review and comment on the factual accuracy of the SET's draft report before it is finalised for consideration by the Accreditation Committee.

The final decision on accreditation is made when the relevant Council has considered the report of the SET and the recommendation from the Accreditation Committee, and therefore the overall accreditation recommendation(s) will not be included in the draft report submitted to the educational provider for review.

4.9. Decision Making

After considering the SET's report, the Accreditation Committee makes a recommendation to the relevant Council(s) (ADC and/or DC(NZ)), which makes the final decision on accreditation of the program.

In Australia, the ADC reports its accreditation decisions to the DBA. The DBA has responsibility for approving programs accredited by the ADC as providing a qualification for the purposes of registration in the following divisions: dentists, dental specialists, dental hygienists, dental therapists, oral health therapists and dental prosthetists.

4.10. Fees

Fees are payable for accreditation of programs. In Australia a schedule of fees is available on the ADC's website. Accreditation costs for programs reviewed by the DC(NZ) is based on full cost recovery by the education provider.

5. ACCREDITATION OUTCOMES

5.1. Types of Accreditation Outcomes

Under the *Health Practitioner Regulation National Law Act 2009* (National Law) in Australia and the *Health Practitioners Competence Assurance Act 2003* in New Zealand, the ADC and the DC(NZ) may grant accreditation outcomes as set out in Table 1, if the respective Council is reasonably satisfied that either:

1. a program meets the Accreditation Standards, or
2. a program substantially meets the Accreditation Standards and the imposition of

conditions of accreditation will ensure the program meets the Accreditation Standards within a reasonable, defined time.

Table 1. Types of accreditation outcomes. These apply to all programs, whether newly accredited or established.

Accreditation	Accreditation indicates that the program meets the standards for accreditation. Retention of this accreditation status is subject to ongoing monitoring by the ADC or DC(NZ).
Accreditation with Conditions	Accreditation with Conditions indicates that the program substantially meets the Accreditation Standards but the program has a deficiency or weakness in one or more Standard. The deficiency or weakness is considered to be of such a nature that it can be corrected within a reasonable period of time. Evidence of meeting the conditions within the timeline stipulated must be demonstrated in order to maintain accreditation of the program.
Revocation of Accreditation	Accreditation can be revoked when: <ul style="list-style-type: none"> - a program is identified, at any time, as having serious deficiencies or weaknesses and fails to meet one or more Accreditation Standards. The serious nature of the deficiencies or weaknesses means that the program cannot correct the issue within a reasonable period of time, and accreditation must be revoked. - an accredited program with conditions fails to meet the conditions within the defined period of time, and therefore does not comply with the Accreditation Standards. <p>The ADC/DC(NZ) will advise the program provider of the reasons for its decision to revoke accreditation of the program and require the provider to advise the ADC/DC(NZ) of the management of currently enrolled students. Further details on process described in 5.3.</p>
Refusal of Accreditation	Accreditation can be refused if a new program or a program undergoing reaccreditation has a serious deficiency or weakness in one or more Accreditation Standards that cannot be corrected within a reasonable period of time. The ADC/DC(NZ) will advise the program provider of the reasons for its decision to refuse accreditation of the program. Where a program is refused reaccreditation the provider is required to advise the ADC/DC(NZ) of the management of currently enrolled students.

5.2. Duration of Accreditation

The periods of accreditation (with or without conditions) that will be granted are up to a maximum of:

- 7 years for dentist programs;
- 5 years for dental specialist, hygienist, therapist, oral health therapist and dental prosthetist programs.

5.3. Revocation of accreditation (Australia)

Accreditation may be revoked, in accordance with national legislation, if:

- a program is identified, at any time, as having serious deficiencies or weaknesses such that it no longer meets one or more accreditation standards.
- a provider fails to demonstrate that progress has been made towards meeting any conditions of accreditation within the prescribed period of time.

The ADC/DC(NZ) will advise the education provider that accreditation of the program is to be revoked with reasons for the decision and will require the provider to advise the respective Council how it proposes to manage and protect the interests of students who are enrolled in the program.

The provider must undertake the following process for students who are currently enrolled:

- make arrangements with another suitable provider to transfer students into an accredited program, and
- ensure that the alternative provider is able to incorporate the extra students to enable them to graduate under the aegis of the alternative accredited provider and thus be eligible to apply for registration to the Dental Board of Australia, or
- allocate resources, engage contract staff, or do whatever else is necessary to enable a 'teach out' of the program within a short term accreditation period² agreed by the ADC/DC(NZ), or
- take such other steps as agreed by the ADC/DC(NZ) as are necessary to protect the interests of students.

In Australia, loss of accreditation would in all likelihood lead to a response from a regulator (TEQSA or ASQA) and this may involve some interactions with the ADC.

A process of appeal exists for providers that wish to challenge a decision of the ADC or DC(NZ) and can be obtained from the relevant Council.

5.4. Recommendations and Commendations

In addition to determining whether a program should be accredited – with or without conditions, the accreditation process (and SET report) also allows for the inclusion of Recommendations and Commendations.

A Recommendation is made where the SET has identified one or more areas of the program that meet the Standard, but where they have identified an opportunity to further improve the quality of the program and its outcomes. Recommendations are intended to support development of a program and, unlike conditions, program providers are not required to act on them. However, acting on the Recommendations is encouraged as a way of demonstrating a commitment to quality improvement by the program provider.

The SET may also identify areas for Commendation where they have found aspects of the program(s) being assessed as significantly exceeding the minimum requirements for accreditation

6. THE ADC/DC(NZ) APPROACH TO ACCREDITATION

6.1. Underlying Philosophy

The Accreditation Committee uses a 'fitness for purpose' approach to accreditation. This means that it is the responsibility of each education provider to determine and to be able to demonstrate how its program meets the Accreditation Standards.

