26 February 2026

Melbourne Dental School response to the ADC accreditation standards review

The Melbourne Dental School welcomes the opportunity to have input into the accreditation standards. Overall, the proposed standards are a significant improvement on the current standards largely because of the positive language used and the focus on student or learner outcomes. We make the following recommendations with a significant focus on expanding Standard 5. Assessment. Where we are suggesting new wording, we have described the criteria as Recommended. Proposed criteria are presented as they were in the original request for review.

Domain 1: Public Safety.

Standard statement: Public safety is assured.

Recommended Criteria 1.7 Students understand the legal responsibilities of a registered dental practitioner and act ethically and professionally.

The language in this statement is different to the ADC Competencies and the Dental Board of Australia. We recommend replacing the term oral health practitioner with dental practitioner to ensure consistent language is used in ADC documentation.

We are unsure who the ADC is recommending students be referred to in Proposed Criteria 1.8. Is it Ahpra? Dentistry and oral health therapy programs help students develop as a practitioner over time. Instances of unprofessional behaviour should be managed by the institution and unethical behaviour where it relates to patient care by the healthcare provider. Where appropriate instances of unethical or unprofessional behaviour may be escalated to Ahpra, but this would be rare. We recommend writing a combination of 1.7 and 1.8 to form a new Criteria 1.7 (as above).

Domain 2: Academic governance and quality assurance.

Standard statement: Academic governance and quality assurance processes are effective

Proposed Criteria 2.1 Academic governance frameworks for the program includes the ability to set strategic direction, manage risk and innovation and systematic review.

Universitys already have a broader governance framework that is replicated across the organisation in some shape or form. Suggest rewording as above.

Proposed Criteria 2.4 Admission and progression requirements and processes are fair, transparent and informed by program staff.

We commend the ADC on the addition of the item.

Domain 3: Program of study.

Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.

Proposed Criteria 3.1 A coherent educational philosophy aligned with contemporary education principles informs the program's design and delivery.

We are very supportive of this change in wording to clarify that the educational philosophy is related to education principles.

Recommended Criteria 3.5 Program design, delivery, and assessment enable a respect of cultural diversity, and the development of skills that promote the provision of inclusive and responsive person-centred care.

Ensuring a learner has understood or appreciated something is difficult to measure and we would like to encourage the ADC to use stronger, more objective language. We have drafted an example above.

Recommended Criteria 3.7 Students learn with, from and about other health professions to support the development of interprofessional collaborative practice.

Suggest the above wording that better describes interprofessional collaborative practice.

Recommended Criteria 3.11 Access to clinical training is guaranteed, through formal agreements as required, for students to achieve the professional competencies.

Assured is a buzz word that is associated with assessment and practice in the age of generative AI. We recommend rewording this item.

Domain 4: The student experience.

Standard statement 4: Students are provided with equitable and timely access to information and support

Recommended Criteria 4.4. Students are informed of and have access to student support services provided by qualified personnel.

The word personal does not seem appropriate for providers to ensure we have used the words student support services in our draft.

Domain 5. Assessment

Standard statement 5. Assessment is fair, valid and reliable to ensure graduates are competent to practise.

The ADC assessment accreditation criteria have been kept broad which allows all schools to adopt a feasible and sustainable assessment program. We commend the flexibility that is built into the ADC assessment standard criteria, but we believe the language could be more precise to ensure all aspects of best practice assessment will be implemented in each program. We propose a set of 11 assessment standard criteria that incorporate the ADC proposed standard criteria as well as some additional ones.

Below we have provided the list of assessment criteria and then we describe why we have made each recommendation. For all criteria we have considered traditional methods of dental and oral health therapy education and assessment as well as ensuring each criterion allows for the development of warranted and assured assessments in the age of generative AI.

Recommended assessment criteria

5.1 Assessments conform to the principles of fairness, flexibility, equity, validity and reliability.

5.2 Mechanisms are in place for reviewing and improving assessment quality.

5.3 All assessment is clearly blueprinted to the program learning outcomes.

5.4 All required professional competencies are mapped to learning outcomes and are assessed.

5.5 Multiple assessment methods are used to assess students throughout the program, including direct observation in the clinical setting.

5.6 The education provider implements recognised methods of standard setting.

5.7 Students receive consistent and timely feedback that provides direction for learning.

5.8 Students identified as not meeting performance standards receive feedback on their performance and are provided with appropriate support to improve

5.9 Students are assessed by qualified and experienced educators.

5.10 External examiners support the program of assessment at key timepoints, including during the final year of the program.

5.11 There are documented processes to regularly review the quality of assessment to inform changes to the assessment program.

Explanation for each recommendation

Recommended Criteria 5.1 Assessments conform to the principles of fairness, flexibility, equity, validity and reliability.

