



Australian  
Dental  
Council

DENTAL COUNCIL

*Te Kaunihera Tiaki Nihō*

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

*June 2014*

**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](http://www.adc.org.au)

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## 1. PURPOSE

These guidelines are intended to assist education providers who 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>.

## 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](mailto:accred@adc.org.au)

DC(NZ)  
Senior Business Development Advisor  
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](mailto: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 relevant ADC/DC(NZ) Accreditation Standards for those programs.

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 practice in Australia. Prescribed qualifications by New Zealand education providers must be accredited.

Graduation from an accredited program of study is a requirement for registration to practice in Australia and New Zealand.

### 4.2. Accreditation is Based on Accreditation Standards

The *ADC/DC(NZ) Accreditation Standards* are endorsed by the ADC and the DC(NZ) and are approved by the Dental Board of Australia (DBA) pursuant to the *Health Practitioner Regulation National Law Act 2009* (National Law).

The suite of relevant standards for accreditation of programs are:

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

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>).

#### **4.3. Accreditation Considers Professional Attributes and Competencies**

Statements of professional attributes and competencies for newly qualified dental practitioners have been developed in consultation with the profession. These are:

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

The ADC will use these statements as a reference point when accrediting programs. Educational providers are expected to use these statements to assess a program's effectiveness in providing graduates with the professional attributes and competencies needed to practice. The current statements are published at <http://www.adc.org.au>.

#### **4.4. 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.

#### **4.5. Function and Composition of the Accreditation Committee**

The Accreditation Committee:

- oversees the assessment of programs for accreditation against the accreditation standards and statements of professional attributes and competencies that are relevant to the programs
- 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.

#### **4.6. 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 verify the program's compliance with the applicable accreditation standards
- to assess whether learning outcomes in the program are consistent with the relevant statements of professional attributes and competencies for new practitioners
- to provide an overall recommendation to the ADC/DC(NZ) Accreditation Committee on the accreditation of the 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.

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 either from within the profession or from another profession; and
- a lay member.

SET's are chaired by experienced and skilled assessors who are appointed by the ADC/DC(NZ). In 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 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; assisting with the writing of the report regarding the professional content; 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; responsibility for the written accreditation report; and 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.

#### **4.7. 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 and recommendations are made to the Accreditation Committee.

The final decision on accreditation is made when the relevant Council has considered the report of the evaluation team 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.

#### **4.8. Decision Making**

After considering the SET's report, the Accreditation Committee makes a recommendation to the relevant Council (ADC 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.

A graduate of a program that is accredited by the ADC and approved by the DBA is eligible to apply for registration to practise in their discipline in any state or territory of Australia. In New Zealand the DC(NZ) approves programs for registration of practitioners.

#### **4.9. Fees**

Fees are payable for accreditation of programs. A schedule of fees beyond those negotiated with the program provider is available on the ADC website. Accreditation costs for programs reviewed by 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:

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

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

|                                      |   |
|--------------------------------------|---|
| <b>Accreditation</b>                 | Accreditation indicates that the program achieves or exceeds the minimum standards for accreditation. Retention of this accreditation status is subject to monitoring.  |
| <b>Accreditation with Conditions</b> | <p>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.</p> <p>Evidence of progress towards meeting the conditions within the timeline stipulated must be demonstrated in order to maintain accreditation of the program.</p>   |
| <b>Revocation of Accreditation</b>   | <p>Accreditation can be revoked when:</p> <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> <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.</p> |
| <b>Refusal of Accreditation</b>      | <p>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.</p>  |

## 5.2. Revocation of accreditation (Australia)

Should a provider and program continually fail to comply with the ADC Accreditation Standards (within an agreed period and/or following an Appeal Process) the ADC will commence proceedings to revoke accreditation as outlined under the National Law .The program provider, Head of School (or equivalent) and Vice-Chancellor, Dental Board of Australia and professional dental practitioner groups will be notified that the program no longer meets ADC Standards and therefore no longer holds accreditation status.