While these guidelines may give some indications of possible approaches to guide assessors and assist education providers, such as an indicative subject coverage, the ADC and DC(NZ) do not prescribe program structures and curricula, or any other approach to educational delivery. To the contrary, in undertaking its accreditation function the Accreditation Committee acknowledges the innovation and diversity of teaching and learning approaches of the various education providers within the continuum of dental education, and also recognises that this diversity can strengthen the Australian and New Zealand dental education system, provided that each education provider continually evaluates its program and methods of delivery.

² This option would usually only be appropriate where there are no more than two years remaining for a student cohort to complete the program.

The accreditation process is conducted in a positive, constructive manner based on peer review. While its primary purpose is to demonstrate whether or not standards are met, the process of accreditation also aims to foster quality improvement through feedback from the peer assessors.

The ADC/DC(NZ) accreditation process undergoes regular evaluation and modification based upon previous experience, feedback from participants and external input such as benchmarking with other accreditation processes and related activities.

6.2. The Accreditation Process

For initial program accreditation the accreditation process begins with an education provider expressing an interest to the relevant Council in having one or more programs accredited, which will be followed by a discussion with the Council to explore and clarify the provider's intentions, the nature of the process and indicative timelines. The steps in the accreditation process are outlined in Figure 1. For further information please refer to section 11.1.

If the provider chooses to proceed a formal Notice of Intent is lodged with the relevant Council. This may lead to further discussion on particular matters. A detailed submission addressing all the Accreditation Standards will then be requested and the process will proceed, in consultation with the provider as needed, as outlined in Figure 1.

In the case of re-accreditation of a program the accreditation process begins when the ADC/DC(NZ) contacts the education provider to determine a date for submission of the self-review of the program against the accreditation standards and to schedule a date for the site visit. This process is outlined in Figure 2.

6.3. Making a submission

The ADC and DC(NZ) are mindful of the need to keep the administrative burden of accreditation to a reasonable minimum. In order to help achieve this the ADC/DC(NZ) Accreditation Committee has approved a list of 'core evidence' requirements which define the minimum documentation that must be included with every submission for accreditation or re-accreditation of a program.

The full list of 'core evidence' is included at section 12.1 and includes thirteen items. It is intended that many of the thirteen documents can be used to provide the information required against multiple Standards. Providers are asked to map the supplied evidence to the Accreditation Standards and the relevant Criteria in order to help make clear what evidence was provided to demonstrate compliance with each Standard.

Providers are at liberty to include any further evidence and information that they wish to support their submission. In doing that the ADC and DC(NZ) encourage providers to submit documentation in its original format and not to spend time unnecessarily reformatting it for ADC or DC(NZ) purposes. This can include documentation that has been prepared for other purposes (e.g. a TEQSA audit). A list of possible other items of evidence that providers may wish to include with their submission is also included in Section 12.1. This list is provided for guidance only.

An application template is available for providers to guide the application process. Please note –hard copies of information are not required, unless specifically requested. Electronic submissions are encouraged – and providers may include hyperlinks to key documents in their application rather than attaching large documents as part of a submission.

Figure 1. Flow chart of the ADC/DC(NZ) initial accreditation process.

