

Australian
Dental
Council

Dental Council
Te Kaunihera Tiaki Niho

ADC/DC(NZ)

Accreditation Manual for Assessors

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CONTENTS

PURPOSE	4
ABBREVIATIONS USED IN THIS DOCUMENT	4
FURTHER INFORMATION	4
1. INTRODUCTION	5
1.1 Background.....	5
1.2 Governance and Objectives	6
1.3 Regulatory environment and context (Australia).....	7
1.4 Tertiary education regulation in New Zealand.....	9
2. ACCREDITATION FRAMEWORK	10
2.1 Accreditation philosophy	10
2.2 Accreditation standards and outcomes.....	11
2.3 Duration of accreditation	12
2.4 Accreditation Decision Making Framework.....	12
3. ROLES & RESPONSIBILITIES IN ACCREDITATION	12
3.1 Overview	12
3.2 Accreditation Committee	13
3.2.1 Purpose.....	13
3.2.2 Membership	13
3.3 Assessors	13
3.3.1 Assessor characteristics and responsibilities	14
3.3.2 Training	15
3.3.3 Conflicts of interest	15
3.3.4 Confidentiality	15
3.4 Site Evaluation Team	16
3.4.1 SET Composition	16
3.4.2 Role of the SET.....	17
3.4.3 Role of the SET Chair	17
3.4.4 Role of the ADC Director Accreditation (or delegate).....	18
3.5 Responsibilities of ADC/DC(NZ) secretariat staff.....	18
3.6 Responsibilities of education providers.....	18
4. THE ACCREDITATION PROCESS	19
4.1 Timeline of a typical accreditation review	19
4.2 Before the Visit.....	20
4.2.1 Education provider submission.....	20
4.2.2 Reviewing the education provider's submission.....	20
4.2.3 Evidence gathering techniques.....	20
4.2.4 Site visit schedule	22
4.2.5 Teleconference	27
4.3 The site visit	27
4.3.1 Gathering evidence through interviews	28
4.3.2 Recording the findings	29
4.3.3 Exit meeting	29
4.3.4 Do's and don'ts of site visits	29

4.4	The Report	29
4.4.1	Report format and content	30
4.4.2	The process of writing the report	30
4.4.3	Comments by education provider	32
4.5	After the Visit.....	33
4.5.1	Decision making.....	33
4.5.2	Issuing the final report and notification of decision	33
4.5.3	Feedback and evaluation.....	33
4.5.4	Destruction of material related to a program	33
4.6	Monitoring of accredited programs	34
4.6.1	Monitoring requirements	34
5.	RESOURCES	35
5.1	Practical aspects of the visit	35
5.1.1	Flights and Accommodation.....	35
5.1.2	Claims	35
5.1.3	Meals.....	35
5.1.4	Sessional payments.....	35
	Reference documents.....	36
	Appendices.....	36

List of Figures

Figure 1. Overview of key entities involved in health profession regulation in Australia

Figure 2. Key activities for SET in the accreditation review process

Figure 3. Steps in the preparation and publication of the SET report of the accreditation review

List of Tables

Table 1. Overview: roles of key bodies in dental registration and accreditation

Table 2. Types of accreditation outcomes.

Table 3. Indicative schedule for a site visit

PURPOSE

This manual provides guidance to members ('Assessors') of Site Evaluation Teams (SETs) in their role of reviewing dental practitioner education and training programs seeking accreditation (or re-accreditation) with the Australian Dental Council (ADC) and/or the Dental Council - New Zealand (DC(NZ)).

It outlines the elements of the accreditation process and their importance in the overall accreditation activity, and highlights practices that have been found to help establish a collegiate, interactive and constructive review process.

ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
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
CUAP	Committee on University Academic Programmes - Universities NZ
DBA	Dental Board of Australia
DC(NZ)	Dental Council (New Zealand)
HPCAA	Health Practitioners Competence Assurance Act
NZQA	New Zealand Qualifications Authority
NZQF	New Zealand Qualifications Framework
SET	Site Evaluation Team
TEQSA	Tertiary Education Quality and Standards Agency
VET	Vocational Education and Training

FURTHER INFORMATION

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1. INTRODUCTION

1.1 Background

Accreditation is the status granted by the Australian Dental Council (ADC) and the Dental Council (New Zealand) (DC(NZ)) to dental practitioner education and training programs that meet the stated minimum standard criteria as set out in the Program Accreditation Standards.

Accreditation of a program signifies that the program provides graduating students with the knowledge, skills and professional attributes necessary to be registered to practise in Australia or New Zealand.

In Australia to be registered as a dental practitioner individuals must have graduated from a program accredited by the ADC and approved by the Dental Board of Australia (DBA) for the purposes of registration.

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) and the 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.

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 respective websites: ADC (<http://www.adc.org.au>) and DC(NZ) (www.dcnz.org.nz).

Professional competencies

Accreditation considers professional competencies.

In Australia, the following statements of the 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 competencies needed to practise. In this way the Professional Competencies are the key differentiator between different types of dental programs. The respective Professional Competencies statements are published at <http://www.adc.org.au>, www.dentalboard.gov.au and www.dcnz.org.nz.

1.2 Governance and Objectives

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 processes for both countries.

The Australian Dental Council

The ADC is the independent body appointed under the *Health Practitioner Regulation National Law Act 2009* (the National Law) by the DBA to undertake the accreditation of dental practitioner programs of study in Australia. The ADC is also responsible for the assessment of the knowledge, clinical skills and professional competencies of overseas trained dental practitioners who are seeking general registration to practise in Australia.

The ADC was formed in 1993 by the Dental Boards of the States and Territories of Australia, the Australian Dental Association and the Committee of Deans of Dental Schools principally as a national body charged with accrediting, on behalf of the Boards, education programs leading to registrable dental qualifications. Prior to 1986, Australian university dental schools were accredited at regular intervals by the General Dental Council.

The ADC commenced accrediting the undergraduate dentistry programs of Australian Universities in 1995, and extended its accreditation activities to postgraduate specialist programs in 1999 and dental hygienist and dental therapist programs in 2003. Since 2010 the ADC has been responsible for accrediting dental prosthetist programs.

The Dental Council (New Zealand)

The DC(NZ) is the statutory body constituted in New Zealand under the Health Practitioners Competence Assurance Act 2003 (the HPCAA) with responsibility for protecting the health and safety of the public by ensuring that all registered oral health practitioners are competent and fit to practise. Under the HPCAA the DC(NZ) is charged with prescribing the qualifications for registration in dental scopes of practice and for that purpose accrediting and monitoring New Zealand educational institutions and degrees, courses of study or programs.

In New Zealand the DC(NZ) has defined lists of prescribed qualifications for registration as a dentist, dental specialist, dental hygienist, orthodontic auxiliary, dental therapist, oral health therapist, dental technician or clinical dental technician.

DC(NZ) is also mandated by the HPCAA to set standards for clinical competence, cultural competence and ethical conduct. The DC(NZ) competencies developed for the various professions set the minimum clinical standards.

