AUSTRALIAN DENTAL COUNCIL

Dental Council
Te Kaunihera Tiaki Niho

Report on the consultation on proposed changes to the ADC/DC(NZ) Accreditation Standards for dental practitioner programs

June 2026

Contents

1. Introduction

The existing *Australian Dental Council (ADC) and Dental Council (New Zealand) (DC(NZ)) Accreditation standards for dental practitioner programs* ('the Standards') became effective from 1 January 2021.

The Standards are used to evaluate education and training programs which lead to general or specialist registration in Australia or New Zealand, and endorsement of registration in Australia.

The Standards are reviewed every 5 years to ensure that they continue to align with contemporary benchmarks and expectations, are easy-to-use and are appropriately focused on public safety.

The review process commenced in late 2024 and resulted in updates to the Standards, which were released for public consultation in December 2025.

The ADC and DC(NZ) consulted stakeholders on proposed changes to the Standards between 19 December 2025 and 27 February 2026. A small number of respondents requested extensions to the submission deadline, including stakeholders in Australia and New Zealand. Late submissions were accepted up until 13 March 2026.

This document summarises the responses received and outlines changes made to the draft Standards in response to this consultation process.

About this document

This document builds on the *Draft ADC/DC(NZ) Accreditation standards for dental practitioner programs – December 2025* (the draft Standards) and the associated consultation document released in December 2025.

The consultation document explains the rationale for changes proposed in the draft Standards released for public consultation. This document further explains the changes made in response to the public consultation process.

This document includes the following sections:

- Section 1 introduces the document and the role of the ADC and DC(NZ).
- Section 2 provides a brief introduction to the current Standards.
- Section 3 explains the review process.
- Section 4 outlines activities undertaken as part of the review.
- Section 5 summarises the responses received.
- Section 6 explains the changes made following consideration of the consultation responses.
- Section 7 outlines the detailed wording changes and the rationale for change.

There are four appendices:

- Appendix 1 lists the members of the Accreditation Standards Review Steering Committee (the Steering Committee).
- Appendix 2 lists the members of the Accreditation Standards Review Project Team (the Project Team).
- Appendix 3 lists the public consultation questions.
- Appendix 4 is the Australian Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines.

About the ADC and DC(NZ)

The ADC is an independent organisation appointed by the Dental Board of Australia (DBA) to conduct assessment and accreditation functions for the dental professions under the National Registration and Accreditation Scheme (NRAS).

The assessment and accreditation functions performed by the organisation under the Health Practitioner Regulation National Law (the National Law) include:

- developing accreditation standards for approval by the DBA;
- accrediting programs of study which lead to eligibility to apply for registration against those standards;
- assessment of overseas qualified dental practitioners who wish to practise in Australia; and
- providing advice to the DBA on accreditation and assessment matters.

The ADC is a not-for-profit company limited by guarantee under the Australian Securities and Investments Commission. It holds charity status under the Australian Charities and Not-for-profits Commission and is funded by a grant from the DBA and fee for service activities.

The DC(NZ) is a regulatory authority established by the *Health Practitioners Competence Assurance Act* 2003. The DC(NZ)'s primary purpose is to protect the health and safety of the public by making sure that oral health practitioners are competent and fit to practise.

The DC(NZ) is responsible for:

- setting standards for entry to the register;
- registering oral health practitioners;
- setting standards of clinical and cultural competence, and ethical conduct to be met by all oral health practitioners;
- recertifying all practising oral health practitioners each year; and
- reviewing and remediating the competence of oral health practitioners.

2. About the current Accreditation Standards

Structure of the current Accreditation Standards

The Standards, as currently worded, comprise six Domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural safety (Australia)/Cultural competence (New Zealand)

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 accredited program in order to meet each Standard Statement.

The criteria are **not** sub-standards assessed individually. When assessing a program, regard is given as to whether each criterion is addressed, but the ADC and DC(NZ) take an on-balance view of whether the evidence presented demonstrates that a particular Standard is met.

The Standards are outcomes focused. The Standards, deliberately, do not specify a number of clinical or teaching hours, or prescribe an educational approach, or define curricula. It is for the provider to show how the program meets the Standards and prepares dental graduates to practise safely and ethically.

New programs and established programs are assessed against the same Standards, although the assessment may be varied according to the circumstances of the provider.

Application of the Standards

The Standards apply to programs that lead to all divisions of dental practitioner registration (dentist, dental specialist, dental hygienist, dental therapist, dental prosthetist/clinical dental technician, and oral health therapist), as well as programs that lead to endorsement of registration in Australia. The Standards also apply across all levels of programs (e.g. Bachelor level, Master's level, Advanced Diploma and Fellowship), which are offered by a variety of different education provider types, such as universities, TAFEs and specialist colleges.

Each type of education provider has different structures, different reporting relationships and ways to provide students with the clinical experiences necessary to demonstrate they have achieved the professional competencies.

The focus of accreditation is on how a program can demonstrate it prepares students to be safe and competent practitioners. It is the responsibility of each education provider to demonstrate how the program seeking accreditation provides its graduates with the skills required for practice, as outlined in the relevant statement of professional competencies.

The professional competencies are referenced in the Standards and outline what is expected of a newly qualified practitioner within each division of registration. The professional competencies are important reference documents used in the accreditation process, but they were not part of this consultation process.

3. About the Standards review process

The Standards were last reviewed between 2019 and 2020.

Since their publication, the Standards have been well received by stakeholders and have been adopted in full or in part by other accreditation bodies in Australia and New Zealand. From 2021, Domains for Cultural Safety (Australia) and Cultural Competence (New Zealand) were introduced for the first time.

Replacement legislation for the regulation of health practitioners in New Zealand is expected in 2026, which may impact cultural competence and safety standards. To ensure any changes are made once and align with new legislative requirements, DC(NZ) deferred any changes to Domain 6: Cultural Competence, with further consultation expected to occur at a later stage. Until such time, the current cultural competence criteria remain in place for New Zealand.

As such, this consultation considered Domain 6: Cultural Safety in the Australian context only.