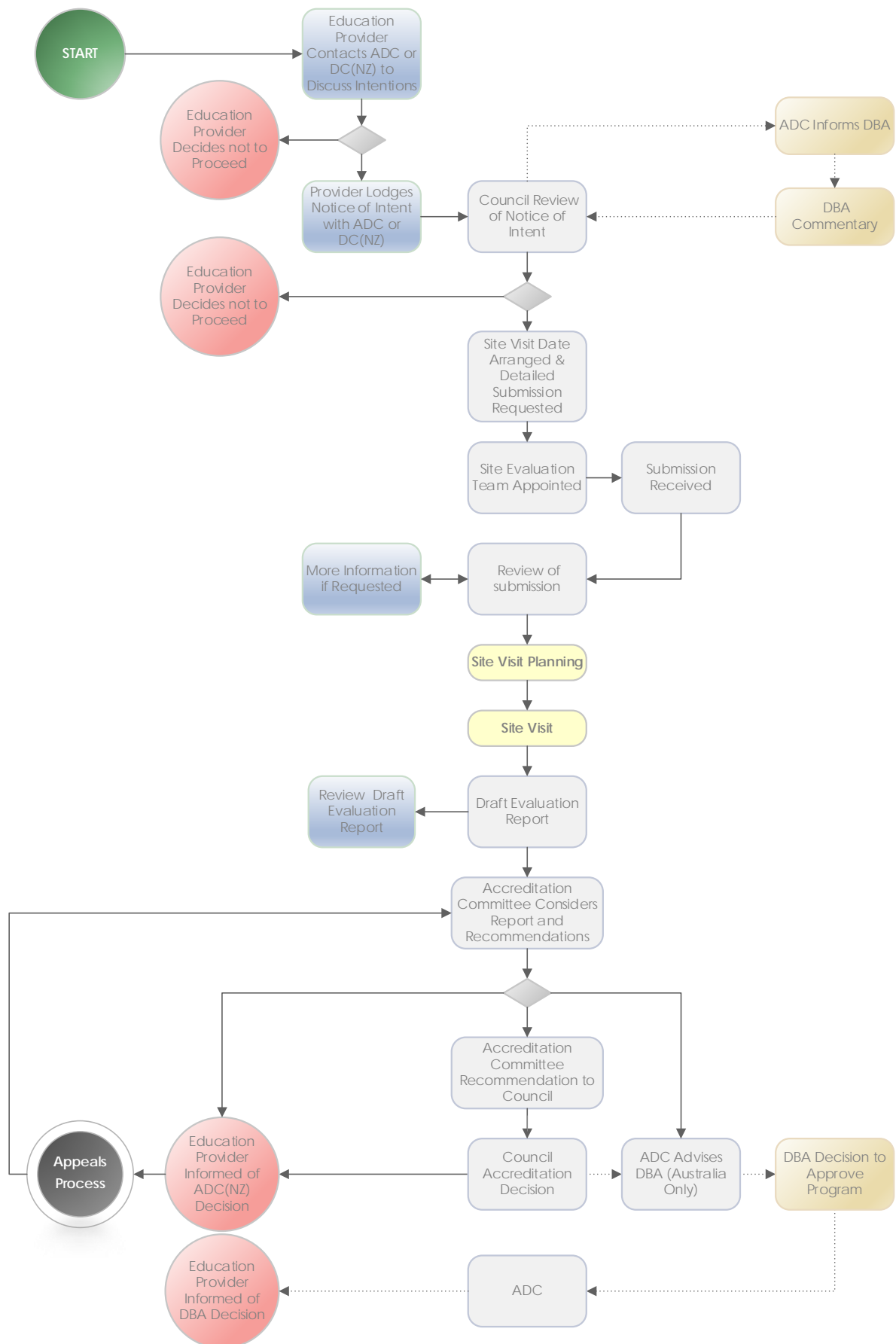
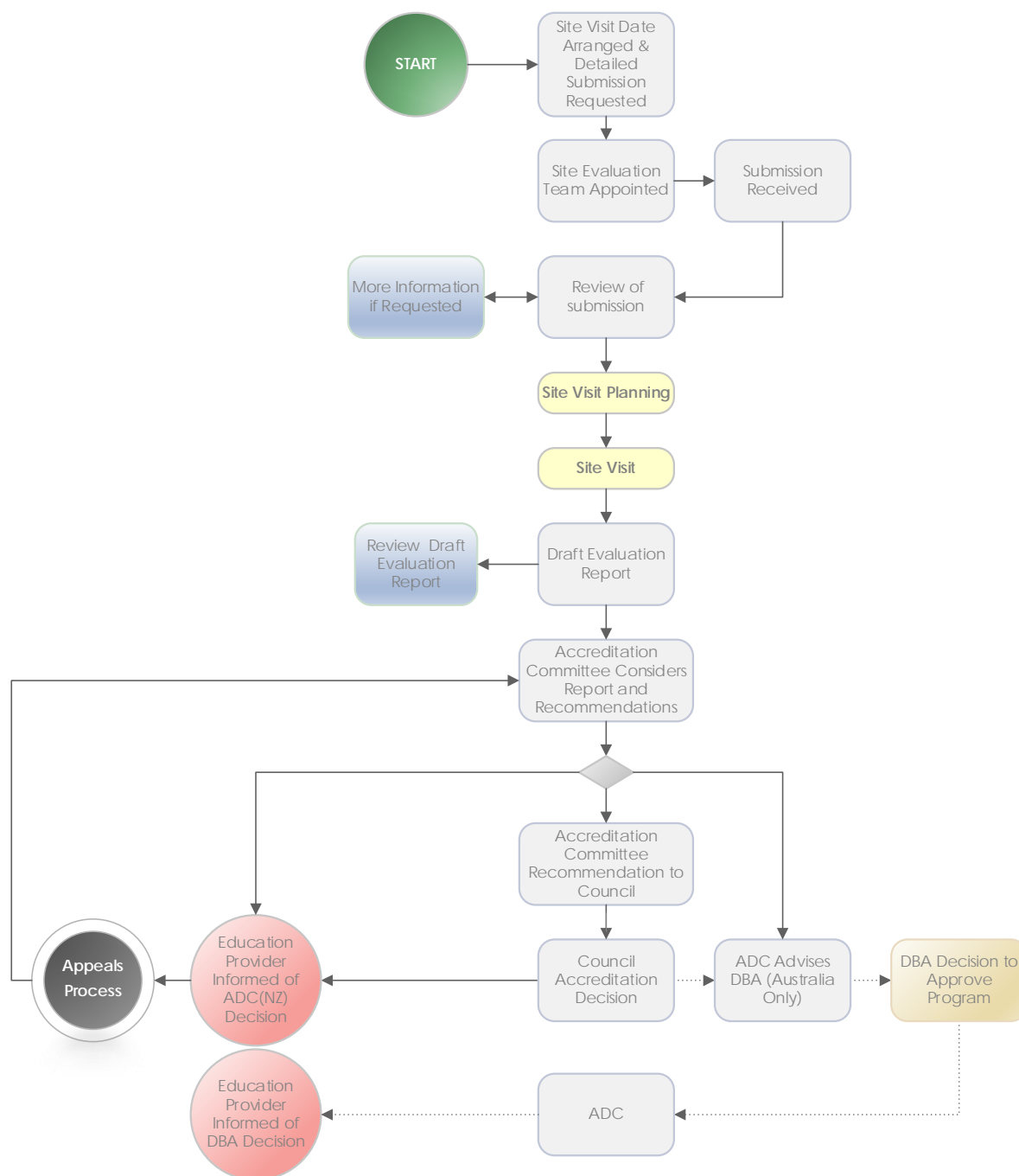


Figure 2. Flow chart of the ADC/DC(NZ) re-accreditation process.



7. MONITORING REQUIREMENTS FOR ACCREDITED PROGRAMS

Under the National Law the ADC is required to monitor accredited programs to ensure that they continue to meet the Accreditation Standards. The ADC undertakes a range of monitoring activities and the most commonly used ones are set out in the ADC Monitoring Framework, which is available on the ADC website. Some of the key activities in the ADC Monitoring Framework are discussed in this section.

7.1. Regular Annual Reporting (all accredited programs)

As part of the monitoring of accredited programs, the ADC and DC(NZ) require an annual report from each education provider for each accredited program.

The format of the Annual Reports is focussed on gathering information to help the ADC and DC(NZ) determine whether an accredited program continues to meet the Standards, or if there are Standards that the program is at risk of not meeting. Annual reports are to be received by the respective Council **on or before 30 September** each year, unless a different date has been pre-arranged with the Council. The ADC/DC(NZ) provide a reporting template for this purpose, which must be used. Education providers will normally be notified of their reporting requirements by 1 July. If such notification has not been received or the information is needed earlier, the provider should contact the relevant Council.