The school must then undertake the following process for students currently enrolled:

- Make arrangements with another provider to transfer students into an accredited program
- Ensure that the alternative provider is able to satisfy the ADC that it has adequate resources, sufficient academic staff and clinical facilities to incorporate the extra students; enable them to graduate under the banner of the alternative accredited provider and thus be eligible to apply for registration to the Dental Board of Australia

OR

- Allocates resource, engage contract staff, or whatever is necessary to enable a 'teach out' of the program with a short term accreditation period agreed by the ADC. This option would usually only be appropriate where there are two or less years for the program to be completed for a student cohort.

### 5.3 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 hygienist, therapist, oral health therapist and dental prosthetist programs.

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

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.

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.

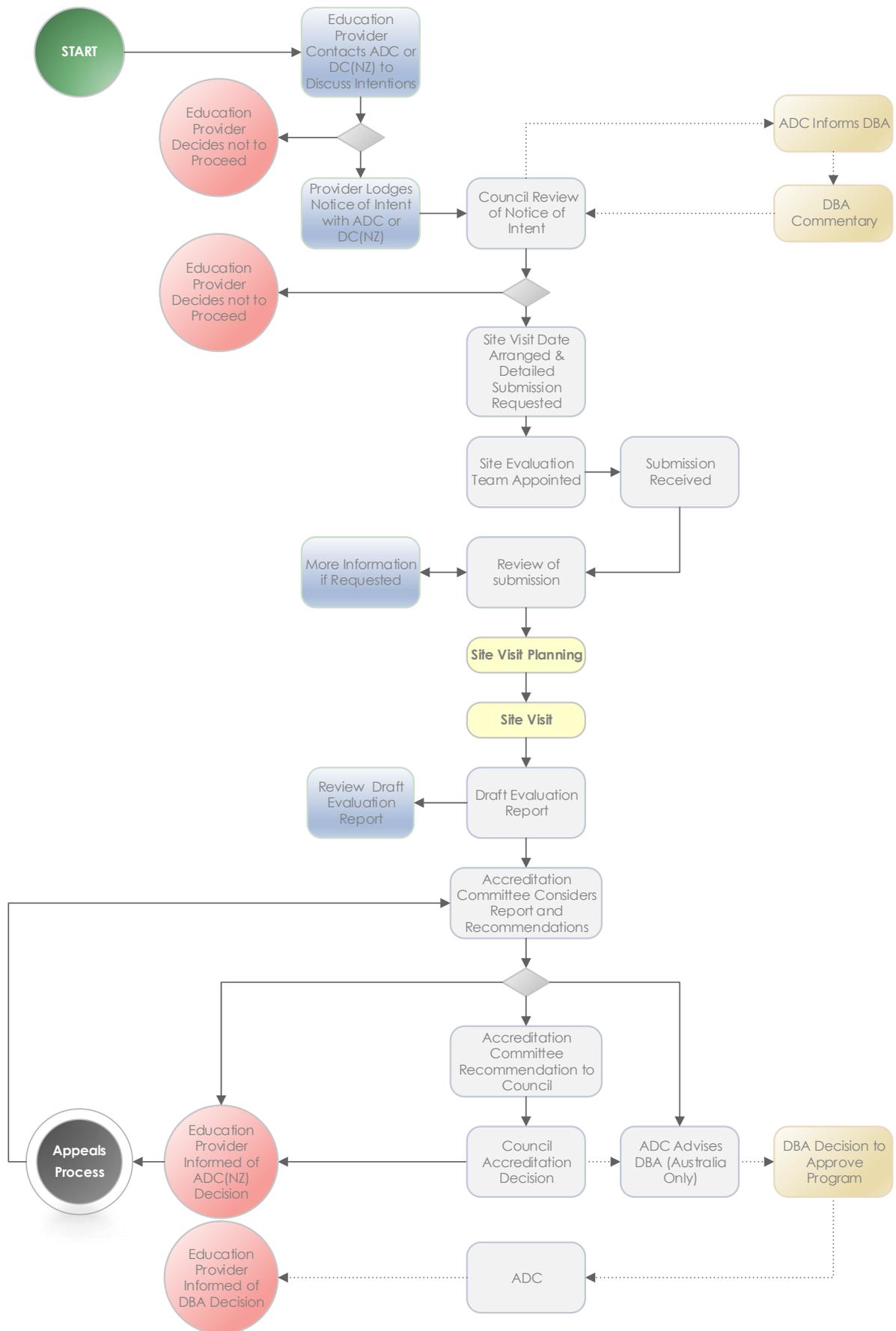
### 6.2. The Accreditation Process

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.

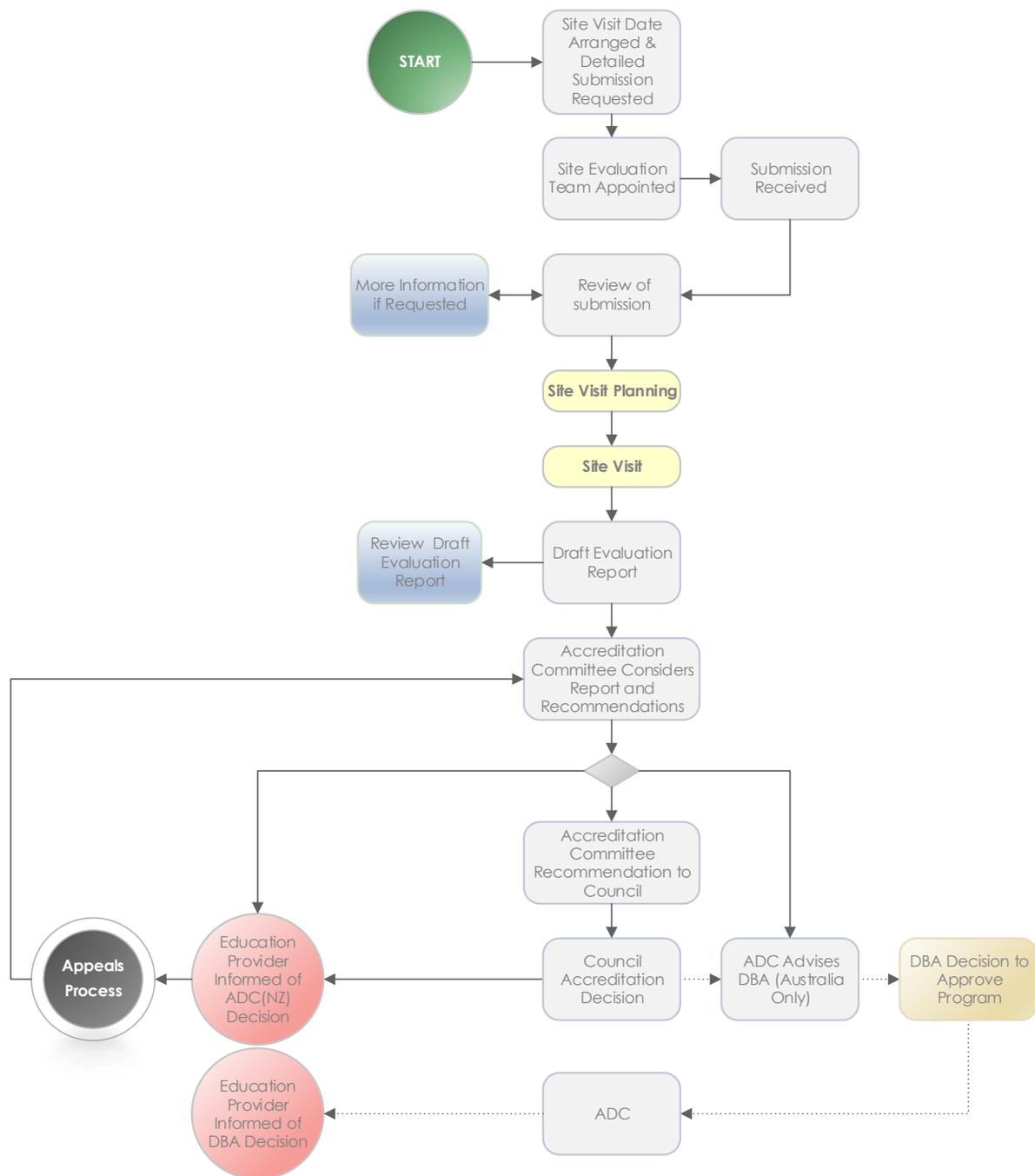
If the provider chooses to proceed a formal Notice of Intent is lodged with the relevant Council. This may lead to further discussion on particular matters. A more detailed submission that builds on the Notice of Intent will then be requested and the process will proceed, in consultation with the provider 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.

