

Assessor Training

Stage 1: What you need to know before you start
assessing a program

Who should use this?

- This presentation is designed for individuals appointed to the Australian Dental Council's (ADC's) register of assessors
- These slides will assist you in understanding the ADC's accreditation processes
- You are encouraged to read this **BEFORE** you start assessing a program for accreditation
- At the end of this you should have a better understanding of why we do what we do and how we do it!

Outline

1. The Regulatory Environment

- 1.1 Health and dental regulation
- 1.2 Education provider regulators and frameworks

2. The ADC's Accreditation Function

- 2.1 An overview of ADC accreditation
- 2.2 Accreditation standards and supporting documents
- 2.3 Applying the Accreditation Standards
- 2.4 Gathering evidence: hints and tips



Australian
Dental
Council

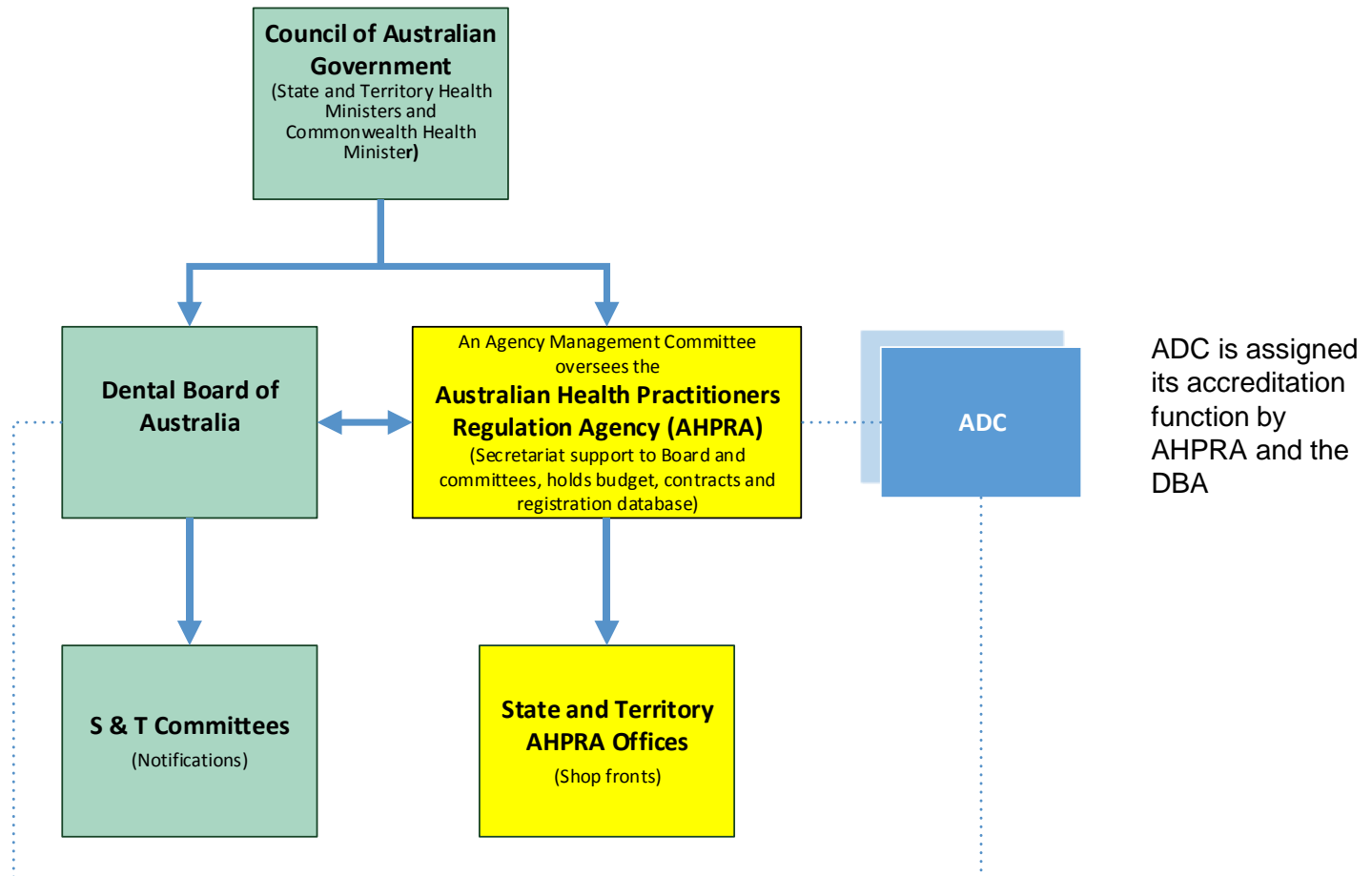
1. Regulatory environment

1.1 Health & Dental Regulation

Who does what in dental accreditation?