Regular collection of information via annual reporting is intended to help identify risks at an early stage so that they may be addressed. The regular collection of information will also allow the ADC and DC(NZ) to build up a profile of how a program is tracking against the Standards during its period of accreditation, which will help identify areas for focus during future re-accreditation processes.

7.2. Additional Reporting

Additional reports (that is apart from annual reports) may be required for programs that have been granted a shortened period of accreditation and/or where there are conditions on an accreditation. Any requirements for additional reporting will accompany notification of the accreditation decision. Additional reports may also be requested if there are concerns in relation to the continuing accreditation of a program.

7.3. Monitoring visits

There may be instances where at the point of an accreditation visit a program meets the Accreditation Standards, but there may be a known future event or activity that gives rise to uncertainty over whether one or more of the Standards will continue to be met during the period of accreditation. This could, for example, include cases where an education provider is moving to new clinical facilities that could not be viewed by the SET at the time of the site visit, or a new program that appears compliant on paper but which has not yet graduated any students. In such cases, the ADC may undertake a 'monitoring visit' to ensure that the program continues to meet the Standards.

7.4. Reporting Major Changes to Programs

Education providers must inform the ADC/DC(NZ) of major changes to an accredited program so that the impact on the ongoing compliance of the program with the Accreditation Standards can be assessed by the ADC/DC(NZ) Accreditation Committee.

Except in the case of unforeseen contingencies, the ADC/DC(NZ) expect to be informed prospectively of proposed major changes, **at least 12 months in advance** of the intended introduction, so that a process of review can be initiated well in advance of the proposed commencement of the changes.

A major change to a program is one that, prima facie, actually or potentially affects compliance with any relevant accreditation standard for the program

The ADC/DC(NZ) regards the following as examples of major changes:

- discontinuation of a course or part-of a course, or a significant change in the length of a course (i.e. months/years). Please note that the ADC publishes guidelines on 'Teach out of accredited programs' that should be referenced when advising the ADC of a decision to teach out an accredited program
- marked changes (i.e. other than continuing evolutionary changes) in the design of a program that may affect learning opportunities and/or achievement of learning outcomes
- a change in the mode(s) of delivery or participation (such as a move to distance education)

- a change in delivery partner or arrangements with a delivery partner
- substantial changes in the expected learning outcomes for graduates
- changes to admission requirements that potentially present barriers to the achievement of learning outcomes
- significant changes to student assessment
- significant change to arrangements for monitoring program quality and graduate outcomes of programs
- a substantial change in student numbers for the program relative to available resources, including capital, facilities and staff
- significant changes in the staffing profile
- a significant change in overall funding of the program, and
- any conditions imposed on the provider by an educational regulator (the Tertiary Education Quality and Standards Agency or Australian Skills Quality Authority in Australia).

The ADC/DC(NZ) can provide general advice about whether proposed changes are likely to impact on the program's accreditation status. Where there is any doubt about whether a proposed change represents a major change it should be discussed at the earliest opportunity with the ADC or DC(NZ) for clarification.

7.5. Assessment of the Impact of Changes to Programs

The assessment of the impact of any changes will be undertaken with reference to the ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs.

The process of review of a major change involves the following steps:

1. A notice of intent and/or an annual report or other report of an actual or proposed change is received by the ADC/DC(NZ) from the education provider.
2. A determination by the ADC/DC(NZ) Accreditation Committee whether:
 - a. based on the information provided the change can be incorporated within the current status and period of accreditation, or
 - b. whether a limited review, with or without a site visit, is required, with assessment against designated Accreditation Standards, or
 - c. if the change has a potential impact that requires a full re-accreditation review, including a site visit, or
 - d. if the change is of such a nature that it constitutes a proposal for a new program and the education provider should therefore seek initial accreditation of the program.
3. In cases of a full or limited review, an evaluation of the major change is undertaken by an assessor or a SET, and the ADC/DC(NZ) Accreditation Committee considers a review report on the change.
4. As appropriate, decision by the ADC Board/DC(NZ) on accreditation following consideration of the Accreditation Committee's recommendation.

The provider will be informed of the ADC/DC(NZ) decision regarding the major change, including any additional requirements of the provider arising from the decision.

7.6. Responses to Concerns about Accredited Programs

The ADC/DC(NZ) may become concerned about the standing of a program through annual reports, other reports, concerns expressed by stakeholders or other means such that there may be cause to consider:

- imposing new or additional conditions on an existing accreditation; or
- reducing the current period of accreditation; or
- revoking the program's accreditation.

The ADC/DC(NZ) will inform the education provider of the concerns and the grounds on which they are based and the provider will have an opportunity to respond.

Programs will be dealt with on a case-by-case basis as appropriate to the nature of the concerns. If required, the respective Council will set up a process to investigate the concerns and prepare a report for the Accreditation Committee, following processes broadly akin to the work of an evaluation team, tailored for the purpose.

If required, the ADC will inform the DBA of its concerns and the grounds on which they are based, and the process to be implemented.

8. CONFLICT OF INTEREST

The provider is given an opportunity to comment on the proposed membership of a SET and may query the composition of the SET where the provider believes a proposed SET member has a bias or conflict of interest that could cast doubt on their capacity to objectively evaluate a program. Objections to proposed SET members will only be considered by the ADC or DC(NZ) where the provider can produce evidence of bias or conflict of interest. The ADC or DC(NZ) will revise the composition of a SET where such claims are substantiated.

Actual or potential conflicts of interest that may arise for Accreditation Committee members and members of the ADC Board or the DC(NZ) during the accreditation process are managed according to the Accreditation Committee – Conflict of Interest Policy.

9. CONFIDENTIALITY

The accreditation process is confidential to the participants. In order to undertake their accreditation role, the ADC/DC(NZ) require detailed information from education providers. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The ADC/DC(NZ) require members of SETs, members of the Accreditation Committee, Council members and staff to keep confidential all material provided to the ADC/DC(NZ) by education providers for the purpose of accreditation of their programs.

