AUSTRALIAN DENTAL COUNCIL

Dental Council
Te Kaunihera Tiaki Niho

Petrina bowden Submission to ADC Draft Accreditation Standards Consultation

Respondent details	
Name:	Petrina bowden
Organisation:	ADC
Role/capacity:	Examiner convenor and accreditor
Location:	Metro
Do you identify as Aboriginal and/or Torres Strait Islander?	No

Response to consultation questions	
Do you consider that the draft Standards are at the threshold level to deliver competent graduates who are safe to practise? (Yes, Somewhat, No, Unsure)	Yes
Additional comments:	
Do you agree with the specific proposals as incorporated in the draft Standards? (Yes, Somewhat, No, Unsure)	Yes
Additional comments:	
Are there any additional Standards or Criteria that should be added? (Yes, No, Unsure)	
Additional comments:	
Are there any Standards or Criteria that should be deleted or reworded? (Yes, No, Unsure)	
Additional comments related to your response, and clearly reference the specific criteria you are referring to for refinement.	

Do you have any other questions or comments on the Standards?