ADC	DBA	AHPRA
Develops (and reviews) accreditation standards (for <u>all</u> 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 to ensure ongoing compliance with accreditation standards	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 that lead to registration	Processes registration applications

Structure of national registration & accreditation scheme





1. Regulatory environment

1.2 Education Provider regulators and frameworks



Regulators of Education Providers

Providers of education programs the ADC accredits are regulated by either TEQSA or ASQA

- **Tertiary Education Quality and Standards Agency (TEQSA):**

- regulates Higher Education (HE) program providers, including universities, against the TEQSA Act and the Higher Education Standards
- TEQSA acts in the interests of students (not the profession)
- More info visit: <http://www.teqsa.gov.au/about>

- **Australian Skills Quality Authority (ASQA):**

- is the national regulator for the Vocational Education and Training (VET) sector
- ASQA uses VET Quality Framework (including Australian Qualifications Framework (AQF)) and Standards for VET Accredited Courses to regulate courses and training providers
- More info visit: <http://www.asqa.gov.au/about/about-asqa.html>

External frameworks

Australian Qualifications Framework (AQF):

- Set by the Australian Qualifications Framework Council (AQFC)
- AQF qualifications - Level 1 (Certificate 1) to Level 10 (PhD) – VET & HE
- Courses must be compliant by 2015
- Non-compliance can lead to regulatory action by TEQSA or ASQA

Health Industry Training Package

- Community Services & Health Industry Skills Council (CS&HISC) develops VET qualifications and competency standards for the community services & health sectors
- Program providers delivering ADC-accredited VET Advanced Diplomas in Dental Prosthetics must adhere to CS&HISC training package
- The VET Advanced Diploma Oral Health (Dental Hygiene) programs accredited by the ADC are part of a state-based training package

2. The ADC's Accreditation Function



2.1 An Overview of ADC Accreditation

Joint ADC/DC(NZ) Accreditation Committee

Functions

Evaluates and monitors Australian and New Zealand education programs against Accreditation Standards

Reviews and advises on Accreditation Standards, guidelines & processes

Makes decisions on the accreditation of programs within the scope of its delegation

Makes recommendations to ADC Governing Board and/or DC(NZ) on policy matters

Joint ADC/DC(NZ) Accreditation Committee

The membership of the Accreditation Committee consists of:

- 2-3 dental practitioners
- 2-3 dental academics
- A person from the public dental sector
- A final year dental student
- 2 community representatives

Current Chair: Professor Mike Morgan who is also a director of the ADC

Meets: 3 times per year face-to-face, teleconference and out-of-session meetings as needed

Role of the Site Evaluation Team (SET)

Reviews documentation submitted by the education provider covering aspects of the program relevant to the Accreditation Standards

Conducts site visit to verify information provided and clarify any matters by:

- interviewing provider staff, students and other relevant stakeholders,
- assesses provider facilities and teaching hospitals/clinics

Prepares, for consideration by the Accreditation Committee:

- a detailed report evaluating the program against the Accreditation Standards
- advice to foster quality improvement, through Recommendations and acknowledgement of good practice
- an overall recommendation concerning accreditation of the program to:
 - (re)accredit without conditions up to the Maximum Accreditation Period for the program being considered
 - (re)accredit with condition(s) up to the Maximum Accreditation Period for the program being considered
 - refuse to accredit or to revoke accreditation