1.3 Regulatory environment and context (Australia)

The National Registration and Accreditation Scheme

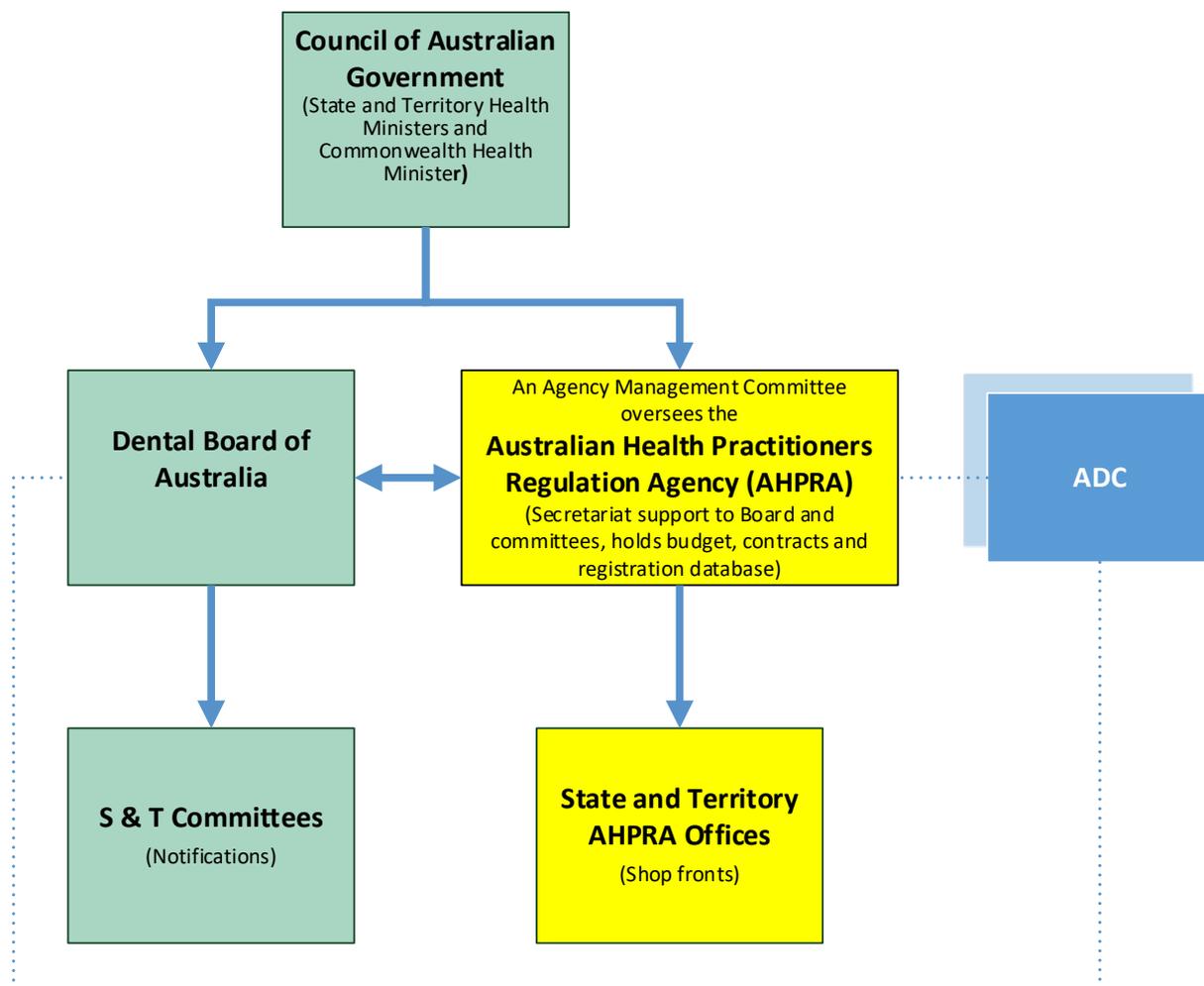
In July 2010 a national scheme for the registration and accreditation of health professions was introduced in Australia. Fourteen health professions, including the dental profession, are now regulated under consistent legislation the *Health Practitioner Regulation National Law Act 2009* (the National Law) and by national registration boards.

Prior to the introduction of the national scheme each state and territory had its own legislation and there were more than 85 health profession boards and 66 Acts of Parliament governing health professionals in Australia.

The ADC has been appointed the accreditation authority for the dental profession. The work of the ADC in accreditation is regulated by the National Law (see in particular Part 6).

The National Law establishes the following structure:

Figure 1. Overview of key entities involved in health profession regulation in Australia



The Dental Board of Australia (DBA)

The DBA is the regulator for dental practitioners in Australia.

The DBA approves accredited programs as providing a qualification for the purposes of registration. A graduate of a program that is accredited by the ADC and approved by the DBA is eligible to apply for registration to practice.

The discipline in which a graduate may register is dependent upon the discipline in which the program provides education and training, as recognised by the ADC and DBA.

Scopes of practice for dentists, dental specialists, dental hygienists, dental therapists, oral health therapists and dental prosthetists are defined by the DBA.

Who does what in dental accreditation in Australia?

The table below summarises the main roles of major bodies involved in dental accreditation:

Table 1. Overview: roles of key bodies in dental registration and accreditation

ADC	DBA http://www.dentalboard.gov.au/	AHPRA http://www.ahpra.gov.au/
Develops (and reviews) accreditation standards (for all categories of registration) with wide public consultation	Approves accreditation standards; requests review of accreditation standards	Contracts for required accreditation functions
Assesses new and existing programs of study for accreditation. Monitors accredited programs of study	May approve or refuse to approve an accredited program of study as providing a qualification for the purposes of registration	Publishes list of approved programs for registration
Assesses overseas trained practitioners for suitability to apply for registration	Recognises ADC assessed practitioners passing the ADC requirements for registration	Processes registration applications

Tertiary education regulation in Australia

The following bodies have a central role in regulating tertiary education in Australia and as such the ADC must be aware of their role and requirements that may have an impact on accreditation.

Tertiary Education Quality Standards Agency (TEQSA)

TEQSA regulates the higher education program providers, including Australian universities.

It uses the principles of regulatory necessity, risk and proportionality to regulate education program providers against the TEQSA Act and the Higher Education Standards Framework including:

- The Provider Course Accreditation Standards
- The Provider Qualification Standards.

TEQSA also accredits the courses of non-university providers that do not have the authority to accredit their own courses, for example TAFEs with higher education programs.

For further information see the TEQSA website: <http://www.teqsa.gov.au/>.

Australian Skills Quality Authority (ASQA)

ASQA is the national regulator for the Vocational Education and Training Sector (VET). ASQA uses the VET Quality Framework including Australian Qualifications Framework (AQF) and Standards for VET Accredited Courses to regulate courses and Training Providers.

Some dental hygiene and dental prosthetist programs that are delivered by Australian TAFEs need to meet both ADC and ASQA's accreditation requirements.

For further information see the ASQA website: <http://www.asqa.gov.au/>.

Australian Qualifications Framework (AQF).

The AQF is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

In Australia education, training and employment ministers collectively own and are responsible for the AQF. The AQF describes 10 levels of qualifications (Level 1 - Certificate 1 to Level 10 – Doctoral degree).

The ADC accredits programs that range from Level 6 to Level 9 on the AQF in both the VET and higher education sectors.

To accord with the Qualification Standards all new and re-accredited courses must be compliant with the AQF from 1 January 2015.

Non-compliance with the AQF can lead to regulatory action by TEQSA or ASQA.

The AQF is managed by the Australian Government Department of Education and Training in consultation with the states and territories.

For further information see the AQF website: <http://www.aqf.edu.au/>.

Health Industry Training Package

Skills IQ is the Skills Service Organisation responsible for supporting the Dental Industry Reference Committee to develop and review VET qualifications and competency standards for occupations including dental prosthetists, dental assistants and dental technicians.

As dental assistants and dental technicians are not required to register under the National Law, the ADC only accredits dental prosthetics programs offered under the health industry training package.

Education providers delivering ADC-accredited VET Advanced Diplomas in dental prosthetics must adhere to the qualification as outlined in the health industry training package.

For further information see the Skills IQ website: <http://www.skillsiq.com.au/>.

1.4 Tertiary education regulation in New Zealand

Universities New Zealand – Te Pōkai Tara is the statutory body with primary responsibility for quality assurance matters in the New Zealand university sector (Education Amendment Act 1990).

There are two bodies overseeing the quality assurance of universities - Universities NZ's Committee on University Academic Programmes (CUAP) and the Academic Quality Agency (AQA) for New Zealand Universities.

University Academic Programmes

CUAP is charged with setting up and applying qualification and regulation approval, accreditation and programme moderation procedures across universities, and has the delegated authority of Universities NZ for academic approval and accreditation functions.

CUAP considers academic matters including inter-university course approval and moderation procedures, advice and comment on academic developments, encouragement of the coherent and balanced development of curricula and the facilitation of cross-crediting between qualifications.

CUAP is the body to which universities must submit any proposals to offer new qualifications or to make substantial changes to existing qualifications. Once a university qualification has been approved by CUAP it is listed on the New Zealand Qualifications Framework (NZQF).