4. Activities undertaken to inform the review

To inform the focus of the review, a wide range of stakeholders were engaged including education providers, professional associations and ADC and DC(NZ) assessors. The review included the following steps:

- Benchmarking the existing Standards against other relevant standards nationally and internationally.
- Meeting with key stakeholders to seek feedback on the Standards and potential focus areas for the review.
- Identification of nine areas of focus, as determined by external influences and/or feedback from stakeholders:
    - academic integrity
    - equity and diversity
    - racism and bullying
    - cultural competence/safety
    - quality of assessments
    - diverse clinical placements and treatment
    - integration of clinical practice and clinical simulation
    - digital health
    - workforce pressures.
- A stakeholder survey targeted at those who use the Standards most, to seek feedback on the existing Standards, including how they are working and how they might be improved. This included feedback on the identified focus areas. In total, 103 responses were received.
- A public consultation that invited interested stakeholders to provide feedback on the proposed revisions to the Standards. The survey included targeted questions as well as an opportunity for respondents to provide general feedback. In total, 121 responses were received for the public consultation.
- A Steering Committee was convened to provide expert advice about possible changes to the Standards. The results of the benchmarking, stakeholder survey, and stakeholder engagement informed the work plan of the Project Team and the changes proposed to the Standards. A list of the Steering Committee members is provided in Appendix 1 and Project Team members in Appendix 2.

Consultation on the draft Standards

Responses to the public consultation were invited from anyone with an interest in the Standards. A broad range of stakeholder groups provided feedback on the proposed changes to the Standards. The responses received helped to refine the proposed changes and ensure the Standards remain fit for purpose.

Questions were included in the consultation document released and a rationale for changes made to the Standards was included. The consultation questions were replicated in an online survey tool (Survey Monkey) to assist stakeholders in formulating their responses.

The consultation questions were not exhaustive and comments on any component of the draft Standards were welcomed. The consultation questions are included in Appendix 3.

Respondents were:

- invited to email their responses to the relevant Australian or New Zealand contact address, or to respond using the online survey tool
- asked to provide detail wherever possible to assist with revisions or amendments to the draft Standards
- advised that the ADC and DC(NZ) would publish individual submissions received and a summary report.

The consultation period opened on 19 December 2025 and closed on 27 February 2026 at 5pm AEDT.

After the consultation period, some criteria in the Standards were further refined, taking into consideration the responses received.

The revised Standards were approved by DC(NZ) in May 2026. In accordance with the National Law in Australia, the Standards were approved by the DBA in June 2026.

Promotion of the consultation in Australia

The ADC used multiple channels and means by which to promote the release of the draft Standards for consultation, including:

- a dedicated page on the ADC's website
- direct emails sent to stakeholders inviting responses to the consultation
- invitations sent to Aboriginal and Torres Strait Islander community controlled organisations and other health and consumer bodies
- articles in dental association publications and newsletters
- LinkedIn posts
- reminders of the consultation in ADC newsletters sent to stakeholders.

Promotion of the consultation in New Zealand

The DC(NZ) issued the consultation document to New Zealand registered oral health practitioners and other key stakeholders via email, including educational institutions, Minister of Health, related government bodies, and other regulators and accreditation bodies with a relationship with DC(NZ).

5. Summary of public consultation responses

A total of 121 responses were received for the public consultation – 63 for Australian stakeholders and 58 for New Zealand stakeholders. The data reported reflect feedback received through the survey tool only and do not reflect the full dataset, because survey questions were not compulsory and some respondents chose not to answer every question.

Two separate consultation surveys were run for Australia and New Zealand for the public consultation. Where possible, aggregate data are reported, with the exception of the demographic question about identification as Aboriginal and/or Torres Strait Islander, which includes only Australian data. A question asking about identification as Māori was not included in the New Zealand survey.

Percentages for quantitative data have been calculated based on actual responses to a question; data related to respondents who did not answer a specific question are not included. Percentages have been rounded.

Respondent demographics

Respondents using the online survey tool were asked, '*What is your role/capacity of your feedback?*'

Respondents self-identified their role, so categories are indicative only:[1]

- dental practitioners (includes general dentists, associate dentists, practice owners, dental specialists) (~35–40%)
- academics/education providers (includes professors, lecturers, clinical educators, academic leads) (~25–30%)
- oral health therapists/hygienists/therapists (~15%)
- accreditation/regulatory roles (includes ADC/DC(NZ) assessors, examiners, accreditation coordinators) (~10%)
- leadership/management roles (includes CEOs, directors, practice managers) (~5%)
- consumers/unspecified (~5%).

Feedback was heavily weighted towards practitioners and educators, with additional representation from individuals involved in accreditation and assessment.

Survey respondents were asked, '*Do you primarily work in a rural-regional or metro area?*' Respondents were split between metro and rural/regional practice, with 84 (71.2%) working in metro settings and 33 (28.2%) working in rural/regional areas.

For the Australian consultation, there was limited feedback from Aboriginal and Torres Strait Islander peoples, with 1 (1.7%) respondent identifying as Aboriginal and/or Torres Strait Islander; however, it was noted that some Aboriginal and Torres Strait Islander peoples may have chosen not to self-identify.

Responses to consultation questions

The following tables summarise the quantitative results for the public consultation questions.

Table 1. Responses to question: 'Do you consider that the draft Standards are at the threshold level to deliver competent graduates who are safe to practise in Australia and New Zealand?'

Consultation question	**Number of responses (n = 79)**			
Do you consider that the draft Standards are at the threshold level to deliver competent graduates who are safe to practise in Australia and New Zealand?	Yes	Somewhat	No	Unsure
	43 (54.4%)	16 (20.3%)	12 (15.2%)	8 (10.1%)

[1] Some respondents met the criteria for more than one respondent type (e.g. educator and assessor).

Most respondents (74.7%) indicated the draft Standards are at or near the threshold level for producing safe, competent graduates in Australia and New Zealand, with a smaller group unsure or disagreeing (25.3%).

Table 2. Responses to question: 'Do you agree with the specific proposals as incorporated in the draft Standards?'

Consultation question	**Number of responses (n = 57)**			
Do you agree with the specific proposals as incorporated in the draft Standards?	Yes	Somewhat	No	Unsure
	29 (50.9%)	14 (24.6%)	10 (17.5%)	4 (7.0%)

Responses show overall support for the specific proposals incorporated in the draft Standards (75.5%), alongside a minority indicating partial agreement/disagreement (24.5%).

Some respondents felt the specific wording of some criteria required further refinement or explanation.

Table 3. Responses to question: 'Are there any additional Standards or Criteria that should be added?'

Consultation question	**Number of responses (n = 52)**		
Are there any additional Standards or Criteria that should be added?	Yes	No	Unsure
	17 (32.7%)	20 (38.5%)	15 (28.8%)

Many respondents (38.5%) said no additional Standards/criteria were needed; however, a substantial proportion suggested additions or were unsure (61.5%).