Information collected is used only for the purpose for which it is obtained.

A final decision on accreditation is made only when the Accreditation Committee and the relevant Council have considered the report of the SET. The overall recommendation on accreditation remain confidential until the relevant Council decision on the accreditation outcome.

10. COMPLAINTS AND APPEALS AGAINST DECISIONS

In the event of a grievance about an accreditation process or outcome, an informal resolution will be sought if practicable.

In Australia, should this be unsuccessful an applicant may wish to make a formal complaint. An accreditation decision may also be appealed. Complaints and appeals will be handled in accordance with the ADC *Program Accreditation – Appeals and Complaints Policy* ([Link to Accreditation Appeals Policy](#)) which also outlines the types of decisions that are appealable and the grounds for appeal.

In New Zealand, a Council decision can be appealed in a District Court in New Zealand.

11. NOTES FOR NEW AND EXISTING PROGRAMS

11.1. Initial Consultation for New Programs

Education providers who are contemplating accreditation of a program should consult the relevant Council (either the ADC or DC(NZ)) at an early stage. This will assist in developing a mutual understanding of the process and its requirements.

Notes on timelines and announcements:

(1) Education providers who are planning to introduce a new program must provide a notice of intent to the ADC/DC(NZ) at least 12 months in advance of the intended commencement of the program.

(2) Although the ADC/DC(NZ) will proceed as expeditiously as possible with the accreditation process, accreditation of a new program usually takes some time.

(3) Applicants in Australia should also be mindful of the timeline for the DBA to consider the ADC accreditation decisions and accreditation reports pending approval of the qualification for registration purposes.

(4) Education providers who wish to make public announcements about proposed new programs (such as in promotional literature or course information on websites) must consult with the ADC/DC(NZ) regarding any reference to the ADC/DC(NZ) and the accreditation process before any public announcement is made.

11.2. Formal Notice of Intent for New Programs

Should the provider decide to proceed with an application for accreditation, a formal 'Notice of Intent to seek Accreditation of Program' is submitted. The Notice allows the relevant Council (and the DBA in Australia) to gain an overview of the proposed program and to consider the implications for an accreditation process. **A template is provided and must be used.**

The Notice encompasses the following aspects of the program:

- the provider
- the provider's regulatory status with Tertiary Education Quality and Standards Agency/Australian Skills Quality Authority/NZ AQA as appropriate (if applicable)
- any other parties involved in joint delivery of the program
- the qualification(s) to be awarded
- the proposed date of commencement of the program
- normal full-time duration of the program
- location(s) of delivery
- modes of delivery and participation
- nature and location of clinical training facilities and placements
- entry pathways and admission requirements
- exit pathways
- proposed enrolments
- formal endorsement/approval of the program by the education provider's peak academic body
- a business plan demonstrating assurance of the resourcing of the course

- any other relevant information

Supplementary information may be requested.

11.3. Accreditation Submission

In the case of new programs, once the Council has considered the Notice of Intent a more detailed submission will be requested. In the case of currently accredited programs, the Council will contact the education provider to arrange a date for the site visit and for lodging the detailed submission. This initial contact will occur 12 to 18 months prior to the expiry of accreditation to arrange the site visit, which will normally occur six to 12 months prior to the expiry of accreditation. The aim is to complete the re-accreditation process prior to the expiry of accreditation.

The submission will be required at **least three months ahead of any proposed site visit. A template for the submission is provided and must be used.**

The submission provides information and evidence to demonstrate that the program complies with the Accreditation Standards. Supplementary information or clarification on information provided may be requested before or during the site visit.

Please refer to section 12.1 for details on the core evidence required and on additional information that could be considered for demonstrating compliance with the Accreditation Standards.

11.4. Site Visit

An accreditation review normally includes a structured visit by the SET to the education provider to verify the provider's submission and clarify matters raised during the review of the program. The site visit is arranged in consultation with the provider. For existing programs the visit typically comprises a series of meetings with selected individual staff and groups and committees that contribute to the delivery of the program, students and recent graduates, other stakeholders (for example relevant professional bodies) and community/public/private providers employing graduates. For new programs the visit will be adapted according to the circumstances of the provider and the program.

These interactions will usually occur over a period of two days. Visits may be longer for multi-campus education providers or for concurrent reviews of multiple programs offered by a provider. A site visit may also be of a shorter duration of a day or half a day where an evaluation is made against a limited set of standards, for example where a review is conducted for the sole purpose of reviewing new clinical facilities.

There is a need to maintain a professional perspective throughout the process in order to deliver objective, unbiased, defensible and fair outcomes. Members of the evaluation team therefore limit their interactions with staff and stakeholders to the assessment.

It is important that interviewees are encouraged to give free and frank answers to questions from SET members. For this reason staff cannot be interviewed in the same session as their line manager or with another staff member with whom there is a reporting relationship, for example a program director cannot be interviewed in the same session with a dean of a faculty or head of department. To maintain confidentiality and encourage free and frank responses all interview sessions are held pursuant to 'Chatham House' rules, which is individuals that are interviewed are not identified in reports and interviewees are not privy to comments made in interview sessions other than their own.

The accreditation visit schedule should provide maximum opportunities for interactive discussions with staff, students, members of the profession and other relevant stakeholders to enable them to present their views and for the SET to verify statements through

triangulation; and for the evaluation team to view relevant facilities. Where relevant, teams should be provided with the opportunity to view students working in clinical settings. There is also a need to allow adequate time during the course of the visit for confidential team discussions, review and reflection.

An indicative schedule for a site visit is given in Table 2. Please note that this is for guidance only. The actual schedule may vary significantly depending on the times that the clinic operates and logistical considerations for the team travelling to and from the site. A template schedule for the review of multiple dental specialist programs is provided in the ADC/DC(NZ) procedure for the review of specialist dental practitioner programs.