Academic Quality Agency for New Zealand Universities

AQA supports universities in their achievement of standards of excellence in research and teaching through regular institutional audit and the promotion of quality enhancement practices across the sector. The institutional audits are conducted by the New Zealand Universities Academic Audit Unit.

New Zealand Qualifications Framework

The NZQF contains the list of all quality assured qualifications in New Zealand. Qualifications that are worth 40 credits or more and have been quality assured by a recognised quality assurance body are eligible to be added to the NZQF.

NZQF is administered by the New Zealand Qualifications Authority (NZQA). CUAP and NZQA are the two quality assurance bodies responsible for approving qualifications in New Zealand.

NZQA is responsible for quality assuring all non-university tertiary education organisations, and approves qualifications developed by these organisations; whilst CUAP is responsible for the quality assurance of universities and their approved qualifications.

2. ACCREDITATION FRAMEWORK

2.1 Accreditation 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; and
- that the program provides its graduates with the skills required for practice, as outlined in the relevant statement of professional competencies.

Education providers undertake a self-assessment against the Accreditation Standards. An education provider is free to determine how its program meets the standards and provides its graduates with the competencies required for practice.

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. It further recognises that the diversity can strengthen the Australian and New Zealand dental education system, provided that each education provider continually evaluates its program and methods of delivery.

The accreditation process is conducted in a positive, constructive manner based on peer review. While its primary purpose is to provide for the protection of the public by demonstrating that the programs that educate health practitioners meet the Accreditation Standards, 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 on previous experience, feedback from participants and external input such as benchmarking with other accreditation processes and related activities.

2.2 Accreditation standards and outcomes

Programs are assessed against the Accreditation Standards. Under the National Law in Australia and the Health Practitioners Competence Assurance Act 2003 in New Zealand the ADC and the DC(NZ) may grant the accreditation outcomes as set out in the table below, if the respective Council is reasonably satisfied that either:

- a program of study and the education provider meet the approved accreditation standards, or
- a program of study and the education provider substantially meet the approved accreditation standards and the imposition of conditions of accreditation will ensure the program meets an approved accreditation standard within a reasonable time.

The following accreditation outcomes apply to all programs, whether newly accredited or established.

Table 2. Types of accreditation outcomes

Outcome	Description
Accreditation	Accreditation indicates that the program meets or exceeds the minimum standards for accreditation. Retention of this accreditation status is subject to monitoring.
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 Standards. 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 progress towards 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"> - an accredited program with conditions fails to demonstrate that progress has been made towards meeting the conditions within a reasonable period of time, and therefore does not comply with the Accreditation Standards. - 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 accreditation must be revoked as there is a potential risk to public safety and/or students will be unable to develop the competencies required to practice in a competent and ethical manner. 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.
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.

2.3 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 programs, and
- 5 years for dental hygienist, dental therapist, oral health therapist and dental prosthetist programs.

2.4 Accreditation Decision Making Framework

The Accreditation Decision Making Framework has the following purposes:

1. to provide definitions for guidance to Site Evaluation Teams (SETs) in their evaluation of dental practitioner programs and the education providers that provide these programs;
2. to assist the ADC/DC(NZ) Accreditation Committee in making accreditation decisions and/or recommendations regarding accreditation of programs to the ADC Board or DC(NZ) Council;
3. to provide rationale for ADC accreditation decisions that will be used in reports to the DBA;
4. to provide a clearly articulated and defensible basis for accreditation decisions.
5. to ensure consistency of decision making by keeping an ongoing record of the principles/reasoning applied when making decisions; so that when similar situations arise the Accreditation Committee may view the rationale applied in the past.

The Decision Making Framework consists of three parts:

- 1) Accreditation Definitions
- 2) Risk Matrix
- 3) Register of Accreditation Precedents.

Accreditation definitions guide determinations as to whether standards are met and clearly differentiate the ADC/DC(NZ) roles in terms of determining compliance with the standards and in fostering quality improvement. Accreditation definitions are included in the *ADC/DC(NZ) Guidelines for Accreditation of Education and Training Programs for Dental Practitioners*.

All ADC accreditation decisions that result in an accreditation condition will be reported to the DBA with a risk rating in accordance with the Risk Matrix.

The Register of Accreditation Precedents records significant accreditation decisions made and in particular the principles/reasoning applied so as to guide the Accreditation Committees recommendations, and the ADC and DC(NZ) in making consistent decisions.

3. ROLES & RESPONSIBILITIES IN ACCREDITATION

3.1 Overview

While the ADC and the DC(NZ) retain jurisdictional authority for the accreditation of programs in their respective countries they have adopted a joint Australasian accreditation process with a joint ADC/DC(NZ) Accreditation Committee.

The role of the Accreditation Committee is to advise the ADC and DC(NZ) on accreditation matters and to assess programs using the Accreditation Standards.

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

3.2 Accreditation Committee

The Accreditation Committee is a joint ADC/DC(NZ) committee. The committee meets at least three times each year and makes recommendations to the respective Councils.

3.2.1 Purpose

The purpose of the Accreditation Committee is to:

- a. Develop, review and consult, on Accreditation Standards for Australian and New Zealand dental practitioner programs and submit these for endorsement by the ADC Board following which the ADC submits the new Standards and amendments to the DBA for approval. DC(NZ) approves the Standards for New Zealand programs.
- b. Develop, review and consult, where appropriate, on Professional Competencies for Australian and New Zealand dental practitioner graduates and submit for approval to the ADC and/or the DC(NZ);
- c. Evaluate and monitor Australian and New Zealand dental practitioner programs; consider reports of site evaluation teams concerning dental practitioner programs; consider annual and other reports submitted by the program providers as required; and consider recommendations for improvements to dental practitioner programs;
- d. Assess dental practitioner programs against the Accreditation Standards to ensure competent graduates for registration in the relevant scope of practice and make recommendations regarding accreditation outcomes to the ADC and DC(NZ);
- e. Appoint assessors to the ADC/DC(NZ) Assessor Register and evaluate the performance of assessors;
- f. Establish and review accreditation guidelines and processes on a regular basis;
- g. Report on matters referred to it by the ADC and DC(NZ).

3.2.2 Membership

Membership of the Accreditation Committee does not exceed eleven members consisting of the following:

- three from New Zealand
- a minimum of one who holds directorship of the ADC
- the Chair who will be based in Australia and who is appointed by the ADC Board

The membership as above will comprise:

- Two or three experienced dental practitioners holding current registration (without conditions relating to conduct) as a dental practitioner within Australia and/or New Zealand and holding membership of at least one dental professional association.
 - Two or three senior dental academics, working in either Australia or New Zealand.
 - Four others comprising:
 - a public sector dental practitioner;
 - a final year student of a dental program; and,
 - two community representatives.

3.3 Assessors

The ADC/DC(NZ) maintains a register of suitably experienced and skilled Assessors. The members of the SETs that conduct accreditation reviews are drawn from this register.

Assessors are appointed to the register in accordance with the *Policy on assessor criteria and appointment of Site Evaluation Teams*.

As a condition of their appointment to the register, all assessors are required to:

- a. sign a confidentiality agreement before undertaking their first accreditation assessment
- b. sign a standing notice of interest prior to participating in each SET and understand that the ADC/DC(NZ) will need to be notified as soon as any changes to this occur
- c. undertake training in the accreditation process, as determined by the ADC/DC(NZ)

- d. agree to undertake performance reviews, as required by ADC/DC(NZ).

3.3.1 Assessor characteristics and responsibilities

Assessors appointed to fill the academic position(s) on a SET must meet the following criteria:

- hold current registration without conditions relating to conduct and/or competence/performance as a dental practitioner with the relevant regulatory body and comply with the requirements for registration and practise within their jurisdiction
- higher level qualification(s)
- research experience
- broad range and senior level of teaching experience
- contemporary knowledge of and experience in student assessment, teaching procedures and teaching materials
- contemporary knowledge of and experience in teaching administration and leadership, quality assurance, program evaluation and program design
- experience in providing academic and/or professional advice or services.

