AUSTRALIAN
DENTAL COUNCIL

Australian Dental Council

Accreditation guidelines for dental practitioner programs

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Overview

The Australian Dental Council (ADC) is responsible for accrediting dental education and training programs in Australia under the Health Practitioner Regulation National Law Act 2009 (National Law) and the National Registration and Accreditation Scheme (NRAS). Accreditation indicates that a program meets the required ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs (Standards) and is expected to prepare graduates with the knowledge, skills, and attributes needed for safe practice.

In Australia, programs accredited by the ADC are considered by the Dental Board of Australia (DBA) for approval for the purposes of registration, meaning graduates of an accredited and approved program may apply to the Australian Health Practitioner Regulation Agency (Ahpra) for registration to practise in Australia.

The Accreditation guidelines for dental practitioner programs (the Guidelines) are intended to support education providers seeking accreditation or re accreditation of education and training programs in Australia. These Guidelines apply within Australia to programs leading to general registration, specialist registration and endorsement of registration.

The Guidelines explain the ADC's approach to accrediting dental practitioner programs and monitoring accredited programs to ensure ongoing compliance with the Standards.

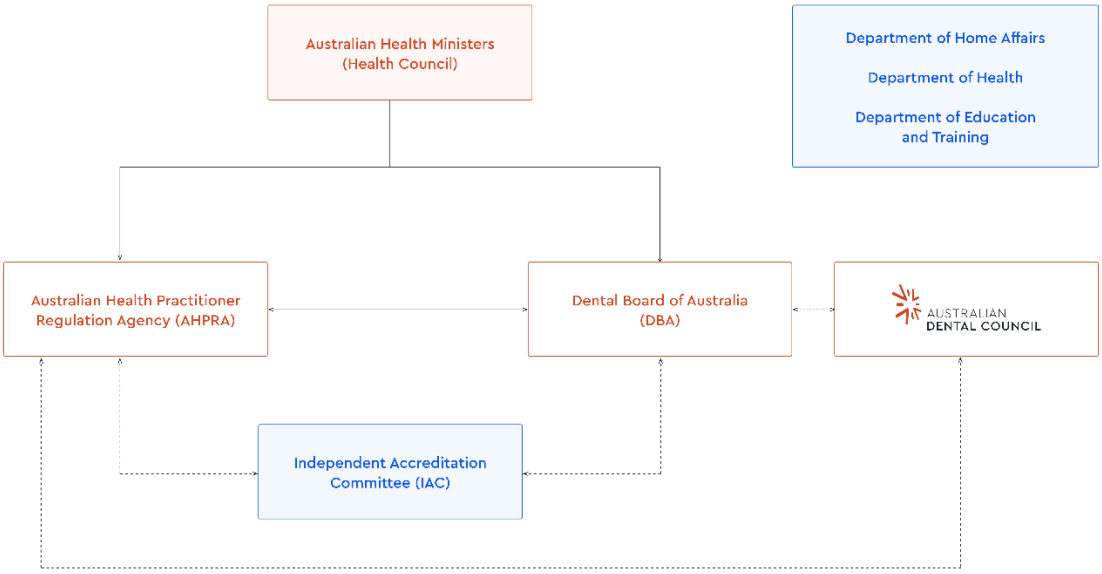
Internationally, the ADC offers accreditation services to education providers delivering dental education and training programs outside of Australia and New Zealand, benchmarking them against Australian Standards. Further information can be found in the Guidelines for the accreditation of international dental practitioner programs.

Accreditation context and framework

The National Registration and Accreditation Scheme

In Australia, the NRAS for health professions commenced in 2010 following the introduction of nationally consistent legislation in each state and territory. The NRAS regulates 16 health professions, including the dental profession, under the National Law, with each profession overseen by a National Board to protect the public and ensure consistent national standards across the health professions.