**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. REQUIREMENTS FOR ACCREDITED PROGRAMS

### 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. Annual reports must also foreshadow proposed changes to programs (see below).

Annual reports are to be received by the respective Council **on or before 31 July** 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 May. If such notification has not been received or the information is needed earlier, the provider should contact the relevant Council.

## 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. Reporting Major Changes to Programs

Education providers must inform the ADC/ DC(NZ) of major changes to an accredited education and training program so that the impact on the ongoing compliance of the program with the relevant accreditation standards can be assessed.

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, or ;
- achievement of the specified professional attributes and competencies for graduates of the program, particularly where the changes are likely to affect clinical capability of graduates and, by extension, the safety of patients.

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)
- 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 that affect clinical and/or professional outcomes
- changes to admission requirements that potentially present barriers to the achievement of learning outcomes
- 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
- 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 with the ADC or DC(NZ) for clarification.

#### **7.4. 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 and statements of professional attributes and competencies in force at the time of the changes.

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 standards, or
  - c. if the change has a potential impact that requires a full re-accreditation review of the whole program, including a site visit, or
  - d. if the change is of such a nature that it constitutes a proposal for 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. For Australian programs, a decision by the ADC/DC(NZ) Accreditation Committee regarding approval of the major change, except in cases where the Committee recommends to the ADC Board that the major change be refused.

For New Zealand programs, a recommendation by the ADC/DC(NZ) Accreditation Committee regarding approval of the major change to the DC(NZ).

5. 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.

#### **7.5. 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. PROCESS OF REVOKING ACCREDITATION**

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

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

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 school 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 period<sup>1</sup> 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.

## **9. CONFLICT OF INTEREST**

The provider is given an opportunity to comment on the proposed membership of an 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 Governing Board or the DC(NZ) during the accreditation process are managed according to the Accreditation Committee – Conflict of Interest Policy.

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<sup>1</sup> This option would usually only be appropriate where there are no more than two years remaining for a student cohort to complete the program.

## 10. 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 evaluation teams, 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 as per the Confidentiality Agreement signed by all Committee members and members of SETs.

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.

## 11. 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. 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.

## 12. NOTES FOR NEW AND EXISTING PROGRAMS

### 12.1. 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)) initially. 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 intention 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.*

### 12.2. 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.

### **12.3. Detailed 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 accreditation.

The detailed 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 detailed submission encompasses further detail on some of the points covered at overview level in the Advice and other information, particularly evidence to demonstrate that:

- the program complies with the relevant accreditation standards, and
- the learning outcomes will meet the relevant statements of professional attributes and competencies for newly qualified practitioners (as applicable)

Supplementary information may be requested.

### **12.4 Evaluating the program**

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.

There are four core activities that a SET undertakes when evaluating a program:

- a review of the documentation submitted by the education provider

- consideration of an appropriate site visit schedule and formulation of requests for additional information and matters for clarification, aided by a teleconference of the SET
- a site visit to the education provider to interview staff, students, graduates and other relevant stakeholders, to review teaching and learning resources, including clinical facilities, and to review any associated teaching hospitals or outplacement clinics
- preparation of a report of the SET's evaluation of the program for consideration by the Accreditation Committee.