Assessors appointed to fill the clinical position(s) on a SET must meet the following criteria:

- hold current registration without conditions relating to conduct and/or competence/performance as a dental practitioner with the relevant regulatory body and comply with the requirements for registration and practise within their jurisdiction
- understanding of what attributes, skills and competencies are required of dental practitioners
- understanding of the professional and clinical standards required for dental practitioners to deliver oral health care
- knowledge of the tertiary education sector
- peer recognition
- understanding of the dental health needs of individuals and the community
- experience in professional organisations/committees.

Responsibilities

An assessor should perform their role ethically by:

- being impartial through unbiased evaluations
- maintaining confidentiality regarding all documentation reviewed, discussions held and interviews undertaken
- declaring potential or actual conflicts of interest
- avoiding using information gained in confidence for personal benefit or the benefit of another organisation
- being respectful of provider staff and stakeholders

An assessor should perform their role professionally by:

- being familiar with the Accreditation Standards and Professional Competencies
- reading and evaluating the evidence provided
- helping to formulate questions for, and ask questions of, provider staff and stakeholders
- contributing to SET discussions and the formulation of SET findings, recommendations
- assisting in writing the SET report
- providing timely responses to requests from the secretariat.

Assessors appointed to the register have a responsibility to advise the ADC/DC(NZ) if their registration is cancelled or suspended or if current conditions, reprimands or undertakings have been imposed prior to participating on a SET.

Assessors that fail to fulfil these responsibilities and abide by the conditions of appointment may be removed from the register of assessors at the discretion of the ADC and/or DC(NZ).

3.3.2 Training

All assessors participate in training conducted by ADC/DC(NZ) staff and are expected to study the Accreditation Standards and thoroughly familiarise themselves with the philosophies and procedures set out in this Manual.

3.3.3 Conflicts of interest

The accreditation procedures have been developed to ensure fairness and impartiality in all aspects of the accreditation process. Assessors are appointed for their professional and educational expertise and care is taken to ensure those selected do not have a conflict of interest or a predetermined view about a program they are reviewing.

Due to the extensive interaction which occurs within the dental sector SET members may anticipate or experience conflicts of interest between their accreditation role(s) and their other activities.

Proposed SET members are required to declare to the relevant Council any potential personal, professional and/or ideological conflicts that may be perceived to conflict with their ability to undertake impartially their duties as an Assessor.

Prior to confirmation of appointment to a SET, proposed SET members are required to complete and lodge with the ADC/DC(NZ) a Notice of Interests.

Personal conflicts could include close friendship, family relationship or animosity between a SET member and the Dean/Head or other senior staff of the education provider.

Professional conflicts could occur if the SET member has been an applicant for a position in the institution, is a current applicant or a prospective applicant for a position in the institution, a senior adviser, examiner or consultant to the institution, or is associated with an institution that is strongly competing with the institution whose program is being accredited.

An example of an **ideological** conflict would be a SET member's antipathy toward or dislike of the teaching methodologies of an institution.

Assessors must declare any potential personal, professional or ideological conflicts of interest that arise at any stage in the accreditation process, whether prior to appointment or during the review. Assessors should give careful consideration to whether or not there is any reason why they might be perceived as having a conflict of interest or a predetermined view about the program. If so, the matter should be raised with the relevant Council, or if necessary, the Chair of the Accreditation Committee and the Chair of the SET. The ADC/DC(NZ) is empowered to make the final determination to resolve any questions regarding real or perceived conflicts.

Where a circumstance indicates a perceived conflict of interest or bias, the appointee may not need to withdraw. A declaration of the circumstance may be sufficient to allay concern. If in doubt the assessor should contact the ADC/DC(NZ) secretariat to discuss the matter.

The education 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, members of the ADC Board or the DC(NZ) Council during the accreditation process are managed according to the *Accreditation Committee – Conflict of Interest Policy*.

3.3.4 Confidentiality

Confidentiality is an integral part of the accreditation process.

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 Assessors, members of the Accreditation Committee, Council board 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 evaluation team. Recommendations on accreditation thus remain confidential until the relevant Council decides and announces its decision on the accreditation outcome.

All Assessors sign a Confidentiality Agreement to confirm their appointment.

3.4 Site Evaluation Team

The relevant Council appoints a SET to carry out the assessment of each program to be accredited. The SETs work within the policy and procedures jointly agreed by the two 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 a 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.

Observers may also be appointed as appropriate. This may occur to enhance the observer's understanding and appreciation of the accreditation processes. The ADC/DC(NZ) may also invite the observer to comment on the operation of the site visit, in the interest of continuous improvement of its processes.

3.4.1 SET Composition

A specific SET is appointed to evaluate one or more programs from a single provider, depending on the circumstances. For example a single SET may evaluate a group of specialist programs from a provider. The SET is established from the pool of Assessors.

The proposed membership is determined by the respective Secretariat, which may request external advice from the Chair of the Accreditation Committee or other committee members, utilising the Assessor Register. In addition, SET Chairs are a source of valuable advice when establishing a SET, based on their previous experiences working with Assessors.

In the case of programs within Australia, the Chair and members of a SET are appointed by the ADC CEO on advice from the Chair of the Accreditation Committee and the Director, Accreditation. SET memberships will be reported to the Accreditation Committee and the ADC Board for noting

In the case of programs within New Zealand, the Chair and members of a SET are appointed by the Dental Council, for noting by the Accreditation Committee and ADC.

It is essential for the clinical members of the team to have the requisite knowledge, skills and experience for the type of program being assessed.

The composition of the SETs aims to provide an appropriate balance of clinical and academic expertise relevant for the program being reviewed, geographical representation and, desirably, gender balance. SETs for follow-up visits may be smaller than the original team and comprise some members of the original team and/or new members.

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 dental academic who has the educational competencies to evaluate the course submitted;
- a member who is experienced in accreditation processes; and
- a lay member.

Lay members on New Zealand SETs will be appointed by the DC(NZ) according to the *DC(NZ) Accreditation of Qualifications for Registration as an Oral Health Practitioner Policy*.

3.4.2 Role of the SET

SETs assess whether programs and education providers meet the 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 the monitoring of program performance.

The activities of the SET encompass:

- reviewing the documentation submitted by the education provider covering aspects of the program relevant to the Accreditation Standards;
- conducting the site visit including interviewing education provider staff, students and other relevant stakeholders and assessing the education provider's facilities and teaching hospital/clinics; and
- preparing the accreditation report for consideration by the Accreditation Committee.

3.4.3 Role of the SET Chair

To be eligible for appointment as a SET Chair, the Assessor must have undertaken at least three accreditation reviews previously.

In addition to the attributes that are expected of SET Assessors, Chairs are expected to demonstrate:

- **Leadership:** is confident, decisive and acts without fear or favour.
- **Capacity to Chair effectively:** capacity to establish and follow a well organised format, facilitate input from all Assessors, build consensus, distil core issues, summarise discussion and confirm decisions ensuring they are accurately recorded.
- **Effective communication:** confident communicator, has report writing skills and experience.

The role of the Chair is to lead the evaluation of the program, which includes:

- chairing the SET teleconference
- leading the questioning of interviewees
- assisting with writing of the report regarding the professional content
- leading in the formulation of the overall recommendation.

3.4.4 Role of the ADC Director Accreditation (or delegate)

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;
- review the SET's written report to ensure that it 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.

3.5 Responsibilities of ADC/DC(NZ) secretariat staff

The ADC/DC(NZ) Secretariat provides policy and procedural advice, liaises with the education provider about the submission and arrangements for the site visit, works with the SET to draft and edit the report (in Australia) and administers the feedback and evaluation processes for the accreditation function.

All communication with the program **MUST** be through the ADC or DC(NZ) secretariat. SET members must not make direct contact with the program being reviewed, either by email or other means.

The administrative responsibilities of the ADC/DC(NZ) Secretariat staff include:

- informing the education provider about accreditation processes and requirements;
- negotiating the timing of the accreditation reviews and site visits;
- forming SETs, including approaching SET members and Chairs and (in Australia) seeking approval of SETs from the ADC CEO, on advice from the Chair of the Accreditation Committee;
- liaising with the provider regarding the site visit and ensuring the organisation of the same;
- managing the consideration of the SET's report and overall recommendation by the Accreditation Committee and respective councils;
- advising the DBA (in Australia) of accreditation decisions;
- arranging the publication of a summary accreditation report on the ADC or DC(NZ) website;
- developing processes, procedures, and policies for consideration by the Accreditation Committee and respective councils
- preparing documentation to assist SETs, such a minutes of teleconference meetings, requests for additional information and worksheets for site visits.