Table 4. Responses to question: 'Are there any Standards or Criteria that should be deleted or reworded? Please clearly reference the specific criteria you are referring to for refinement.'

Consultation question	**Number of responses (n = 51)**		
Are there any Standards or Criteria that should be deleted or reworded? Please clearly reference the specific criteria you are referring to for refinement.	Yes	No	Unsure
	15 (29.4%)	23 (45.1%)	13 (25.5%)

Some respondents indicated specific Standards/criteria should be deleted or reworded (29.4%), suggesting targeted refinement, while a larger proportion did not believe further amendment was necessary (45.1%).

Summary of feedback specific to each Domain

Survey respondents provided detailed feedback on the proposed draft Standards, as well as suggestions for inclusions, revisions or removal of Standards.

Survey responses were grouped according to each Standard. The project team reviewed each comment and formulated positions on whether any further revisions were required to the Standards.

Some feedback was not directly related to the Standards review (e.g. feedback related to the ADC examination for internationally qualified dental practitioners). This feedback was considered outside of the consultation scope and was not considered as part of the review.

The project team also determined, in reviewing the comments, that some respondents may have inadvertently provided feedback that was intended for other consultations related to registration matters. This feedback was also not considered as part of the analysis. A summary of the feedback received for each Standard follows.

Domain 1: Public safety

Feedback focused on clarification and consistency of wording, particularly around informed consent (criterion 1.6) and the handling/escalation of professional conduct breaches (criterion 1.8).

Domain 2: Academic governance and quality assurance

Feedback largely addressed practicality and scope. Respondents noted university-wide governance and admissions processes can sit outside program control, and suggested rewording to avoid implying program-level responsibility for centrally managed processes.

Domain 3: Program of study

Comments centred on how 'sufficiency' and 'quality' of clinical education should be evidenced without prescribing hours. Respondents sought clearer guidance on breadth of experience (range of settings, case-mix, complexity, and high-need groups) and cautioned against wording that could be interpreted as volume over quality. Several submissions requested clearer definition/linkage to required professional competencies, stronger and more measurable language (e.g. replacing subjective terms), and clearer framing of diversity/equity (including disability/special needs and cultural responsiveness for all patients).

Domain 4: The student experience

Feedback was relatively limited and focused on resourcing and support. One theme was whether staff wellbeing should be more explicitly recognised (or addressed via resourcing expectations), alongside wording refinements to student support criteria.

Domain 5: Assessment

Comments strongly supported the proposed strengthening of assessment expectations, including safeguards for emerging risks (notably generative AI) and clearer articulation of contemporary assessment models. Respondents raised the need for clarity around student feedback requirements, transparency in progression decisions, and the role of calibration and potential conflicts of interest relating to external examiners. Some submissions proposed expanding principles (e.g. adding flexibility/equity) and adding more detailed criteria (e.g. standard setting).

Domain 6: Cultural safety (Australia)

Feedback focused on terminology and implementation feasibility. Respondents queried the shift and relationship between 'cultural safety' and 'cultural responsiveness' and sought clearer guidance on what constitutes culturally responsive placements/experiences.

Recurring themes related to managing cultural load and capacity constraints for Aboriginal and Torres Strait Islander communities and services (including resourcing/compensation and proportionality for smaller or multi-jurisdictional providers). Of note, much of this feedback was received from non-Indigenous respondents.

6. Changes proposed following the consultation process

This section discusses the more significant changes proposed to the Standards during the review process, and how they align to the selected focus areas identified at the outset of the review.

Overall, the changes proposed are minor in nature and aim to ensure clarity and ease of use of the Standards.

Exact wording changes and the rationale for each are detailed in Section 7.

Domain 1: Public safety

Alignment to focus area: Racism and bullying

Further to feedback about cultural responsiveness, of concern is the number of complaints received by both the ADC and DC(NZ) in recent years relating to claims of racism and bullying involving students, staff and patients. Within this context, to ensure cultural safety for those working, learning and receiving care within accredited programs, a specific focus and mechanisms to respond to these issues was deemed necessary.

Accreditation authorities must have assurance of a tertiary education institution's policies and processes that identify and manage such inappropriate behaviour.

Criterion 1.8 states: The program provider holds students and staff to high levels of ethical and professional conduct.

To lessen the possibility of racism occurring in programs, in addition to addressing other forms of ethical and professional misconduct, the revised criterion 1.8 states: Students and staff act ethically and professionally to contribute to a safe environment, with breaches managed appropriately by the program provider.

Domain 2: Academic governance and quality assurance

Alignment to focus area: Academic governance

A revision to existing criterion 4.2 (new criterion 2.4) was proposed to address concerns that students unfit to study have previously been admitted to education programs, and that there has been insufficient involvement of program staff in decision making. As the focus is academic governance, it was proposed to move this criterion to Domain 2.

The revised criterion 2.4 states: Admission and progression requirements and processes are fair, transparent and informed by program staff.

Domain 3: Program of study

Alignment to focus areas:

- **Diverse clinical placements and treatment/Integration of clinical practice and clinical simulation**
- **Digital health**
- **Equity and diversity**
- **Workforce pressures**

Diverse clinical placements and treatment/Integration of clinical practice and clinical simulation

Diverse clinical placements enable students to gain experience across a variety of clinical settings and in managing a range of patient populations, allowing them to apply their clinical knowledge in real-world settings and gain skills and confidence for their future practice. This is beneficial for not only the students' education but also supports society more broadly in improving access to care for some populations, such as people living in rural and remote areas, people with disability, and children.

Some providers have challenges to secure outplacements to offer students opportunities in different clinical settings and/or to ensure adequate clinical exposure across the full range of a scope of practice. To support this, simulation is an essential part of clinical dentistry teaching that supports students to develop the required professional competencies, though it is not a substitution for provision of patient care.

Minor revisions to several criteria in Domain 3 are proposed to support the learning needs of students to ensure they get sufficient clinical experiences to attain the competencies defined for their scope of practice.

Criterion 3.3 stated: The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.

This criterion was considered to determine whether it effectively ensures students obtain the breadth and depth of clinical experiences necessary for developing the expected graduate competencies, while also providing sufficient flexibility to support their achievement.

The revised criterion 3.3 (new criterion 3.4) states: The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise.

Digital health

Digital health refers to the use of information and communications technologies in health professions to manage illnesses and health risks and to promote wellness. It is important to ensure dental practitioner programs can appropriately train and prepare graduates to respond to emerging trends.

Key areas for consideration include:

- digital health literacy
- data security and privacy
- clinical informatics
- contemporary and emerging technologies
- ethical considerations.