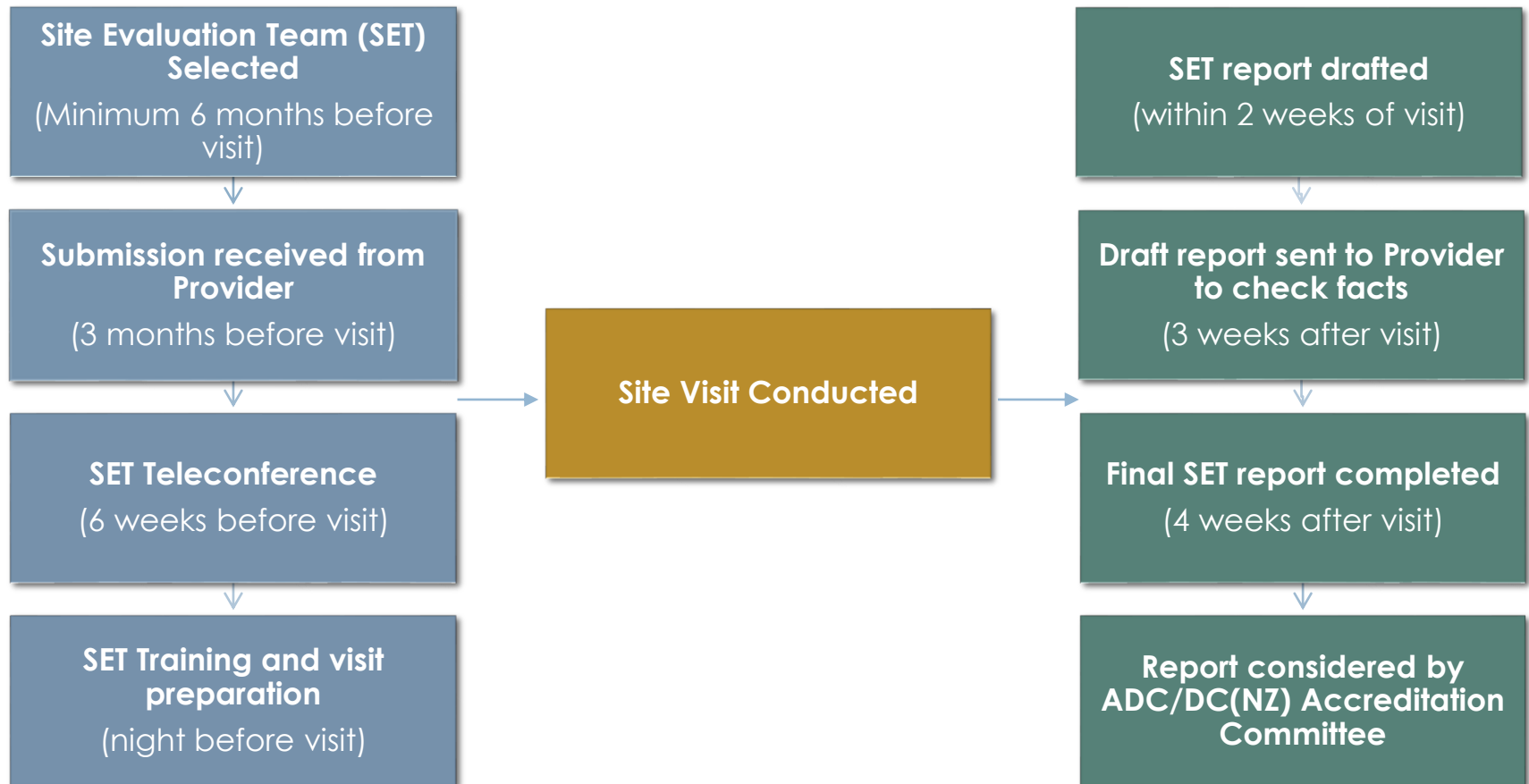
Composition of the SET

SETs are approved by ADC CEO, on advice from the Chair of the Accreditation Committee and Director, Accreditation and are drawn from ADC Register of Assessors

3-5 members, ensuring the following coverage:

- Team Chair - an experienced assessor
- experienced clinician in relevant discipline
- senior academic with strong understanding of modern educational principles and practice
- Director, Accreditation (or delegate) to provide advice regarding the application of standards

Accreditation Process



2. The ADC's Accreditation Function



2.2 Accreditation Standards and Supporting Documents

Accreditation Standards

Accreditation Standards specify criteria against which education and training programs are assessed for accreditation purposes

There are four sets of accreditation standards:

- *Education Programs for [Dentists](#)*
- *Education Programs for [Dental Hygienists and Dental Therapists](#)*
- *Education Programs for [Dental Specialists](#)*
- *Education Programs for [Dental Prosthetists](#)*

The registrable outcome of the program determines which accreditation standards a program is assessed against

Accreditation Standards

Are **minimum (i.e. threshold) standards** and set out the minimum required to deliver dental education and training to produce an **entry level graduate**

Programs are **NOT** assessed against best practice standards under the Health Practitioner Regulation National Law (the *National Law*)

Providers only have to meet the threshold for a Standard to be met

Accreditation framework – Professional Attributes & Competencies

Professional Attributes and Competencies of a:

- Newly Qualified [Dentist](#)
- Newly Qualified [Dental Hygienist](#)
- Newly Qualified [Dental Therapist](#)
- Newly Qualified [Oral Health Therapist](#)
- Newly Qualified [Dental prosthetist](#)

These statements are a key reference point for education providers to use in developing their programs and in preparing their self-reviews.