3.6 Responsibilities of education providers

The accreditation review process starts with the education provider's self-assessment.

Education providers seeking accreditation of a program of study provide a detailed written submission (using a template) at least three months ahead of any scheduled site visit.

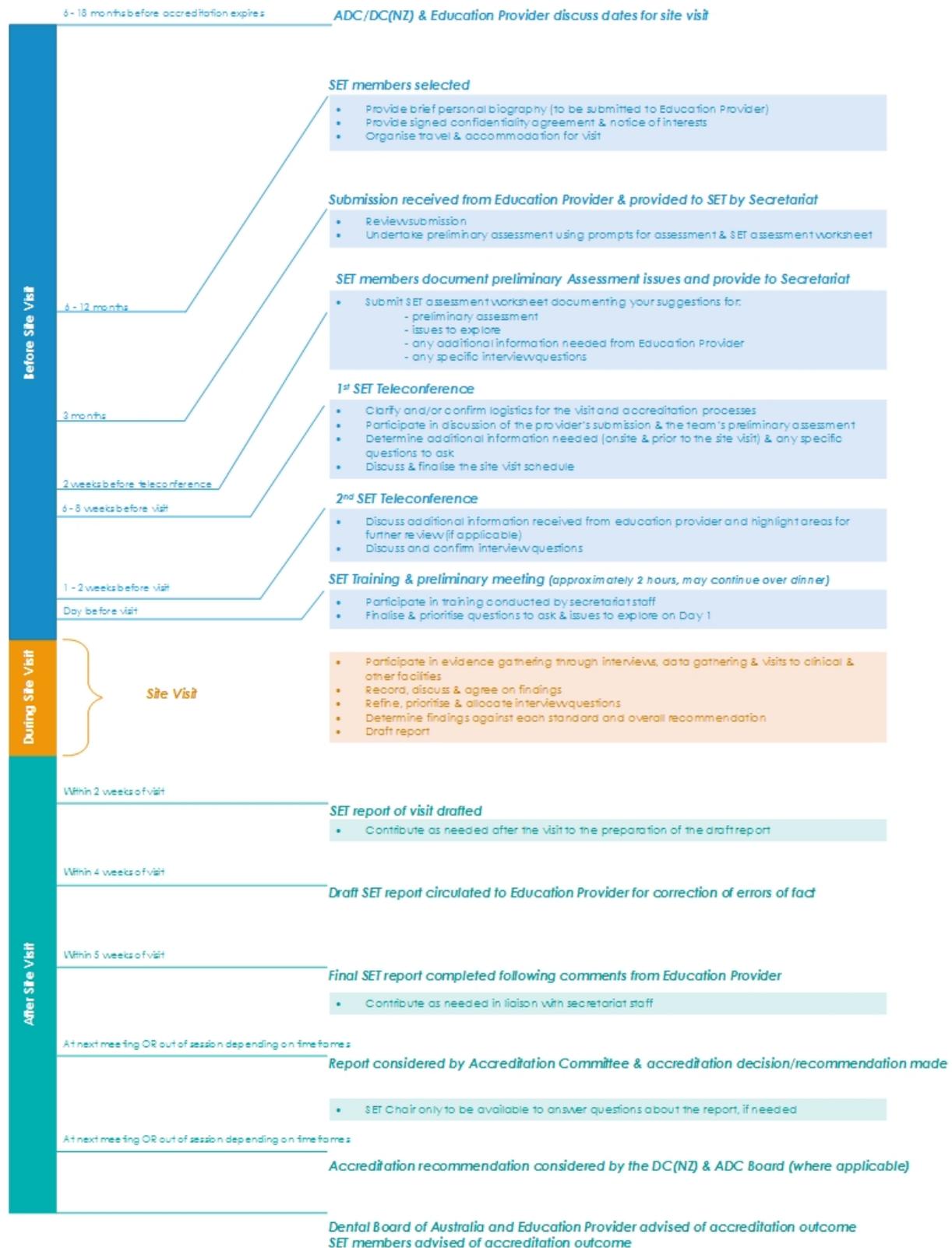
The accreditation submission is the basis on which the review proceeds. The submission describes the education provider's policies and processes, provides program details, and contains or references any supporting evidence to demonstrate how the program complies with the Accreditation Standards.

4. THE ACCREDITATION PROCESS

4.1 Timeline of a typical accreditation review

Key activities in the accreditation review process are detailed in Figure 2.

Figure 2. Key activities for SET in the accreditation review process



4.2 Before the Visit

4.2.1 Education provider 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 in the ADC/DC(NZ) Accreditation Guidelines 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).

An application template is available for providers to guide the application process. Education providers are advised 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.

4.2.2 Reviewing the education provider's submission

When the education provider provides its accreditation submission, the ADC/DC(NZ) Secretariat circulates it to the SET (in electronic format), along with any other relevant documentation (such as the previous accreditation report and recent annual reports).

The SET uses the accreditation submission to decide how to structure the site visit and meetings. The SET's preliminary assessments of the appropriateness and effectiveness of the education provider's processes and programs are based on the education provider's written accreditation submission.

The SET should read the accreditation submission and other documentation provided and form a preliminary view on the extent to which the program meets the Accreditation Standards.

The outcome of this preliminary assessment is recorded in the *SET Worksheet: Assessing the evidence against the Accreditation Standards*. This Microsoft Word worksheet will be circulated to the team along with the submission and other documentation. To assist with this assessment, the ADC has also developed the *SET Resource – Prompts for assessing the evidence against the standards*, which provides the assessor with points to consider when evaluating the submission.

SET members should identify any issues for further exploration and any additional information needed prior to the site visit. Completed preliminary assessment worksheets are provided to the Secretariat for collation. The consolidated feedback is circulated to all SET members and is then used to form the basis for discussion at the SET teleconference.

4.2.3 Evidence gathering techniques

SETs should consider both quantitative and qualitative data, looking for specific strengths or weaknesses, and highlighting examples of good practice and areas for improvement.

It is important to remember that the accreditation visit is confirming the accreditation submission. SET members must therefore be familiar with the education provider's

documentation, and have identified in advance matters they wish to clarify and their lines of questioning.

Detailed below are three key techniques for evidence gathering

- Sampling
- Tracking, trailing or drilling down
- Triangulation

Sampling

A SET's work depends on well-chosen sampling. The selection of samples occurs at two levels. The first arises from the SET's analysis of the accreditation submission, during which particular areas may be identified as, for example, significant or problematic, and therefore selected for further investigation. This process is sometimes called 'scoping'. At the second level, the SET decides what documentary or oral evidence is needed to sample within these areas.

Some sampling may be done to check information already presented in the accreditation submission. If this verifies the information, the SET may view the rest of the accreditation submission with confidence in its correctness and completeness, and avoid the repetition of collecting for itself information that is already available in the education provider's written documents.

From the SET's analysis of the education provider's self-review and supporting documents, the Team can choose to sample a particular area that requires further, detailed investigation.

Sampling could include:

- aspects of the program that highlight problems affecting its successful delivery
- changes to the program's curriculum
- planned improvements to the program

The SET must also determine the documentary or oral evidence it needs to sample, for example minutes of committees involved in program approval.

Tracking, trailing or drilling down

Although a SET cannot cover all issues in depth, it should delve into some issues through a process known as tracking (or trailing or drilling down). This form of sampling focuses on a particular issue and pursues it through several layers or areas of the education provider. For example to check that an education provider is developing modules in a new curriculum in the manner and within the timeframe it has described, the SET might request and review the detailed documentation on two or three modules.

The SET may track or trail targeted issues by use of document/paper trails, and/or through interviews with staff and students.

The education provider whose program is being accredited will need to be asked for additional information soon after the SET's teleconference.