The review of the program by a SET will also seek to recognise and encourage innovation improvement through constructive peer review. To this end the SET report may contain quality improvement recommendations and commendations of good practice.

## **12.5 Site Visit**

An accreditation review normally includes a structured visit by the evaluation team to the education provider to verify the provider's submission and clarify matters raised during the evaluation 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, registration 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, and to be seen 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 gathering of information directly related 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. 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 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 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.

The final schedule will be developed by the education provider, in consultation with the ADC/DC(NZ) and the chair of the evaluation team. 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**

**DAY 1**

| <b>Session</b> | <b>Time</b>             | <b>Activity</b>  |
|----------------|-------------------------|--|
| 1.0            | 8:30 – 9:00 am          | SET arrival and set-up / in-camera preparations  |
| 1.1            | 9:00 – 9:30 am          | Meeting with relevant senior executive members   |
| 1.2            | 9:30 – 10:00 am         | Meeting with Dean/Head of School   |
| 1.3            | 10:00 - 10:30 am        | Meeting with Director/Coordinator of the program   |
|                | <b>10:30 - 11:00 am</b> | <b>MORNING TEA BREAK (IN-CAMERA REVIEW)</b>  |
| 1.4            | 11:00 – 11:30 am        | Meeting with support staff (administrative/financial/quality assurance)  |
| 1.5            | 11:30 am – 12:00 pm     | Meeting with year coordinators of program/coordinator of clinical teaching   |
| 1.6            | 12:00 – 12.30 pm        | Meeting with other academic staff (including staff from other schools/departments teaching into the program)   |
|                | <b>12:30 – 1:00 pm</b>  | <b>LUNCH (IN-CAMERA REVIEW)</b>  |
| 1.7            | 1:00 – 2:00 pm          | Tour of physical facilities, including clinical facilities, teaching spaces, research laboratories, library. Students in the clinic will also be observed. |
| 1.8            | 2:00 – 2:30 pm          | Meeting with the clinical demonstrators  |
| 1.9            | 2:30 – 3:00 pm          | Meeting with clinic dental staff   |
|                | <b>3:00 – 3:30 pm</b>   | <b>AFTERNOON TEA BREAK (IN-CAMERA REVIEW)</b>  |
| 1.10           | 3:30 – 4:15 pm          | Meeting with students of all year levels (6-8)   |
| 1.11           | 4:15 – 4:45 pm          | Meeting with graduates (3-4)   |
| 1.12           | 4:45 – 6:00 pm          | SET in-camera review   |

**DAY 2**

| <b>Session</b> | <b>Time</b>             | <b>Activity</b>  |
|----------------|-------------------------|--|
| 2.0            | 8:30 – 9:00 am          | SET arrival and set-up / in-camera preparations                                    |
| 2.1            | 9:00 – 9:30 am          | Meeting with curriculum committee or planning group                                |
| 2.1            | 9:30 - 10:00 am         | Director of Dental/Oral Health Services at a State or regional level               |
| 2.3            | 10:00 – 10:30 am        | Representative(s) of relevant professional associations                            |
|                | <b>10:30 – 11:00 am</b> | <b>MORNING TEA BREAK (IN-CAMERA REVIEW)</b>  |
| 2.4            | 11:00 am – 12:00 pm     | Additional sessions where needed, eg outplacement clinics<br>Call back (if needed) |
|                | <b>12:00 – 12:30 pm</b> | <b>LUNCH (IN-CAMERA REVIEW)</b>  |
| 2.5            | 12:30 – 4:45 pm         | SET review meeting and report writing.<br><b>Incorporating afternoon tea.</b>      |
| 2.6            | 4:45 – 5:00 pm          | Debrief with SET Chair / ADC staff member and Head of School/Department            |