The final schedule will be developed by the education provider, in consultation with the ADC/DC(NZ) and the chair of the SET. Each schedule will vary depending on practical matters such as the availability of persons for interview and on the issues identified by the evaluation team from its prior assessment of the accreditation submission. Additional meetings may be requested to address issues that arise during the visit.

Table 2. Indicative Schedule for a Site Visit to a single program (note that this will vary if multiple programs are being reviewed in parallel)

Day 1

Session	Time	Who	Notes & focus of session	Standards & Criteria
1.1	8.45 – 9.15	Head of School	Strategic issues / future directions	All
1.2	9.15 – 9.45	Program Co-ordinator	Course structure and overview	All
1.3	9.45 – 10.30	Year level co-ordinators	Year level issues – didactic content / clinical experience / assessment	Standard 1 – Public Safety Criteria - All Standard 3 – Program of Study Criteria - All Standard 5 – Assessment Criteria - All
	10.30 - 11.00	<i>Morning tea</i>	<i>Closed Session - SET discussion</i>	
1.4	11.00 - 12.00	Tour of clinical and other facilities	Staff member(s) to accompany SET Students to be observed in clinic	Standard 1 – Public Safety Criteria - 1.1, 1.3, 1.4, 1.5 Standard 3 – Program of Study Criteria - 3.8, 3.9, 3.11
1.5	12.00 - 12.30	Clinical supervisors	Student competence / assessment	Standard 1 – Public Safety Criteria - 1.1, 1.2, 1.3, 1.4, 1.5, 1.8 Standard 3 – Program of Study Criteria - 3.3, 3.4, 3.6, 3.7, 3.9, 3.11 Standard 5 – Assessment Criteria - 5.2, 5.3
	12.30 - 13.15	<i>Lunch</i>	<i>Closed Session - SET discussion</i>	
1.6	13.15 - 14.15	Permanent academic staff	Program content / student competence / assessment	Standard 1 – Public Safety Criteria - 1.3 Standard 2 – Academic Governance and Quality Assurance Criteria - 2.2, 2.4 Standard 3 – Program of Study Criteria - 3.1, 3.2, 3.4, 3.5, 3.6, 3.7, 3.8, 3.10 Standard 4 – The student experience Criteria - 4.4 Standard 5 – Assessment Criteria - 5.1, 5.2, 5.3, 5.4, 5.6

1.7	14.15 - 14.45	Casual academic staff	Program content / student competence / assessment	Standard 2 – Academic Governance and Quality Assurance Criteria - 2.2, 2.4 Standard 3 – Program of Study Criteria - 3.1, 3.2, 3.4, 3.5, 3.6, 3.7, 3.8, 3.10 Standard 5 – Assessment Criteria - 5.1, 5.2, 5.3, 5.4, 5.6
1.8	14.45 - 15.15	Professional staff	Student support issues / administration issues (inc. clinic and placement administration)	Standard 1 – Public Safety Criteria - 1.2, 1.3, 1.7, 1.8, Standard 3 – Program of Study Criteria - 3.11 Standard 4 – The student experience Criteria - 4.1, 4.2, 4.3
	15.15 - 15.45	<i>Afternoon tea</i>	<i>Closed Session - SET discussion</i>	
1.9	15.45 - 16.15	Student support team	Student support issues	Standard 1 – Public Safety Criteria - 1.8 Standard 3 – Program of Study Criteria - 3.8 Standard 4 – The student experience Criteria - All
1.10	16.15 - 17.00	Current students	Program content / clinical experience / assessment / support issues	Standard 1 – Public Safety Criteria - 1.4, 1.6, 1.8 Standard 2 - Academic Governance and Quality Assurance Criteria - 2.2 Standard 3 – Program of Study Criteria - 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10 Standard 4 – The student experience Criteria - All Standard 5 - Assessment Criteria - 5.1, 5.2, 5.4, 5.6
1.11	17.00 - 17.30	Recent graduates	Program outcomes / fitness for purpose	Standard 2 – Academic Governance and Quality Assurance Criteria - 2.2 Standard 3 – Program of Study Criteria - 3.2, 3.3, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10 Standard 4 – The student experience Criteria – All Standard 5 - Assessment Criteria - 5.1, 5.2, 5.4, 5.5, 5.6

Day 2

Session	Time	Who	Notes & focus of session	Standards & Criteria
2.1	8.30 - 10.30	Offsite clinic visit	External placements co-ordinator to accompany SET	Standard 1 – Public Safety Criteria - 1.4, 1.5, 1.6, 1.8 Standard 2 - Academic Governance and Quality Assurance Criteria - 2.4 Standard 3 – Program of Study Criteria - 3.3, 3.4, 3.6, 3.7, 3.8, 3.9, 3.10 Standard 5 - Assessment Criteria - 5.3, 5.4
	10.30 - 11.00	<i>Morning tea</i>	<i>Closed Session - SET discussion</i>	
2.2	11.00 - 11.30	Learning & teaching committee	Program development, monitoring and improvement issues	Standard 2 - Academic Governance and Quality Assurance Criteria - All Standard 3 – Program of Study Criteria - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 Standard 4 – The student experience Criteria - 4.1, 4.2
2.3	11.30 - 12.00	Assessment / moderation committee	Assessment / Student feedback	Standard 3 – Program of Study 3.3, 3.4 Standard 5 Criteria - All
2.4	12.00 onwards	Call back / additional sessions as needed	SET to advise	
	12.30 – 16.30	<i>Working Lunch & Report writing</i>	<i>Closed Session - SET discussion</i>	
2.5	16.30 – 16.45	Head and program lead	Opportunity to thank provider and advise of next steps	