Programs should be able to demonstrate that graduates have acquired the relevant professional attributes and competencies.

The DBA and DC(NZ) are currently developing the Professional Attributes and Competencies for dental specialists

2. The ADC's Accreditation Function



2.3 Applying the Accreditation Standards

Assessment of programs

Programs are assessed using a fitness for purpose approach, which means:

- the provider undertakes a self-assessment against the Standards (this is the 'submission')
- the provider is free to determine *how* its program meets the Standards and provides its graduates with the competencies required for practice

SETs assess the provider's **existing or proposed** activities relating to the program against the relevant Standards

The SET must review the evidence provided and determine whether each Standard is:

- met
- substantially met or
- not met

The ADC has developed a range of tools to assist the SET in reviewing the evidence.

ADC Assessor Tools

Prompts for assessing evidence against the standards - These are points to consider when reviewing the provider's self assessment against the Standards

SET Worksheet: Assessing the evidence against the Accreditation Standards - This Excel worksheet enables SETs to record a preliminary view on the extent to which the program meets the Accreditation Standards. It captures the evidence used by SET members to make preliminary assessments against each Standard, questions to ask during the site visit, additional information that would be helpful prior to the visit as well as weaknesses of the program that could be improved or strengths that can be commended.

Interview Session Worksheets – These worksheets help structure the interviews of stakeholders and contain a bank of questions SETs can use. Questions developed by the SET can be added to these worksheets.

Accreditation Definitions - The ADC has approved a set of definitions to be applied by SET's and the ADC in the assessment of programs

*Please refer to the **Assessors Manual** for further details on using these tools*

Accreditation definitions – meeting the standards

Standard is met: A Standard is met when the program meets the minimum (i.e. threshold) 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.

Accreditation definitions – failing to meet the standards

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.



Overall Recommendation to the Accreditation Committee

Once the evidence is evaluated, the SET must make an overall recommendation concerning accreditation of the program to the Accreditation Committee.

The SET can recommend to the Accreditation Committee to accredit, with or without conditions, up to the maximum period applicable for the program as outlined in the table below.

Alternatively the SET can recommend that the Accreditation Committee refuse or revoke accreditation if standards are not met or substantially met.

Type of Program	Maximum Accreditation Period (years)
Dentist	7
Dental Specialist	5
Dental Hygienist, Dental Therapist, Oral Health Therapist	5
Dental Prosthetist	5

Accreditation Conditions

In the event that a SET finds that a Standard or Standards are substantially met, the SET will need to consider if Conditions should be recommended for the program.

s48 of the *National Law* states that if a program **substantially meets** the Standards, Conditions may be imposed where they 'will ensure the program meets the Standards within a reasonable time'

ADC definition of a 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.

For further detail on imposing conditions, refer to the Risk Matrix section of the Assessors Manual.

Quality improvement - recommendations and commendations

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.

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

2. The ADC's Accreditation Function



2.4 Gathering evidence: hints and tips

Evidence gathering techniques

Three key techniques for evidence gathering:

- Sampling
- Tracking, trailing or drilling down.
- Triangulation



Sampling and tracking/trailing

From the Team's analysis of the Provider's self-review & supporting documents, the Team can choose to sample a particular area that requires further, detailed investigation

Sampling could include:

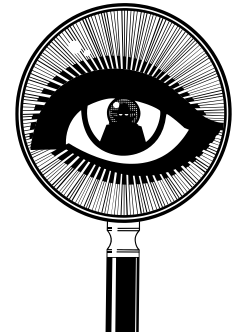
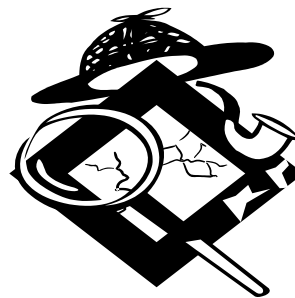
- aspects of the program that highlight problems affecting its successful delivery
- changes to the program's curriculum
- planned improvements to the program