## 13. 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.

### 13.1. 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
- Bicultural issues
- Biochemistry
- Biology, including oral biology
- Biostatistics
- Chemistry
- Community dentistry
- Community medicine
- Materials science
- Dental materials
- Dental occlusion
- Emergency procedures, CPR
- Endodontics
- Epidemiology
- Ethics and jurisprudence
- Forensic odontology
- General dental practice, utilisation of assistants
- General histology
- General immunology
- General medicine
- General microbiology
- General pathology
- General physiology
- General surgery
- Genetics, including molecular genetics
- Imaging, including radiology
- Infection control
- Molecular biology
- Nutrition
- Operative dentistry
- Oral anatomy
- Oral biology
- Oral diagnosis
- 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, occupational health hazards
- Preventive dentistry
- Prosthodontics, fixed and removable, including implants.
- Research methodology, computer skills, and critical appraisal of the literature
- Responsibilities in vocational practice (team dentistry, safe practice, occupational health and safety, legislation governing practice).
- Special needs dentistry, including gerodontology, 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, eg Mana Māori and the Treaty of Waitangi, and Aboriginal and Torres Strait Islander Health issues
- Dental diseases
- Dental materials
- Dental occlusion
- Dental radiography
- Emergency procedures, CPR
- Ethics and jurisprudence
- General histology
- General microbiology, immunology and oral pathology
- General pathology
- General physiology
- Infection control
- Diet and oral health
- Operative dentistry
- Oral biology (histology, embryology, microbiology and physiology)
- Oral diagnosis
- Oral health promotion
- Introductory orthodontics
- Paediatric dentistry
- Pain control
- Periodontology

- Pharmacology
- Preventive dentistry
- Public health policy
- Research methodology, computer skills, and critical appraisal of the literature
- Special needs dentistry, including gerodontology, medically compromised, disabled
- Responsibilities in vocational practice (team dentistry, safe practice, occupational health and safety, legislation governing practice).

### **13.2. Clinical experiences for Dental Students**

See Standard 10 of the *ADC/DCNZ Accreditation Standards: Education Programs for Dentists*.

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

- Completed examinations and treatment plans
- Preventive management
  - dietary analysis and counselling
  - oral hygiene instruction
  - fluoride application
- Operative
  - fissure sealants
  - composite restorations, GICs
  - amalgam restorations
  - complex restorations (crowns, veneers etc)
- Endodontics
  - number of single-rooted and multi-rooted teeth
- Oral surgery
  - simple extractions
  - other
- Orthodontics
  - treatment plans
  - removable appliances
- Paediatric dentistry
  - patients treated
  - pulp therapy
  - amalgams
  - composites
  - space maintenance
- Periodontics
  - patients treated
  - scaling
  - other
- Prosthodontics
  - removable dentures
  - complete dentures
  - immediate dentures
  - relines and repairs
- Fixed prosthodontics

- bridges
- Radiology
  - intra-oral radiographs
  - panoramic radiographs

### 13.3. Accreditation Definitions

#### Definitions related to accreditation functions

**Compliance:** The ADC and DC(NZ) undertakes its compliance function when it assesses the extent to which education providers and their programs meet the ADC/DC(NZ) accreditation standards.

**Quality improvement:** The ADC and DC(NZ) undertakes its quality improvement function when an assessment of an education provider and its program results in commendations and recommendations that are aimed at fostering continuous quality improvement but do not constitute an assessment of compliance with the standards.

#### Compliance definitions

**Condition:** One or more 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.

**Standard is met:** A standard is met when the program meets the minimum requirements of the standard.

**Standard is substantially met:** A standard may be found to be substantially met if the plans and/or arrangements in place for the provision of the program do not meet in full the requirements of a standard at the time of accreditation. 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 clinical competencies that would be expected of graduates of the program.
2. There must be a reasonable expectation that the education provider and the program will be able to meet the standard in full within a timeframe that does not pose an unacceptable risk in terms of the matters outlined above criterion 1.

For example, a standard relating to preparation for practice may be found to be substantially met where an education provider seeking initial accreditation has developed a detailed plan to give students access to satisfactory clinical practice, and this plan needs to be substantiated when the program has commenced teaching students.

**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.

**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.

### 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 activity.

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

**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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