Feedback indicated that Domain 3 should be strengthened regarding digital health, with specific concerns about the growing use of artificial intelligence (AI) and associated technologies.

Criterion 3.8 stated: Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.

To address the feedback, additional guidance to support criterion 3.8 (new criterion 3.9) will include an explanation of the technological capability, related to equipment and facilities, that the program is required to demonstrate.

Criterion 3.10 stated: The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.

This criterion has been slightly reworded to state: The program has the resources to sustain the education required for students to achieve the professional competencies.

Equity and diversity

The ADC and DC(NZ) continue to build on work to increase the focus on oral health/prevention for specific populations including:

- people who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander and Māori and Pasifika peoples
- people living in regional and remote areas
- people with additional or specialised healthcare needs
- refugees
- LGBTQIA+ people.

To address the needs of these populations the review considered new guidelines such as the Intellectual Disability Health Capability Framework in Australia and how accreditation can ensure graduates from accredited programs are prepared to practise in regional and rural communities. It was determined that some of these considerations will be more appropriately addressed in the professional competencies.

Initial feedback indicated a lack of clarity for criterion 3.9, which stated: Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations.

A revision to criterion 3.9 (new criterion 3.5) was proposed to broaden the focus from cultural safety to cultural diversity so this criterion includes but is not limited to cultural diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation.

The revised criterion 3.5 states: Program design, delivery, and assessment enable an understanding of cultural diversity, and the development of skills that promote inclusive and responsive person-centred care.

Workforce pressures

Workforce issues affect the dental education sector, with contributing factors including the global shortage of and intense competition for academic staff, institutions' shift to casual contracts, barriers to academic career pathways and the attractiveness of university roles.

Accreditation authorities have observed long-term staff vacancies due to unsuccessful recruitment, pressure by institutions to increase student numbers, and in some cases hiring freezes due to financial pressures. These result in increasing student-to-staff ratios and further challenges in attracting and retaining suitably qualified academic staff, particularly at senior levels and specialists. General administrative support has also decreased over recent years.

Concerns were highlighted about the lack of qualified academics, registration barriers for hiring staff, academic pressure on work/life balance and flexibility, staff succession planning, remuneration and organisation reputation.

The programs must have suitably qualified staff and appropriate staffing levels to ensure curricula can be delivered, student learning needs are met, and patients' safety is protected. It is also necessary to ensure students are appropriately supervised by educators and can work to their full scope on placement sites.

Criterion 3.10 stated: The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.

To address concerns about workforce, this criterion has been slightly reworded to state: The program has the resources to sustain the education required for students to achieve the professional competencies.

Guidance for criterion 3.10 will highlight the need for sustainability of the program to consider support for staff and that resources for the program can be interpreted broadly to include human resources, in addition to physical resources.

Domain 4: The student experience

Alignment to focus areas:

- **Academic integrity**
- **Quality of assessments**
- **Equity and diversity**

Accessible information, effective support and inclusive learning environments are critical to student success and progression. Students must be supported to meet academic requirements, navigate complex clinical training environments, and develop professional capabilities in a safe and equitable learning environment. Strong student support systems and transparent processes also contribute to public safety by enabling early identification of issues and supporting timely intervention where needed.

Feedback on Domain 4 focused primarily on student support and resourcing. Key themes included clarifying expectations for access to academic and personal support, strengthening the visibility of grievance and appeals processes, and formalising mechanisms for student representation. Some feedback also raised whether staff wellbeing should be more explicitly recognised, either within this Domain or through broader resourcing expectations.

Revisions to criteria 4.1, 4.3, 4.4 and 4.5 aim to improve clarity, accessibility of information, and responsiveness to diverse student needs. The revised criteria state:

- 4.1: Program information is clear and accessible to both prospective and current students.
- 4.3: Students are informed of and have access to effective grievance and appeals processes.
- 4.4: Mechanisms are in place to identify and support the academic learning needs of students.
- 4.5: Students are formally represented within decision-making committees for the program, with mechanisms to enable active participation.

Domain 5: Assessment

Alignment to focus areas:

- **Academic integrity**
- **Quality of assessments**

Assessment is an essential quality control for education programs and must be undertaken by suitably qualified assessors who demonstrate sound assessment practice.

Although the standard refers to the validity of the assessment, the criteria were not explicit about the quality of the assessment to ensure it is appropriate to assure competence. The

quality of an assessment is determined by its validity, reliability, fairness, accessibility, and practicality.

Stakeholder feedback suggested that more direction and/or guidelines were warranted regarding assessments. Additional concerns raised in response to other themes included the use of external examiners and the perceived lack of consistency in assessment across education providers.

In addition, the accreditation standards did not have a specific focus to assess an education provider's response to internal or external risks that may compromise the integrity of learning content, assessments and processes that may create a risk to the public. Continued reflection is necessary to ensure curricula remain current and relevant.

Key concerns include:

- cheating and plagiarism
- bias and fairness
- security and privacy
- dependence on technology for preparing learning materials and assessments
- accountability and quality assurance.

Addressing these risks requires a combination of robust policies and practices, commitment to quality assurance, ethical artificial intelligence (AI) practices, and continuous monitoring to ensure that AI tools are used responsibly and effectively in the program by students and staff.

To address these concerns, two new criteria were introduced for Domain 5:

- 5.1 Assessments conform to the principles of validity, reliability and fairness.
- 5.2 Mechanisms are in place to recognise and respond to emerging developments and risks in assessment.

In addition, criterion 5.5 (new criterion 5.7) was reworded to address feedback regarding the consistency and level of educational qualifications and use of external examiners.

The existing criterion 5.5 stated: Suitably qualified and experienced staff, including external experts for final year, assess students.

The revised criterion 5.7 states: Students are assessed throughout the program by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations.

This change addresses feedback regarding consistency and level of educational qualifications and use of external examiners. It also makes explicit the need for external examiners in assessment of final year students. Guidance notes highlight the dual role of external examiners – to assess students and to provide feedback on whether the program is meeting learning outcomes.

Domain 6: Cultural responsiveness

Alignment to focus area: Cultural safety

Revisions were proposed to several criteria in Domain 6 to focus on cultural responsiveness as an action to achieve cultural safety. This aims to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Communities to ensure cultural safety. Graduates must be culturally responsive to deliver culturally safe care.