Additional sessions that may be requested

Who	Possible areas to further explore	Standards & Criteria
Senior Executive	Resources – Staff/Facilities University policies/processes Student support at the provider level Proposed organisational changes that may impact on the program	Standard 1 – Public Safety Criteria - 1.8, Standard 2 - Academic Governance and Quality Assurance Criteria - 2.1, 2.4 Standard 3 – Program of Study Criteria - 3.8, 3.9, 3.11 Standard 4 – The student experience Criteria - 4.1, 4.3, 4.5, 4.6, 4.7
Local Area Health Authority	Patient management/patient pool Resources including facilities and supporting staff Student supervision Quality and safety policies and processes within facilities External input into program Opportunities for intra and inter professional practice	Standard 1 – Public Safety Criteria - 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 Standard 2 - Academic Governance and Quality Assurance Criteria - 2.2, 2.3 Standard 3 – Public Safety Criteria - 3.3, 3.6 3.9
Professional Body Representatives	External input into the program Graduate employability/readiness to practice External examiners	Standard 2 - Academic Governance and Quality Assurance Criteria - 2.1, 2.2, 2.3 Standard 3 – Program of Study Criteria - 3.3, 3.6 Standard 5 - Assessment Criteria - 5.4, 5.5
Equity and Diversity officers/staff	Student support / principles of equity and diversity in the student experience Support for students identifying as Aboriginal or Torres Strait Islander	Standard 4 – The student experience Criteria - 4.3, 4.5, 4.6, 4.7
Other program input OR Individuals providing inter-professional input	Cultural diversity and cultural competence Inter-professional education and practice	Standard 2 - Academic Governance and Quality Assurance Criteria – 2.2, 2.3 Standard 3 - Program of Study Criteria – 3.2, 3.3, 3.6, 3.10 Standard 4 – The student experience Criteria – 4.7

12. REFERENCE MATERIAL

The following reference material has been developed by the ADC/DC(NZ) Accreditation Committee to assist in the interpretation and application of the various Accreditation Standards.

12.1. Core evidence requirements

As indicated in Section 6.3, the ADC and DC(NZ) have developed a list of core evidence requirements for all programs being submitted for accreditation or reaccreditation. The list of documents is included below.

1. Statement of guiding principles for the program
2. Policies and procedures on clinical and workplace safety including screening and reporting and control of infectious diseases and blood borne infections
3. Curriculum mapping including alignment of learning outcomes to the relevant Professional Competencies
4. Assessment blueprint/matrix to demonstrate alignment of assessment to learning outcomes, including Professional Competencies
5. Register of external supervisors' qualifications, registration status and supervision responsibilities
6. Policies and procedures on student placement and supervision
7. Register of formal (and informal) agreements between the provider and supervisors, placement clinics, practices, services
8. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement
9. Sample student timetable for each year of the course indicating allocation of key learning activities and clinical hours (indicating the number of hours spent as an operator)
10. Staffing profile including professional qualifications, registration status and teaching and supervision responsibilities
11. Admission and progression policies and procedures
12. Information to prospective and enrolled students
13. Sample of student clinical log books/portfolios (which could be made available during the site visit)

Note: items 3 & 4 may be combined if appropriate

Examples of other types of evidence that could be submitted as part of an accreditation / reaccreditation application:

Standard	Examples of possible additional documentary evidence
1. Public safety is assured.	<ul style="list-style-type: none"> • Policies and procedures on student placement and supervision • Systems that identify, report on and remedy issues that may affect public safety and any actions taken • Record of provider communication with ADC/DBA • Student registration documentation • Policies and procedures on ethical and professional behaviour
2. Academic governance and quality assurance processes are effective.	<ul style="list-style-type: none"> • Registration as a provider with appropriate authority e.g. TEQSA, ASQA, CUAP, NZQA • Relevant academic policies and procedures • Records, minutes of relevant review meetings and consultations and the decisions made and implemented • Relevant key stakeholder consultation/engagement activities • Relevant external QA reports
3. Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies.	<ul style="list-style-type: none"> • Documentation showing where and how the educational philosophy is articulated and enacted • Letter from the provider senior management confirming ongoing support for the program • 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 • Details of employer input/feedback • Record of communication with ADC/DBA/DC(NZ) on relevant issues
4. Students are provided with equitable and timely access to information and support.	<ul style="list-style-type: none"> • 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
5. Assessment is fair, valid and reliable.	<ul style="list-style-type: none"> • Policies and procedures on assessment, including assessment strategy • Policies on and examples of assessment moderation • Samples of student assessments and feedback provided to students • Samples of use of assessment data to improve program/course outcomes • Processes for identifying and using external examiners

12.2. Curricula – Courses and Topics

General courses/topics that are expected to be included in a program for dentists are:

- Anatomy – gross, microscopic, neuroanatomy
- Behavioural sciences, including communication and professional conduct
- Biochemistry
- Biology, including oral biology
- Biostatistics
- Cariology
- Chemistry
- Cultural safety
- Dental implants
- Dental materials
- Dental occlusion
- Dental trauma
- Diet and nutrition
- Endodontics
- Epidemiology
- Ethics and jurisprudence
- General dental practice, dental team and intra-professional practice
- General histology
- General immunology
- General medicine
- General microbiology
- General pathology
- General physiology
- Genetics, including molecular genetics
- Imaging, including radiology
- Infection control
- Medical emergency procedures, CPR
- Molecular biology
- Operative dentistry
- Oral anatomy
- Oral biology
- Oral diagnosis
- Oral health promotion and oral health education
- Oral histology and embryology
- Oral medicine
- Oral microbiology and immunology
- Oral pathology
- Oral physiology
- Oral surgery
- Orthodontics
- Paediatric dentistry
- Pain control

- Periodontology
- Pharmacology and therapeutics
- Physics
- Practice management, record keeping including 'electronic record keeping'
- Preventive dentistry
- Prosthodontics, fixed and removable, including implants
- Public health dentistry
- Research methodology, information literacy, and critical appraisal of the literature
- Responsibilities in vocational practice (team dentistry, safe practice, occupational health and safety, legislation governing practice).
- Social determinants of health and disease
- Special needs dentistry, including aged care dentistry, medically compromised, disabled