Sampling & tracking/trailing cont'd

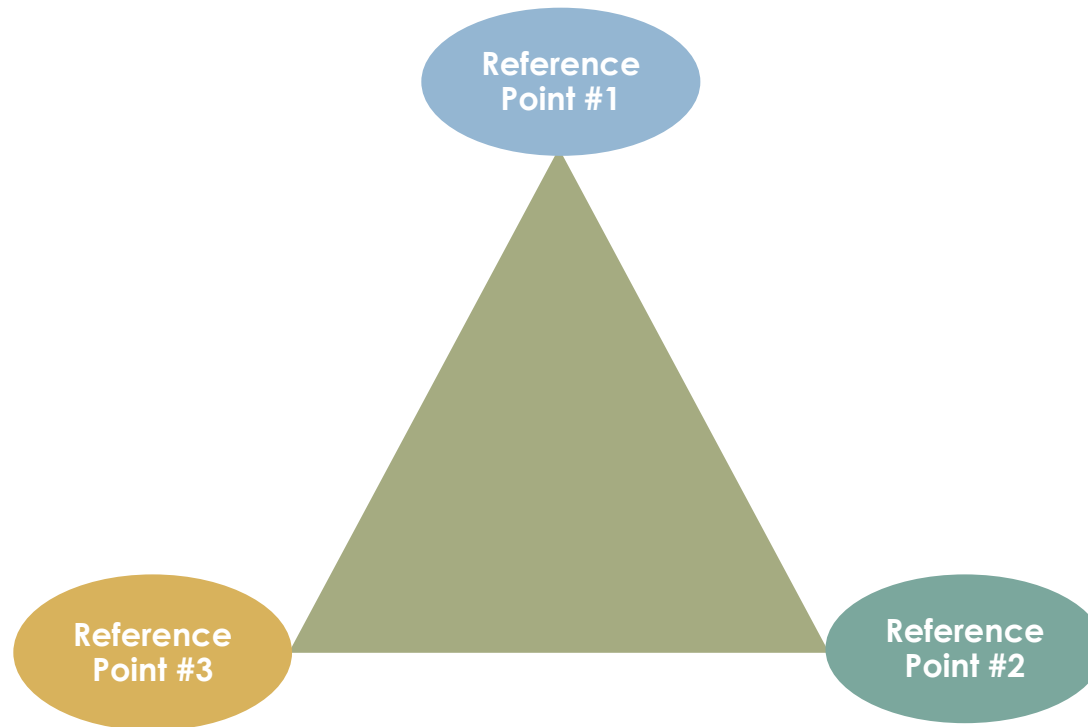
The SET must also determine the documentary or oral evidence it needs to sample, for example minutes of committees involved in program approval

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



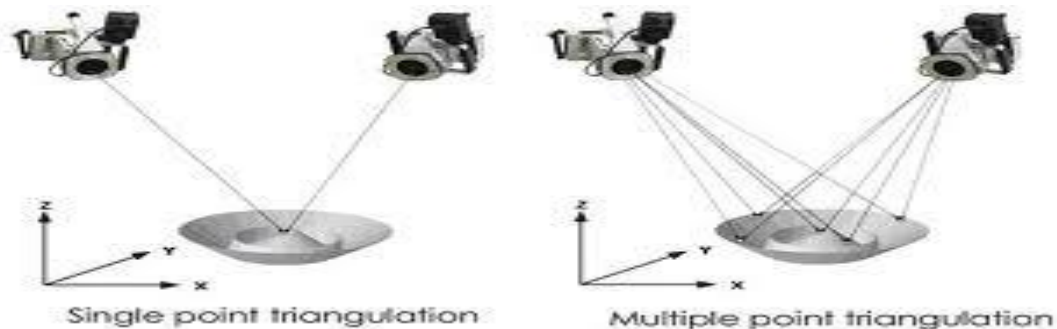
Triangulation

Three similar answers from three different groups gives a **high degree of confidence** in the claims made by the provider



Triangulation

Three different versions – e.g. policy; minutes of meetings; oral accounts - suggests a **low degree of confidence** in the provider's claims, e.g. a policy not being deployed properly.



Example: the university claims it is being successful in improving the quality of its teaching in clinical practice, but the evidence available suggest that it is not, so you triangulate responses from different groups of interviewees.

Continuous improvement cycle

Look for evidence of the education provider's commitment to continuous improvement, as exemplified below



Thank you

Please consult the Assessor Manual for more detailed explanations regarding definitions, the risk framework, accreditation processes and logistics.

Bring your questions to the Stage 2 training and site visit preparation session – or send them to michael.carpenter@adc.org.au