Suggested revisions to all criteria within Domain 6 (Australia) aim to improve cultural responsiveness. These revisions aim to promote:

- alignment with Ahpra's anti-racism policy
- staff and students working and learning in a culturally responsive environment, supported by structured training and continuous reflection
- local Aboriginal and/or Torres Strait Islander communities external to the provider having input into program design and management.
- the program proactively promoting and supporting the recruitment, admission, participation, retention, and successful completion of the program by Aboriginal and Torres Strait Islander Peoples, with holistic support services and pathways.
- scaffolding of culturally safe healthcare throughout the curriculum, clearly articulated in learning outcomes, and assessed, with explicit focus on self-determination and centring First Nations experiences.
- students undertaking placements designed to provide culturally safe care, aligned with community needs and expectations, with feedback from placement providers and communities.
- students and staff having access to resources and staff with specialist knowledge, expertise, and cultural capabilities.
- clear, transparent processes for actioning feedback and addressing concerns, including support and advocacy for those affected by misconduct or racism.

These changes support a learning and clinical environment where cultural safety is embedded, racism is actively limited through policy and practice, and continuous reflection promotes ongoing improvement.

Guidance to support implementation

The Project Team identified that much of the consultation feedback could be addressed through guidance notes, which is a supporting document being developed alongside the Standards to support their implementation.

The guidance notes will include clear explanations, what is required to meet criteria, examples of evidence that education providers can supply when seeking accreditation, and prompts for assessors when assessing education programs.

7. Revised Standards: Detailed wording changes and rationale

Preamble

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 Dental Board of Australia (DBA) – pursuant to the Health Practitioners Competence Assurance Act 2003 (the Act – New Zealand) and Health Practitioner Regulation National Law Act 2009 (National Law – Australia).

The Standards help to ensure that education programs meet criteria for the education of newly qualified dental practitioners who are safe to practise in Australia and New Zealand and apply to all dental programs that lead to registration as dental practitioners in Australia and New Zealand. In Australia, the Standards also apply to programs that enable graduates to apply for endorsement of registration for conscious sedation.

The Standards comprise six domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural responsiveness (applicable to programs seeking accreditation in Australia).

Each Domain includes a Standard that articulates the key purpose of the Domain. Each Standard is supported by multiple criteria, which outline what is expected of an ADC/DC(NZ) accredited program to meet each Standard. 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 criterion is met but will take an on-balance view of whether the evidence presented by a program 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 program provider.

Domain 1. Public safety

Standard: Public safety is assured.

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the program, clinical education and learning outcomes.	Public protection and patient care are key principles guiding the program, clinical education and learning outcomes.	No further change.	Criterion 1.1 has been revised to simplify language. The intent remains the same.
1.2 Student impairment screening and management processes are effective.			No changes proposed.
1.3 Students achieve the relevant competencies before providing patient care as part of the program.			No changes proposed.
1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.			No changes proposed.
1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety, and quality and care			No changes proposed.

policies and processes, and meet all relevant regulations and standards.			
1.6 Patients consent to care by students.			No changes proposed.
1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.			No changes proposed.
1.8 The program provider holds students and staff to high levels of ethical and professional conduct.	Students and staff act ethically and professionally, with breaches managed or referred by the program provider.	Students and staff act ethically and professionally to contribute to a safe environment, with breaches managed appropriately by the program provider.	Criterion 1.8 reframes the focus on students and staff and includes an imperative for providers to act in instances where conduct is inappropriate. Following consultation, 'or referred' has been removed as it is implied by 'managed' and allows more flexibility to suitable approaches, while 'appropriately' has been added to ensure effective management. 'to contribute to a safe environment' has been added to recognise the requirement for student, staff and patient safety.
1.9 All students are registered with the relevant regulatory authority/ies.			No changes proposed. Note: applicable in Australia only.

Domain 2. Academic governance and quality assurance

Standard: Academic governance and quality assurance processes are effective.

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
2.1 Academic governance arrangements are in place for the program and include systematic monitoring, review and improvement.	Academic governance for the program includes systematic review and monitoring, risk management and improvement.	No further change.	Criterion 2.1 has been revised to extend the focus for academic governance to include systematic monitoring and risk management, which highlights the importance of programs undertaking continuous review cycles (i.e. planning, implementation, evaluation, improvement) and risk mitigation.
2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the program's design, management and quality improvement.	Students, consumers, internal and external academic, and professional peers contribute to the program's design, management and quality improvement.	Students, consumers, internal and external academics, and professional peers contribute to the program's design, management and quality improvement.	Criterion 2.2 has been updated to remove the reference to 'dental' and '(including patients)' as it was understood that 'consumers' was inclusive. Following consultation, a minor grammatical change to 'academics' was made.

2.3 Mechanisms exist for responding within the curriculum to contemporary developments in clinical practice and health professional education.	Mechanisms are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education.	No further change.	A minor change in the language for criterion 2.3 has been made to update 'exist', which may imply that mechanisms are present but not necessarily operational, to 'are in place' to imply the mechanisms are in place and functional. This also mirrors language used in criterion 5.2.
2.4 Admission and progression requirements and processes are fair and transparent.	Admission and progression requirements and processes are fair, transparent and informed by program staff.	No further change.	Feedback indicated there are concerns about admitting students who may not be fit to study and a lack of program involvement. The existing criterion 4.2 has been reworded and moved to become criterion 2.4 to strengthen the involvement of program staff in assessing and admitting students to programs.

Domain 3. Program of study

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

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
3.1 A coherent educational philosophy aligned with			No changes proposed.

	contemporary education principles informs the program's design and delivery.			
3.2	Program learning outcomes address all the required professional competencies.			Criterion 3.2 has been renumbered to provide a logical flow of criteria in this standard.
3.3	The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise.	No further change.	Criterion 3.3 has been refined to focus on the key aspects of clinical experiences to achieve competence. 'Across a range of settings' has been deleted as the existing wording implies a practitioner is competent to practise across their scope. Criterion 3.3 has been renumbered to provide a logical flow of criteria in this standard.
3.4	Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.			Criterion 3.4 has been renumbered to provide a logical flow of criteria in this standard.
3.5	Graduates are competent in research literacy for the level and type of the program.	The program design develops research literacy appropriate to the level and type of qualification.	No further change.	3.5 has been reworded in response to feedback about the need for improved research literacy of graduates. Re-framing the criterion's focus to the program rather than graduates increases emphasis on assessment of