Triangulation

Triangulation is the technique of investigating an issue by considering information on it from different types of sources. For example, the SET might discuss selected policies and their implementation with senior management, with other staff and with students to see if the various opinions and experiences of the policy and its workings are consistent. Aspects of a topic may be checked through committee minutes, course and teaching evaluations, program reviews, and external examiners' reports.

Obtaining three similar answers from three different groups gives a high degree of confidence in the claims made by the provider. While obtaining three different versions, for example from policy, minutes of meetings and oral accounts would suggest a low degree of confidence in the education provider's claims. (That is that a policy is not being deployed properly).

A SET should take advantage of opportunities to triangulate with the various groups it meets. To this end, few of the SET's meetings with groups are likely to be single-purpose meetings.

The SET must determine where inconsistencies are significant and detract from the education provider's capacity to meet the accreditation standards. The SET may also attempt to detect the reasons for such inconsistencies.

4.2.4 Site visit schedule

Accreditation of a program normally includes a structured visit by the evaluation team to the education provider's campus(es) to verify the provider's submission and clarify matters raised during the evaluation of the program.

The 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 evaluation team to view relevant facilities. Where relevant, teams should view students working in clinical settings. There needs to be adequate time during the course of the visit for confidential team discussions, review and reflection.

For new programs the visit needs to be adapted according to the circumstances of the provider and the program.

The visit usually occurs 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.

To ensure the efficient operation of the site visit and to limit the impact upon the education provider interviewees will not be interviewed multiple times. All matters to be covered for an interviewee should be done in a single session where possible, or in two sessions at the most. For example, a program director can be interviewed regarding their role in directing the program and their role on the curriculum review committee in a single session.

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.

The table below shows an indicative schedule for a site visit. (This is for guidance only and 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).

The site visit schedule is finalised by the education provider in consultation with the ADC/DC(NZ) Secretariat. This normally follows on from the teleconference.

Table 3. Indicative schedule for a site visit

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 Representatives	Body 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

4.2.5 Teleconference

ADC/DC(NZ) Secretariat staff communicate with the SET members to arrange a teleconference to:

- confirm that SET members have returned all required declarations and received all necessary documentation;
- confirm travel and accommodation arrangements;
- confirm arrangements for the training and review session prior to the site visit;
- discuss the Submission and the SET members' preliminary assessment, guided by the consolidated version of SET members' preliminary assessments;
- identify any additional information and clarifications needed either before the site visit;
- identify any additional information to view onsite;
- determine issues to be explored with the education provider during the site visit;
- discuss and determine questions for the interview sessions;
- agree on people to be interviewed;
- determine any changes to the draft schedule for the visit;
- determine areas of primary responsibility with regard to assessing individual standards and drafting the report.

The ADC/DC(NZ) Secretariat summarises and circulates the meeting outcomes. The ADC/DC(NZ) Secretariat will forward any requests for additional information/clarification and any requests for amendments to the site visit schedule to the education provider.

A second teleconference will be organized about two weeks prior to the site visit to address any last minute issues and to identify the key questions that SET members would like to ask during the various sessions in the site visit.

4.3 The site visit

A meeting of the SET is generally held on the evening prior to the first day of the visit immediately following the training to review the protocols for the visit and matters that require particular attention.

The site visit allows the SET to:

- test the statements in the accreditation submission and supporting documentation;
- to refine SET findings in terms of compliance with the standards;
- to build a body of evidence to support the SET findings as detailed in the accreditation report;
- to encourage quality improvement through the development of recommendations and commendations.

To maintain confidentiality and encourage free and frank responses all interview sessions are held pursuant to 'Chatham House' rules, that is individuals that are interviewed are not identified in reports and interviewees should not be privy to comments made in interview sessions other than their own.

There is a need to maintain, and to be seen to maintain, a professional perspective throughout the process in order to deliver objective, unbiased, defensible and fair outcomes. SET members therefore limit their interactions with staff and stakeholders to gathering of information directly related to the assessment. Informal meetings, social interactions or other business meetings with interviewees outside of the review process must not occur.

SET members should respect the agenda agreed by the SET for the various meetings, and support the Chair in complying with the times set out in the agenda.

During the course of the visit and at the conclusion of each day during the visit the SET meets to discuss the progress of the review, to share information gathered during the day, and to develop findings, recommendations and commendations.

SET members should bring along personal laptops or other word processing devices to assist in drafting findings, recommendations and commendations.

It is important for the SET to develop good relations with the education provider to establish the credibility of the SET and the accreditation process.

4.3.1 Gathering evidence through interviews

At the beginning of an interview the Chair will explain:

- **Purpose of the Site Visit** (to consider the program for ADC (re-) accreditation)
- **Purpose of the interview** (to hear honest appraisals of how well the program is meeting the standards and what needs improving, as part of an evaluation of the program)
- **Confidentiality:** ('Chatham house rules' – all interview sessions are in-confidence)

See *Appendix 1 SET Resource: Interview protocol*.

In particular, SET members should:

- explore any discrepancies between what is written and what is said
- seek clarification and confirmation when required
- actively listen as well as ask questions
- concentrate on major rather than minor issues
- distinguish between opinions that are fairly representative, and those that are not.

Time can be wasted if questions are not planned and focused. An interview worksheet is used with a set of standard questions. Answers to questions are recorded during the interviews and SET members' notes about responses.

The SET determines prior to the visit any additional questions to ask during the interviews and to delete or amend any standard questions. The SET will also allocate questions to individual SET members.

Styles of questioning

A variety of questioning styles can be used to gather information.

To pursue a particular issue, the SET might begin by seeking information through an open-ended question, and then investigate the issue further, probing it through asking other questions based on the answer to the first question. This often leads to the use of closed questions (requiring a yes or a no answer), and finally checking to confirm the impression obtained.

In general, Assessors should avoid:

- asking complex or multiple questions - a more straight-forward question, with a follow-up question/(s) is generally more effective
- using wordy preambles to questions
- telling anecdotes or making speeches
- putting words into the mouths of interviewees, e.g. prefacing questions with "we know at that at your institution", "we are hearing that", "do you agree that"
- detailing the situation in their own organisation
- offering suggestions or advice, e.g. "at my School we..." or "what I would do if I were you is..."
- promising changes/resolutions to problems.

A good discipline before asking any question is to ask: 'How can I ask this question in the fewest possible words?'

Some questions should make explicit reference to the accreditation submission given that it is important the SET demonstrates it has read the material that the education provider has presented.

The questioning and discussion must be fair and polite. It must also be rigorous and incisive. The accreditation report should reflect the education provider as it is, in respect of both achievements and weaknesses, and thus the evidence-gathering process must be thorough.

There may be sections of the accreditation submission that do not require discussion during the SET's meetings and visits because the information is comprehensive. In these

circumstances, SET members should indicate why they will not be focusing on these sections, so that the authors of the material know that their work has not been ignored.

Team members should ensure that all participants have the opportunity to have input into the review – do not focus questions on one or two participants.

4.3.2 Recording the findings

During the site visit SET members use the worksheets provided to record findings, details of interviews and any other information to be used as evidence in the report.

These worksheets are collated at the end of the visit and pertinent matters included in the report. SET members should take their own notes during the visit.

4.3.3 Exit meeting

On the final day of the SET's visit, the Chair briefly discusses the SET's preliminary findings with the Dean/Head of the education provider. This discussion is an opportunity for the SET to thank the education provider for the hospitality shown and also for the ADC or DC(NZ) staff member to explain the next steps in the accreditation process.

The SET Chair does not indicate the accreditation status to be recommended, as this decision rests with the Accreditation Committee and ADC Board in Australia or with the DC(NZ) for New Zealand programs.

The SET has no further contact with the education provider after the site visit concludes.