The proposed criterion does not include language that would ensure schools could implement reasonable adjustments by having flexibility and fairness built into their assessments. It also focuses on measurable aspects of individual assessments, rather than acknowledging that assessment has moved beyond only considering these concepts in assessing an overall program of assessment. We recommend adopting the language of the Australian Medical Council (AMC) assessment standard statement 1.1 to include flexibility and fairness. The AMC statement reads well and is applicable to dental education just as it is to medical education.

Recommended Criteria 5.2 Mechanisms are in place for reviewing and improving assessment quality.

It is not clear what the current proposed criteria is focusing on or how a provider would demonstrate they have met the standard. We believe the intent of the proposed criteria is captured in our rewording that focuses on assessment quality.

Recommended Criteria 5.3 All assessment is clearly blueprinted to the program learning outcomes.

Programs should have a curriculum map in place that includes an assessment blueprint that demonstrates alignment of assessment and learning outcomes but goes further to explain where assessable content is taught and by whom. Assessment blueprinting is best practice and our recommended wording change ensures providers can demonstrate for accreditation, and to students where their learning and assessments intersect.

Proposed Criteria 5.4 All required professional competencies are mapped to learning outcomes and are assessed.

Recommend this criterion be retained.

Recommended Criteria 5.5 Multiple assessment methods are used to assess students throughout the program, including direct observation in the clinical setting.

The proposed criterion 5.7 incorporates two ideas: assessment throughout the program and qualification of assessors. We recommend the splitting of statement 5.7and incorporating some of it in statement 5.5. Our recommended wording incorporates types of assessment being conducted across the program and specifies direct observation in the clinic.

Recommended Criteria 5.6 The education provider implements recognised methods of standard setting.

Dental education, unlike medical education, prepares students to be first day ready for independent practice. Yet, unlike medical accreditation, there is no stipulation for standard setting in the proposed accreditation standards. The 50% pass mark is an arbitrary grade that can be described getting 50% wrong, as easily as it can describe passing. We recommend dental program providers be explicitly required to demonstrate adoption and implementation of an evidence-based standard setting process for all assessments.

Recommended Criteria 5.7 Students receive consistent and timely feedback that provides direction for learning.

The proposed criterion does not go far enough. Consistent and timely feedback is important, but it also needs to be useful for the learner. We recommend a simple addition to ensure the feedback will support student growth and development.

Recommended Criteria 5.8 Students identified as not meeting performance standards receive feedback on their performance and are provided with appropriate support to improve

The proposed criteria do not ask providers to demonstrate what they are doing to support learners who are identified as needing additional support and education to meet the standard for progression. We recommend the addition of this statement.

Recommended Criteria 5.9 Educators are experienced and assess content relevant to their qualification/s.

The proposed criterion is worded in such a way that it requires all assessors to be qualified in education. This is not achievable, particularly with the part-time and casual clinical assessor workforce. Our suggested revision ensures that the educators and assessors are qualified in the content they teach and assess. This encompasses clinical education, as well as other key topics like basic sciences, cultural safety, public health and health promotion.

Recommended Criteria 5.10 External examiners support the program of assessment at key timepoints, including during the final year of the program.

Not all programs have final exit exams, nor do they adopt the principles for programmatic assessment which is a recommended approach for preparation for practice degrees. We also suggest that external examiners may be required at different times during the program, not just final year. Our suggested re-wording ensures external examiners are included in the assessments used in final year but allows flexibility for providers who are adopting different approaches to their program of assessment.

Recommended Criteria 5.11 There are documented processes to regularly review the quality of assessment to inform changes to the assessment program.

Providers should be able to present their assessment philosophy as part of their accreditation process and demonstrate how they review, evaluate and adapt their assessment program in response to feedback, evaluation of assessments or changes in the evidence-based recommendations for health professions assessment. We recommend the addition of this statement to ensure providers can justify their assessment practices.

Domain 6: Cultural safety.

Standard statement 6: The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.

Recommended Criteria 6.1 Staff and students work and learn in a culturally **safe and** responsive environment.

Include the term safe to ensure students and staff work and learn in a culturally safe work and study place.

Recommended Criteria 6.2 The program provider can provide evidence of input from Aboriginal and Torres Strait Islander Peoples in the design and implementation of the curriculum.

We understand the importance of this criteria, but have concerns about ‘cultural load’ on individuals. The recommended wording attempts to help make this requirement possible to achieve.

Recommended Criteria 6.4 The ability to deliver Country- and Community-appropriate culturally safe healthcare is scaffolded throughout the program, clearly articulated in learning outcomes, and assessed.

We don’t think the delivery of care can be scaffolded, but the ability/capability to deliver can be.

Proposed Criteria 6.5 All students undertake culturally responsive clinical placements to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.

It is unclear what constitutes a culturally responsive placement, so it is difficult for us to comment on the feasibility of this proposed criteria.