			the program. Criterion 3.5 has been renumbered to provide a logical flow of criteria in this standard.
3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	Students engage with and learn from relevant health professions to support the development of collaborative practice.	Students engage with and learn from oral health and other health professions to support the development of collaborative practice.	3.6 has been broadened to include relevant health professions (i.e. broader than oral health professions). 'Work' has been changed to 'engage' to remove any potential confusion with work-integrated learning. The aim of this criterion is to enable students to learn to provide person-centred care as a collaborative member of an interprofessional team. Following consultation, the inclusion of 'oral health' was made to clarify the intent for students learning from the oral health professions as well as that of other health professions. Criterion 3.6 has been renumbered to provide a logical flow of criteria in this standard.
3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.			Criterion 3.7 has been renumbered to provide a logical flow of criteria in this standard.
3.8 Learning environments and clinical facilities and			Criterion 3.8 has been renumbered to provide a

	equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.			logical flow of criteria in this standard.
3.9	Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations.	Program design, delivery and assessment enable an understanding and appreciation of cultural diversity, and promotes the provision of inclusive and responsive person-centred care.	Program design, delivery, and assessment enable an understanding of cultural diversity, and the development of skills that promote inclusive and responsive person-centred care.	Feedback suggested there has been confusion in interpreting criterion 3.9 as being applicable to First Nations people only. The criterion has been broadened so it includes but is not limited to cultural diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation. Following consultation, removed 'appreciation' as this is subjective and challenging to measure. Added 'development of skills' to highlight the attainment of competence which is the expected outcome. Criterion 3.9 has been renumbered to provide a logical flow of criteria in this standard.
3.10	The dental program has the resources to sustain the quality of education that is required to facilitate the	The program has the resources to sustain the education required for students to achieve the professional competencies.	No further change.	The reference to dental has been removed in criterion 3.10 to ensure the standards are more

achievement of the professional competencies.			broadly applicable in the future. 'Quality' has been removed as this aspect will be addressed in other criteria in this and other standards.
3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies	Access to clinical training is assured, through formal agreements as required, for students to achieve the professional competencies.	No further change.	Similarly to criterion 3.10, 'quality' has been removed for criterion 3.11 as this aspect will be addressed in other criteria in this and other standards. 'Facilities' has also been removed as this will be assessed in (new) criterion 3.9, but the criterion retains a focus on access to clinical training.

Domain 4. The student experience

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

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
4.1 Course information is clear and accessible.	Program information is clear and accessible to both prospective and current students.	No further change.	Criterion 4.1 has been reworded to address feedback about the perceived difficulty students may experience in navigating generic provider-wide policies. The revised criterion aims to increase clarity for prospective and current students.

4.2 Admission and progression requirements and processes are fair and transparent.			Criterion deleted. Refer to criterion 2.4.
4.3 Students have access to effective grievance and appeals processes.	Students are informed of and have access to effective grievance and appeals processes.	No further change.	Criterion 4.3 has been reworded to mirror the language of criterion 4.5 and highlights the need for programs to ensure students are aware of grievance and appeals processes. Criterion 4.3 has been renumbered to provide a logical flow of criteria in this standard.
4.4 The program provider identifies and provides support to meet the academic learning needs of students.	Mechanisms are in place to identify and support the academic learning needs of students.	No further change.	Criterion 4.4 has been reworded to mirror the language of 2.3 and highlights the need to be responsive to the varied needs of students. Criterion 4.4 has been renumbered to provide a logical flow of criteria in this standard.
4.5 Students are informed of and have access to personal support services provided by qualified personnel.		Students are informed of and have access to support services provided by qualified personnel.	Criterion 4.5 has been renumbered to provide a logical flow of criteria in this standard. Following consultation, removed 'personal' as this was not deemed necessary. Renumbered to 4.4.
4.6 Students are represented within the deliberative and decision making processes for the program.	Students are formally represented within decision-making committees for the program, with mechanisms to enable active participation.	No further change.	Criterion 4.6 has been reworded to address recommendations that the student voice could be strengthened and formalised in program decision-making processes. Criterion 4.6 has been renumbered to provide a logical flow of criteria in this standard.

4.7 Equity and diversity principles are observed and promoted in the student experience.			Criterion 4.7 has been renumbered to provide a logical flow of criteria in this standard.

Domain 5. Assessment

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

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
New criterion	Assessments conform to the principles of validity, reliability and fairness. To become 5.1.	No further change.	A new criterion 5.1 has been proposed that states: Assessments conform to the principles of validity, reliability and fairness. This criterion addresses feedback from the 'quality of assessments ensured' focus area, which suggested a new criterion could address concerns regarding teaching staff expertise and calibration, inconsistencies in assessment application, and the overall quality and reliability of assessments. Strengthening the criteria will help ensure assessments are transparent, valid, and consistently applied across disciplines and providers, thereby enhancing the credibility

				and rigour of the educational program.
New criterion		Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. To become 5.2	No further change.	A new criterion 5.2 has been proposed that states: Mechanisms are in place for recognising and responding to emerging developments and risks in assessment. This criterion addresses feedback from the 'academic integrity' focus area that there is a clear and growing need to ensure the standards remain responsive to evolving developments and potential risks in educational assessment, particularly those arising from rapid technological advancements such as artificial intelligence.
5.1	There is a clear relationship between learning outcomes and assessment strategies.			Criterion 5.1 has been renumbered to provide a logical flow of criteria in this standard.
5.2	All required professional competencies are mapped to learning outcomes and are assessed.			Criterion 5.2 has been renumbered to provide a logical flow of criteria in this standard.
5.3	Multiple assessment methods are used including direct observation in the clinical setting.			Criterion 5.3 has been renumbered to provide a logical flow of criteria in this standard.

5.4	Mechanisms facilitate a consistent approach to appropriate assessment and timely fe edback to students.	Students receive consistent and timely fee dback.	Students receive timely feedback to support their learning.	Criterion 5.4 has been reworded to remove the focus on appropriate assessment, which is now covered in the new criterion 5.1. This criterion focuses on student feedback only. Following consultation, removed 'consistent' as this could be interpreted as 'often' or 'in the same way' and may be ambiguous. 'to support their learning' was added to emphasise the role of constructive feedback. Criterion 5.4 has been renumbered to provide a logical flow of criteria in this standard.
5.5	Suitably qualified and experienced staff, including external experts for final year, assess students.	Students are assessed throughout the program by qualified and experienced educators, including external experts. External examiners assess students for final year exit examinations.	No further change.	Criterion 5.5 has been reworded to address feedback regarding the consistency and level of educational qualifications of examiners. It also makes explicit the need for external examiners in the assessment of final year exit examinations. Criterion 5.5 has been renumbered to provide a logical flow of criteria in this standard.