4.3.4 Do's and don'ts of site visits

The following are helpful practices for SET members to remember:

- *Do* come to the visit well prepared
- *Do* come prepared for a heavy schedule of activity beyond normal work hours
- *Do* adhere to the SET's agreed key issues, but be flexible
- *Do* keep to time
- *Do* take structured notes (using the worksheets).
- *Do* ask questions related to the Accreditation Standards

The following are some errors Assessors need to avoid:

- Making judgments/recommendations that are not clearly related to a Standard
- Making assumptions without checking facts
- Making commitments on behalf of the ADC/DC(NZ)
- Misinterpreting the Accreditation Standards
- Getting involved in matters beyond the purpose of accreditation
- Revealing sources of information
- Acting on hearsay
- Becoming overly concerned with a pet issue
- Under-preparing e.g. failing to read documentation or failing to undertake assigned tasks
- Any other business, including responding to emails, messages or calls during any of the sessions
- Failing to declare conflicts of interest.

4.4 The Report

The SET prepares a report of the visit. The report describes the program's performance against the Accreditation Standards. The report must:

- evaluate the program against the Accreditation Standards only;
- clearly indicate how an individual Standard is met, substantially met, or not met (as the case may be);
- support findings with evidence;

- be consistent in its findings and conclusions;
- be clear and explicit in its use of terms.

The report also provides feedback to the education provider on its strengths and weaknesses, including commendations and recommendations for quality improvement.

The report is the basis upon which the Accreditation Committee makes an accreditation decision / recommendation on the accreditation to the ADC Board or Dental Council of New Zealand (as relevant).

4.4.1 Report format and content

The report follows a structured template that includes the following:

- **Overview of the evaluation** – including details of the dates of the visit, SET membership, campuses visited, stakeholders interviewed, and documentation reviewed.
- **Key findings** – analysis of overall assessment of the program including strengths and weaknesses. This provides an opportunity to make comments on the overall assessment of the program.
- **Overall recommendation** to the Accreditation Committee, including the **period of accreditation** up to the maximum applicable.
This can be to:
 - Accredit
 - Accredit with a condition or conditions and/or monitoring requirements
 - Refuse to accredit
- **Summary of findings against each Accreditation Standard**, that is whether each Standard is met, substantially met, not met, not applicable and including the evidence for the assessment.
- **Quality improvement section** which takes the form of recommendations and commendations in relation to the program.

Reports should be precise and concise, for example instead of 'The new teaching clinics are excellent' state 'The design of the new teaching clinics provide for effective instruction'.

Reports do NOT:

- Single out particular individuals in the education provider for praise or criticism;
- Introduce new standards or criteria;
- Quote comments made by individuals during meetings;
- Make comparison with practices in other education providers;
- Recommend that education providers take specific actions to address problems identified. The report may draw attention to a weakness and recommend possible approaches, but reports recognise that the education provider will choose its own solution, taking account of its particular circumstances.

Reports DO:

- Comment on strengths as well as weaknesses;
- Reflect on the sufficiency of the training in meeting the required competencies;
- Reflect the consensus view of the SET;
- Clearly base their conclusions, recommendations and conditions on evidence
- Undergo editing for style and factual error.

In drafting the report Assessors should refer to the education provider's accreditation submission and policy documents, not just to material gathered during meetings and interviews held during the review visit.

4.4.2 The process of writing the report

Writing the report involves:

- allowing time for discussions of findings throughout the visit to formulate conclusions as the visit progresses
- writing sections during the visit as the findings are made.

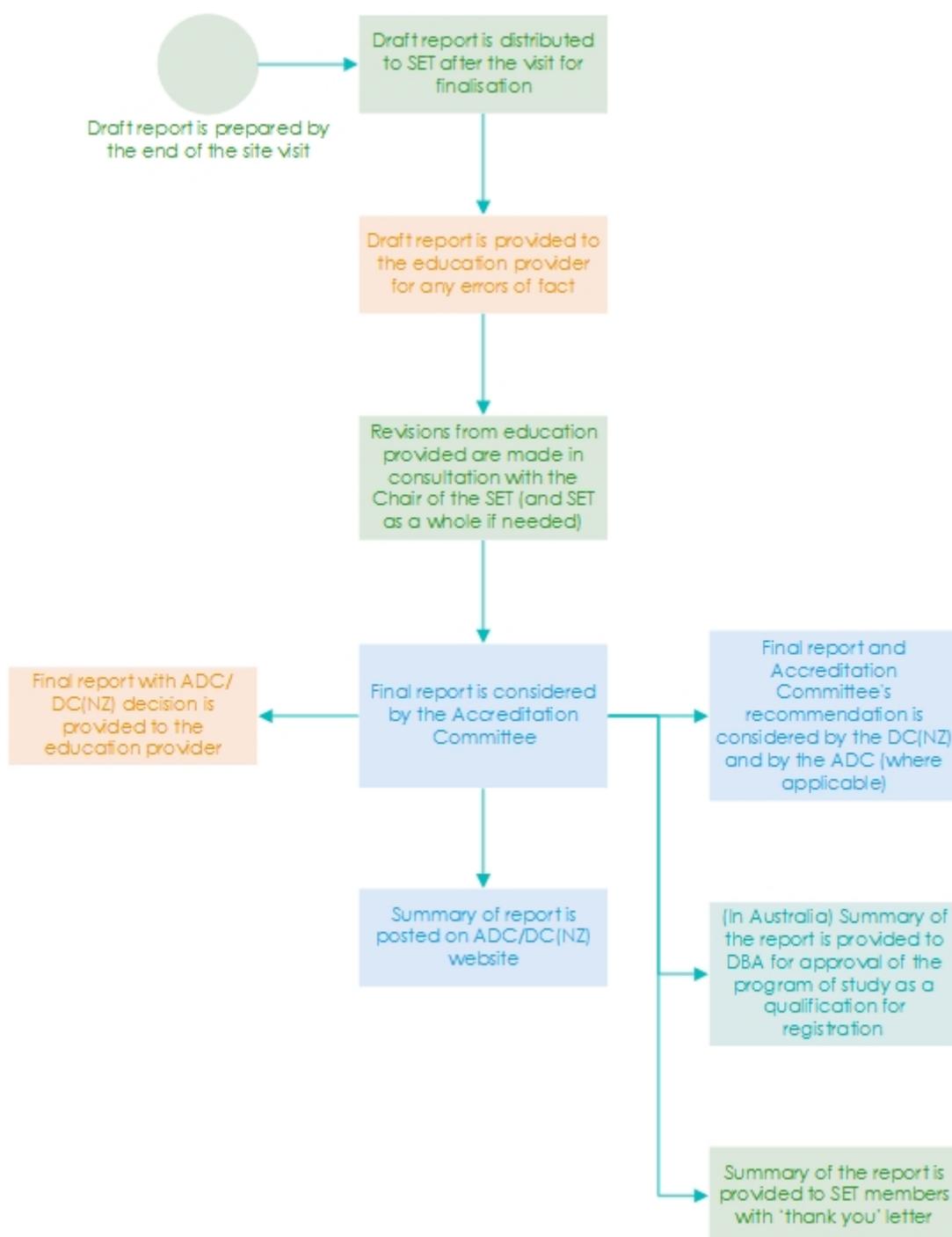
The SET should aim to have a draft of the report completed by end of site visit. Where necessary, remaining matters may be finalised via email.

All SET members contribute to the writing of the report. The assessments made of the program by individual team members in relation to their areas of responsibility are brought together into a single report. Sections of the report may also be drafted when the SET meets together. The SET meeting as a group will review the draft report and agree on its contents. SET members should be satisfied that the report is accurate and balanced, and that any recommendations are soundly based. The report however does not 'belong' to the SET or the Accreditation Committee. The SET acts on behalf of ADC/DC(NZ).

Reports are prepared to a tight deadline and go through the following steps.

Steps in the preparation and publication of the SET report of the accreditation review are detailed in Figure 3.

Figure 3. Steps in the preparation and publication of the SET report of the accreditation review



4.4.3 Comments by education provider

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

The draft report, without the SET's overall recommendation to accredit, refuse to accredit or accredit with conditions, is sent to the education provider for comment. The education provider is asked to respond within one week to any errors of fact. Education providers are advised that this is not an opportunity to introduce new material and that the report is based on a point in time assessment.

Any issues raised by the education provider will be considered by the SET, and changes agreed to or not. Any area of significant disagreement on interpretation or positions not accepted by the SET will be highlighted by the ADC/DC(NZ) Secretariat to the Accreditation Committee at the time of consideration of the report.