General courses/topics that are expected to be included in a program in dental hygiene/dental therapy are:

- Anatomy – gross and microscopic; oral anatomy
- Behavioural sciences, including communication; models of learning, human development and behaviour change, social and cultural effects
- Bicultural issues, e.g. Mana Māori and the Treaty of Waitangi, and Aboriginal and Torres Strait Islander Health issues
- Dental diseases
- Dental materials
- Dental occlusion
- Dental radiography
- Diet and oral health
- Emergency procedures, CPR
- Ethics and jurisprudence
- General histology
- General microbiology, immunology and oral pathology
- General pathology
- General physiology
- Infection control
- Introductory orthodontics
- Operative dentistry
- Oral biology (histology, embryology, microbiology and physiology)
- Oral diagnosis
- Oral health promotion
- Paediatric dentistry
- Pain control
- Periodontology
- Pharmacology
- Public health policy
- Research methodology, information literacy and critical appraisal of the literature

- Responsibilities in vocational practice (team dentistry, safe practice, occupational health and safety, legislation governing practice)
- Speciality dentistry
- Special needs dentistry, including aged care dentistry, medically compromised, disabled

12.3. Clinical experiences for Dental Students

A guide to the clinical experiences undertaken by dental students is as follows:

- Completed examinations, including diagnostic tests and radiographs, and treatment plans
- Preventive management
 - dietary analysis and counselling
 - oral hygiene instruction
 - appropriate use of fluoride
 - smoking cessation support
- Restorative
 - Dental pain management
 - fissure sealants
 - composite restorations, GICs
 - amalgam restorations
 - complex direct and indirect restorations (inlays, onlays)
 - Emergency/Acute care dentistry
 - Pulp extirpation
 - Provisional restorations
- Endodontics
 - number of single-rooted and multi-rooted teeth
- Oral surgery
 - simple extractions
 - Surgical removal of teeth
 - Biopsies
- Orthodontics
 - treatment plans
 - removable appliances
- Paediatric dentistry
 - pulpotomy
 - GIC's
 - amalgams
 - composites
 - fissure seals
 - space maintenance
- Periodontics
 - scaling
 - root planing
 - SPT
 - Periodontal surgery
- Removable Prosthodontics
 - removable partial dentures

- complete dentures
- immediate dentures
- relines and repairs
- occlusal splints
- mouthguards
- Fixed prosthodontics
 - veneers
 - crowns and bridges – metal/ceramic, ceramic
- Radiology
 - Intra and extra-oral radiographs
 - Digital radiography
 - panoramic radiographs
- Oral pathology and oral medicine
 - Special needs dentistry, including aged care dentistry, medically compromised, disabled

12.4. Accreditation Definitions

Definitions related to accreditation functions

Compliance: The ADC and DC(NZ) undertakes its compliance function when it assesses whether dental programs meet the ADC/DC(NZ) Accreditation Standards.

Quality improvement: Commendations and Recommendations are identified during a program review that are aimed at fostering continuous quality improvement but do not constitute an assessment of compliance with the Accreditation Standards.

Education provider: A tertiary education institution, specialist college or other provider of dental education and training that delivers an ADC or DC(NZ) accredited program or is seeking ADC or DC(NZ) accreditation of a program.

Compliance definitions

Condition: Conditions may be imposed on a program if a standard is substantially met and the imposition of conditions will ensure full compliance with the standard within a reasonable timeframe.

Accreditation Standard is met: An Accreditation Standard is met when the program meets the minimum requirements of the standard.

Accreditation Standard is substantially met: An Accreditation Standard is substantially met if the plans and/or arrangements in place for the provision of the program do not fully meet the Standard. A finding of substantially met must satisfy the following two criteria:

1. The plans and/or arrangements in place that are applicable to the standard must not adversely affect student welfare, or the capacity of the education provider to deliver the program, or the learning outcomes and Professional Competencies required; and
2. There must be a reasonable expectation that the program will be able to meet the Accreditation Standard in full within a defined timeframe that does not pose an unacceptable risk.

Standard is not met: A standard is not met when the program does not meet the minimum requirements of the standard **and** the arrangements planned or currently in place for the provision of the program:

1. impair or undermine the acquisition of clinical competencies required for competent practice; and/or

2. call into question the education provider's capacity to resource or administer the program; and/or
3. will have, or are having, significant adverse effects on student welfare.

Quality improvement definitions

Commendation: A commendation refers to a particularly significant achievement by the education provider with regard to the program. The aim of a commendation is to acknowledge and encourage best practice.

Recommendation: A recommendation refers to an action or a course of actions that should be considered by the provider to improve the delivery and/or outcomes of the program.

The aim of a recommendation is to encourage education providers to consider specific quality improvements to programs. Recommendations may also highlight areas of potential future risk to programs that can be addressed through the action(s) recommended. Education providers may seek to achieve the proposed improvements to program delivery or outcomes through a course of action that differs from what is recommended. Inaction or lack of action regarding a recommendation could pose risks to a program's future compliance with the standards, particularly where a recommendation highlights a potential risk to a program.

Clinical definitions

Simulation training hours: any aspect of preclinical or simulation training for dentistry and oral health that includes hands-on simulation of clinical activities.

Clinical training hours: any aspect of dental practitioner training that includes provision of patient care by the student as an operator.

Clinical observation hours: any aspect of dental practitioner training that includes the observation of patient care by a student, performed by another registered clinician.

Clinical placements: clinical placements provide opportunities in a relevant professional setting for the education and training of health sector students for the purposes of:

1. integrating theory into practice
2. familiarising the student with the practice environment
3. building the knowledge, skills and attributes essential for professional practice, as identified by the education institution and the ADC or DC(NZ).

It is recognised that a clinical placement may be conducted in any number of locations but the primary consideration is the provision of safe, high-quality patient care.

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