Domain 6. Cultural responsiveness[2]

[2] Cultural safety has been updated to Cultural responsiveness throughout this standard to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Islander Communities to ensure cultural safety.

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

Original criteria	Proposed criteria for consultation	Proposed criteria following public consultation	Rationale for changes
6.1 There is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.	The program provider continuously seeks input from local Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation of the program.	No further change.	Criterion 6.1 has been reworded to highlight the need for genuine engagement by providers with Aboriginal and/or Torres Strait Islander Communities that the program is engaged with, and the need for these Communities to be external to the school. Criterion 6.1 has been renumbered to provide a logical flow of criteria in this standard.
6.2 The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander Peoples.	The program provider proactively promotes and supports the recruitment, admission, participation, retention and successful co mpletion of the program by Aboriginal and Torres Strait Islander Peoples.	No further change.	Criterion 6.2 has been reworded to include a focus on the need for proactive promotion of programs to Aboriginal and/or Torres Strait Islander peoples. Criterion 6.2 has been renumbered to provide a logical flow of criteria in this standard.
6.3 Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes.	Delivery of Country- and Community-appropriate culturally responsive healthcare is scaffolded throughout the program, clearly articulated in learning outcomes, and assessed.	Delivery of Country- and Community-appropriate culturally responsive healthcare is scaffolded and integrated throughout the program, clearly articulated in learning outcomes, and assessed.	Criterion 6.3 has been reworded to address feedback that there is a need for programs to provide evidence of Country-appropriate First Nations knowledges that promote self-determination by explicitly centering the experiences of First Nations individuals, families and Communities. Following consultation, 'and integrated' has been

			added to remove possible misinterpretation of 'scaffolded'. Criterion 6.3 has been renumbered to provide a logical flow of criteria in this standard.
6.4 Clinical experiences provide students with experience of providing culturally safe care for Aboriginal and Torres Strait Islander Peoples.	All students undertake culturally responsive clinical placements to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples.	All students undertake culturally responsive clinical placements to provide culturally safe and anti-racist care for Aboriginal and Torres Strait Islander Peoples.	Criterion 6.4 has been reworded to address feedback that programs should offer placements that align with Aboriginal and/or Torres Strait Islander Community needs and expectations. Programs are encouraged to actively seek feedback from placement provider/s (or organisations where these are undertaken) to ensure this alignment. Following consultation, inclusion of 'anti-racist' to align with Ahpra's anti-racism policy. Changed 'responsive' to 'safe' to better articulate the action and intent. Criterion 6.4 has been renumbered to provide a logical flow of criteria in this standard.
6.5 The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about	Students and staff have access to appropriate resources, and personnel with specialist knowledge, expertise and cultural capabilities, to facilitate learning about providing culturally responsive care for Aboriginal and Torres Strait Islander Peoples.	No further change.	Criterion 6.5 has been reworded to clarify the aim of this criterion is to develop students' skills in providing culturally responsive care Aboriginal and/or Torres Strait Islander peoples as distinct from learning about Aboriginal and/or Torres Strait Islander peoples health. Criterion 6.5 has

Aboriginal and Torres Strait Islander health.			been renumbered to provide a logical flow of criteria in this standard.
6.6 Staff and students work and learn in a culturally safe environment.	Staff and students work and learn in a culturally responsive environment.	Staff and students work and learn in a culturally responsive, safe and anti-racist environment.	Culturally 'safe' has been updated to 'responsive' throughout this standard to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Islander Communities to ensure cultural safety. Following consultation, inclusion of 'safe and anti-racist' to align with Ahpra's anti-racism policy. Criterion 6.6 has been renumbered to become criterion 6.1 as it provides a foundation for all other criteria in this standard.

Appendices

Appendix 1

Members of the Accreditation Standards Review Steering Committee

Name	Role
Professor Ivan Darby	Chair, Accreditation Committee, DC(NZ)
Ms Kellie Gleeson	First Nations Accreditation Committee member, ADC
Ms Leah Hobbs	Chair, Accreditation Committee, ADC
Mr Jonathon Kruger	Chief Executive Officer, ADC
Ms Marie MacKay	Chief Executive, DC(NZ)
Ms Mania Maniapoto-Ngaia	Educational standard-setting member of the Accreditation Committee, DC(NZ)

Appendix 2

Members of the Accreditation Standards Review Project Team

Name	Role
Ms Suzanne Bornman	Prevention Manager, DC(NZ)
Ms Lisa Bourke	Manager, Accreditation, ADC
Ms Kathleen Butler	First Peoples and Allies Reference Group member, ADC
Ms Philippa Davis	Executive Director, Accreditation, Policy and Research, ADC
Ms Hayley Hawkins	Manager, Policy and Projects, ADC
Professor Robert Love	Education Director, DC(NZ)
Dr Nicholas Reid	First Peoples and Allies Reference Group member, ADC

Appendix 3

Consultation questions

Q1. Do you consider that the draft Standards are at the threshold level to deliver competent graduates who are safe to practise in Australia and New Zealand? (Yes, No, Somewhat, Unsure)

Q2. Do you agree with the specific proposals as incorporated in the draft Standards? (Yes, No, Somewhat, Unsure)

Q3. Are there any additional Standards or Criteria that should be added? (Yes, No, Unsure)

Q4. Are there any Standards or Criteria that should be deleted or reworded? Please clearly reference the specific criteria you are referring to for refinement. (Yes, No, Unsure)

Q5. Do you have any other questions or comments on the Standards?

Appendix 4

Australian Statement of assessment against Ahpra's *Procedures for the development of registration standards, codes and guidelines*

Proposed update of the Accreditation Standards for dental practitioner programs

Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra Procedures for the development of registration standards, codes and guidelines (2023) is available at the Ahpra Resources webpage

Context – issue or problem statement

The ADC/DC(NZ) are proposing to update the Accreditation standards for dental practitioner programs (the Standards). The Standards are used to evaluate education and training programs which lead to general or specialist registration in Australia or New Zealand, and endorsement of registration in Australia.

The Standards are periodically reviewed to ensure that they continue to be aligned with contemporary benchmarks and expectations, are easy-to-use and are appropriately focused on public safety. The Standards were last reviewed in 2019–2020.

Assessment

Below is the ADC's assessment of its proposal to update the Standards taking account of the Ahpra procedures.

1. Describe how the proposed new or revised accreditation standards

1.1 take into account the paramount principle, objectives and guiding principles in the National Law

(See section 3 and 3A of the National Law)

1.2 draw on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The proposal takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners. The proposed updates to the Standards means the ADC will meet objectives:

2(a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered

2(c) to facilitate the provision of high quality education and training of health practitioners

2(ca) to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples.