4.5 After the Visit

4.5.1 Decision making

After considering the SET's report and its overall recommendation, the Accreditation Committee either makes an accreditation decision (Australia only) or a recommendation to the relevant Council (ADC or DC(NZ)), where applicable.

In **Australia**, the ADC reports its accreditation decisions to the DBA, and the DBA makes a separate decision regarding approval of the program as providing a qualification for the purposes of registration. In **New Zealand** the DC(NZ) makes the accreditation decisions for dental practitioner programs.

In Australia the Accreditation Committee is delegated to make accreditation decisions where matters are uncomplicated and will not lead to withdrawal of accreditation, predictable legal action or other serious repercussions.

In the event that an education provider disagrees with an accreditation decision the decision can be appealed in accordance with the relevant ADC or DC(NZ) policy.

4.5.2 Issuing the final report and notification of decision

The Councils will not release accreditation documentation to a third party except with the agreement of the education provider concerned.

The Secretariat sends a copy of the final report to the education provider.

A summary of the final report is sent to SET members along with a thank you letter advising of the outcome of the accreditation process.

A summary of the accreditation report is also sent to the DBA with notification of an accreditation decision.

An abridged version of the final accreditation report is published on the ADC website, and the full report published on the DC(NZ) website.

4.5.3 Feedback and evaluation

To enable continuous improvement of the accreditation process, ADC/DC(NZ) Secretariats invite education providers and Assessors to comment on the procedures and processes of the visit at the completion of each accreditation review. This is done via an online survey.

These comments are taken into consideration when planning future visits and in the regular review of accreditation standards.

4.5.4 Destruction of material related to a program

Assessors must destroy all confidential materials they hold relating to a program they have reviewed on completion of an assessment of a program. The destruction of confidential materials should occur at the time that the accreditation report is finalised following the education provider's comments on errors of fact. Confidential material to be destroyed includes **both hard and soft copies** of the following:

- The provider submission and supporting documentation
- Copies of additional information from the education provider
- Assessment worksheets
- Interview worksheets
- All drafts of accreditation reports

- Any email correspondence regarding the assessment of the program
- Any other confidential material.

Hard copy materials should be disposed of securely through shredding or through secure document disposal. If an assessor does not have access to the means to securely dispose of documents they must contact the ADC/DC(NZ) to arrange for secure disposal. In such cases the ADC/DC(NZ) will arrange for the retrieval and secure disposal of the confidential material.

4.6 Monitoring of accredited programs

Under the National Law the ADC is required to monitor accredited programs to ensure 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*.

Similarly, in New Zealand programmes are also monitored on an ongoing basis to ensure that they continue to meet the Accreditation Standards.

Education providers are required to advise the ADC or DC(NZ) of major changes to accredited programs, complete annual reports for each accredited program and may also be subject to additional monitoring requirements.

4.6.1 Monitoring requirements

An accreditation visit is a point in time assessment to determine whether or not a program meets the Accreditation Standards. At the time of the visit the SET may become aware of changes that are planned to occur within the period of accreditation, but these are yet to be implemented and at the time of review the program meets the standards.

The ADC or DC(NZ) may impose additional monitoring requirements on a program when at the time of review the program meets the standards but a planned change brings into question an accredited program's ability to continue to meet the Accreditation Standards.

Such instances may include the introduction of new programs, where plans are in place to deliver the program but these are yet to be implemented, the construction of new facilities, the planned implementation of a revised curriculum or the planned teach out of an existing program.

Monitoring requirements may take the form of a monitoring visit or reporting requirements, but in all instances these will be communicated clearly to the education provider in a timely manner.

Additional monitoring requirements may also be imposed by the DBA for Australian programmes.

5. RESOURCES

5.1 Practical aspects of the visit

The ADC/DC(NZ) will confirm all aspects of the visit with assessors, including dates, times and how to organise travel and accommodation.

In Australia, all assessor's flights and accommodation are booked in accordance with the *ADC's Meeting Remuneration Guidelines*. The latest version of the guidelines will be emailed to assessors along with confirmation of appointment to the SET. For further details please contact the ADC Secretariat.

In New Zealand, all logistics are arranged by the DC(NZ) staff, and members are reimbursed according to the Dental Council Expenses and Reimbursement Policy.

5.1.1 Flights and Accommodation

Assessors should book their flights and accommodation for the visit through the designated providers. The secretariat will provide contact details and instructions as to how to book.

Assessors stay at a designated hotel which is chosen based on its appropriateness and convenience of location to the education provider and for its availability of meeting rooms.

The costs of accommodation for the night of the last day of the site visit is only covered if flights at a suitable time are not available on the last day of the visit or if a SET member has a significant distance to travel upon returning home where the return flight arrives home in the evening.

5.1.2 Claims

Assessors are reimbursed for reasonable expenses necessarily incurred in relation to the accreditation review/visit. These include ground transport to and from the education provider and accommodation. Telephone, movie, internet, snacks and minibar expenses are not covered.

Receipts are required to accompany claims. Direct payment is made to the Assessor's nominated bank account.

5.1.3 Meals

The secretariat arranges for SET members to dine together in the evening of Day 0 and Day 1 of the site visit. This provides the opportunity to discuss site visit arrangements and findings. The education provider will usually make lunch arrangements.

Breakfast is normally provided with the hotel accommodation.

5.1.4 Sessional payments

Payments to Assessors for undertaking certain activities, including a site visit, are made on a sessional (half day) basis, at a rate determined from time to time by the ADC /DC(NZ). The number of sessions for which you may claim will be confirmed in advance by the ADC/DC(NZ) Secretariat.

Claims should be submitted to the ADC or DC(NZ) within thirty days of the site visit are made using the claim form Recipient Created Tax Invoice Claim form.

A copy of the form will be emailed to each assessor prior to the visit.

Reference documents

Document name	Hyperlink
Accreditation Standards	
<i>ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs</i>	http://www.adc.org.au/documents/Accreditation%20Standards%20-%20Final%20DBA%20approved.pdf
Guidelines for accreditation	
<i>ADC/DC(NZ) Accreditation Guidelines for Accreditation of Education and Training Programs for Dental Practitioners</i>	http://www.adc.org.au/documents/ADC_DC(NZ)%20Guidelines%20for%20Accreditation%20of%20Education%20and%20Training%20Programs%20for%20Dental%20Practitioners%20V4%200%202016.pdf
Professional competencies	
<i>Professional Competencies of the Newly Qualified Dentist</i>	http://www.adc.org.au/index.php?id=14
<i>Professional Competencies of the Newly Qualified Dental Hygienist, Dental Therapist and Oral Health Therapist</i>	http://www.adc.org.au/index.php?id=14
<i>Professional Competencies of the Newly Qualified Dental Prosthetist</i>	http://www.adc.org.au/index.php?id=14
<i>Entry Level Competencies for Dental Specialities</i>	http://www.dentalboard.gov.au/Registration/Specialist-Registration/Specialist-competencies.aspx

Appendices

No	Name
1.	SET Resource. Interview protocol

Approved:	Version 1 - Accreditation Committee May 2014 Version 1.1 – August 2014 Version 3 – January 2016 Version 4 – Accreditation Committee - August 2017
Effective Date:	18 August 2017
Version Control:	Version 4

i *For each interview the Site Evaluation Team (SET) selects relevant generic questions from the library (which are asked during any review) and also develops additional specific questions based on their consideration of the education provider's submission.*

SET members are assigned the questions they will ask.

All SET members record notes about the responses to the questions.

1. Ask permission to speak with the people (their participation is voluntary).
2. Outline the purpose of the Site Visit (to consider the program for ADC/DC(NZ) (re-) accreditation)
3. Outline purpose of the interview (to hear honest appraisals of what works well and what needs improving, as part of an evaluation of the quality of the program)
4. ADC/DC(NZ) is here to review the program being delivered by the education provider (i.e. not people)
5. This interview is part of the SET's efforts to gain an overall staff, student and stakeholder perspective of the education provider
6. Individual views will not be fed back to the education provider
7. Nothing said will be attributed to that person in any form
8. 'Chatham House rules', i.e. all responses are in-confidence.