2(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

The proposal has considered guiding principles in the National Law. The revised capabilities emphasise cultural responsiveness and anti-racism which aligns with guiding principles 2(aa) – in ensuring the development of a culturally safe and respectful health workforce that is responsive to Aboriginal and Torres Strait Peoples and their health; and contributing to the elimination of racism in the provision of health services.

The ADC has drawn from the available evidence to inform the review of the Standards. This includes:

- benchmarking the existing Standards against other relevant standards nationally and internationally
- meeting with key stakeholders to seek feedback on the Standards and potential focus areas for the review
- undertaking a stakeholder survey to seek feedback on the existing Standards, including how they are working and how they might be improved.

2. describe how the proposed new or revised accreditation standards support or contribute to:

2.1 improving patient safety, effective care and health outcomes, including for vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples

2.2 preparing practitioners who have the knowledge, skills and professional attributes to deliver culturally safe care, as defined in the Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025

The findings and conclusions from the previous impact assessment, conducted during the 2019–2020 review, continue to be relevant and applicable. That earlier review comprehensively addressed topics such as cultural safety and care for priority populations. Revisions to several criteria in Domain 6 have been updated from culturally 'safe' to culturally 'responsive' to improve the focus on actively recognising, understanding and adapting to the cultural needs and preferences of Aboriginal and Torres Strait Communities to ensure cultural safety.

2.3 preparing practitioners who understand the health system in Australia and their roles, responsibilities and ethical conduct when working within the system

The Accreditation Standards ensure that dental practitioners are equipped with a thorough understanding of the Australian health system, including its structure, policies, and interprofessional dynamics. The Standards also emphasise the importance of professional roles, responsibilities, and ethical conduct, preparing practitioners to deliver safe, patient-centred care while upholding the integrity and accountability expected within the system.

2.4 embedding interprofessional education and preparing practitioners who have the knowledge, skills and professional attributes to engage in interprofessional collaborative practice

The findings and conclusions from the previous impact assessment, conducted during the 2019–2020 review, continue to be relevant and applicable. That earlier review comprehensively addressed interprofessional collaborative practice.

2.5 addressing health and workforce priorities such as family and domestic violence, noting that information about new priorities may be published as they emerge

The updated standards require that educational programs are mapped to the professional competencies expected of newly qualified dental practitioners. This approach ensures that health and workforce priorities, such as family and domestic violence, intellectual disability and so on, are explicitly considered within dental education.

2.6 avoiding duplication and minimising regulatory burden

The review process also involved efforts to identify and eliminate areas of overlap with other regulatory bodies, including the Tertiary Education Quality and Standards Agency (TEQSA). By doing so, the intention is to streamline regulatory processes and promote greater clarity in the standards for all stakeholders.

3. Outline steps that have been taken to:

3.1 achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)

3.2 meet the consultation requirements in the National Law and these procedures

The revision of the Standards has been informed by comparable documents in the National Scheme with the aim of facilitating consistency, where possible, across domains, key capabilities, enabling components and explanatory notes.

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest. Preliminary consultation with key stakeholders was the first step in the consultation process and concluded in July 2025.

The ADC ensured there was an opportunity for broader public comment via a public consultation undertaken from 19 December 2025 to 27 February 2026. This included publishing a consultation paper on the ADC's website, informing health practitioners, stakeholders and the community of the review and inviting feedback.

3.3 Address the following principles:

a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The ADC considers that the review of the Standards was the best option to identify and consider changes to the Standards to ensure they remain contemporary and fit for purpose. The ADC, DBA and DC(NZ) have affirmed that the Standards must remain applicable in both Australia and New Zealand to facilitate the Trans-Tasman Mutual Recognition Act 1997, which recognises Australia and New Zealand registration standards as equal and allows registered oral health practitioners to work in either country. The review also provided an opportunity to incorporate feedback from key stakeholders, consumers and community members, including Aboriginal and Torres Strait Islander Peoples.

b. whether the proposal results in an unnecessary restriction of competition among health practitioners

This proposal is unlikely to restrict competition among health practitioners as the revised Standards will apply to all programs in the same way as the current Standards. Additionally, the minor changes proposed to the Standards will not limit current dental practice.

c. whether the proposal results in an unnecessary restriction of consumer choice

This proposal is unlikely to restrict consumer choice as the revised Standards will apply to all programs in the same way as the current Standards. Additionally, the minor changes proposed to the Standards will not limit the roles, settings or locations of practice for dental practitioners.

d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The ADC has considered the potential costs associated with the proposal during the consultation. The ADC considers this proposal will have no more than a minor impact on practitioners, employers, consumers and community members, including Aboriginal and Torres Strait Islander Peoples as the proposed updates to the Standards are minor.

Education providers may incur a cost in ensuring education and training programs meet the revised Standards; however, this is expected to be minor given the changes to the content of the Standards are minimal. The ADC considers this cost is outweighed by the benefits of updating the Standards and ensuring education and assessments reflect contemporary practice across a variety of settings.

e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The ADC is committed to a plain English approach that will help education providers understand and apply the requirements of the Standards. The ADC has aligned the wording of the revised Standards with other professions in the National Scheme where possible and considered the language used throughout the Standards to make them easier to understand and comply with.

f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time

The ADC has procedures in place to support a review of the Standards at least every five years as it is good regulatory practice to do so. However, the ADC may choose to review the Standards earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

4. provide any feedback on regulatory impacts to the National Board that has been provided in the consultation process or identified in developing the proposed new or revised accreditation standards

The ADC has carefully considered the potential regulatory impact of the new accreditation standards on education providers. It is not expected that these updated standards will impose any significant regulatory impact. These standards maintain an outcomes-based approach. Accordingly, it is not anticipated that the proposed changes will have any negative impact on consumers or public safety.

6. for proposed revised accreditation standards, describe the nature of the changes made and the rationale for these changes

7. for proposed new accreditation standards, describe the rationale for developing the new standards

There are no new Standards proposed. Proposed changes to existing Standards, and the rationale for development or changes, are described in this report.

8. recommend when the accreditation authority considers the proposed new or revised accreditation standards should take effect and, if the recommended date is later than the date of publication on the National Board's website, explain the reason for the recommended date and outline what implementation or transition arrangements the accreditation authority intends to put in place.

The recommended date for the new Standards to take effect is 1 January 2027.

Closing statement

No regulatory impacts were identified during the consultation process and/or in developing the revised Standards.