Figure 1. Overview of health profession regulation in Australia



The Dental Board of Australia (DBA)

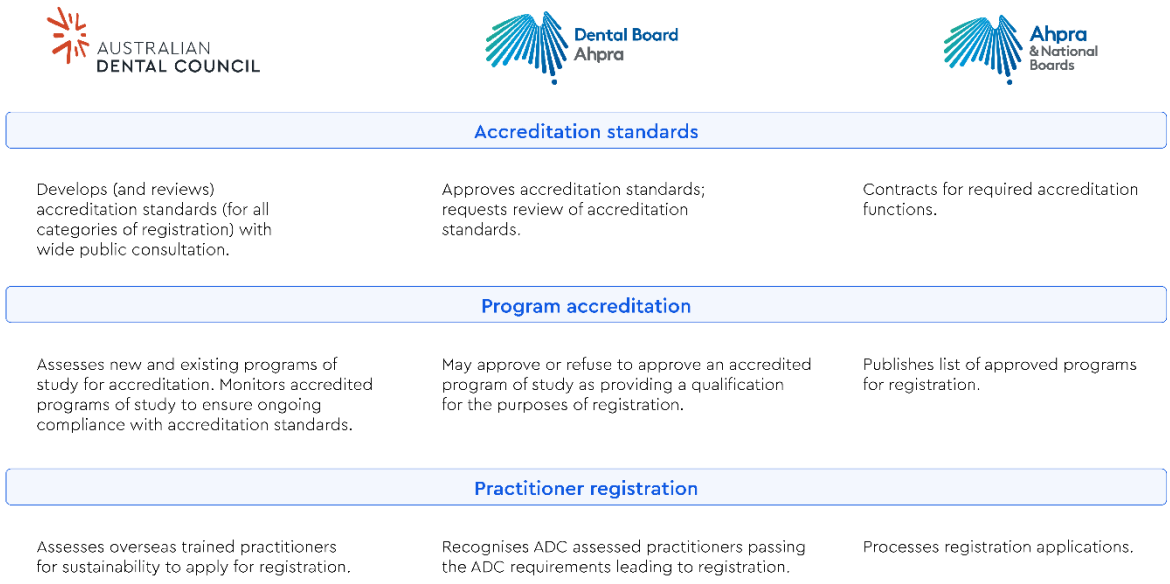
The DBA is the regulator for dental practitioners in Australia. The discipline in which a graduate may register is dependent upon the discipline in which the program provides education and training, as recognised by the ADC and DBA.

Scopes of practice for dentists, dental specialists, dental hygienists, dental therapists, oral health therapists, dental prosthetists and endorsement for conscious sedation are defined by the DBA.

Who does what in dental accreditation in Australia?

Key roles and responsibilities in dental accreditation in Australia are outlined below.

Table 1. Overview: roles of key bodies in dental registration and accreditation



Accreditation philosophy and principles

The ADC's approach to accreditation is informed by the Ahpra Quality Framework for the Accreditation Function, which establishes accreditation as both a mechanism for quality assurance and a driver of continuous quality improvement within the NRAS.

Consistent with this framework, key principles of accreditation include:

- evidence based assessment, with education providers responsible for demonstrating how their programs meet the Standards
- peer review, drawing on trained and appropriately qualified assessors with relevant professional and educational expertise
- fitness for purpose, recognising that education providers may meet the Standards in different ways
- proportional and risk-based approaches to decision making, including the use of conditions and monitoring where appropriate
- ongoing monitoring, to ensure accredited programs continue to meet the Standards over time.

Within this framework, the ADC applies a fitness for purpose model under which education providers are responsible for demonstrating:

- how their program meets the Standards; and
- that graduates achieve the knowledge, skills and attributes required for practice, as defined in the relevant professional competencies.

Education providers undertake a self-assessment against the Standards and determine how their program is designed, delivered and evaluated to meet these requirements. The ADC does not prescribe program structures, curricula or delivery models, reflecting a flexible approach that recognises diversity and supports innovation in education and training.

Accreditation is conducted through a constructive, evidence based and proportionate peer review process. Its primary purpose under National Law is the protection of the public. At the same time, accreditation supports continuous quality improvement through feedback to

education providers, enabling reflection, enhancement and responsiveness to evolving professional practice and community needs.

The ADC accreditation function is undertaken independently and is regularly evaluated and refined, informed by experience, stakeholder feedback and benchmarking with other accreditation authorities.

Accreditation Standards and Professional Competencies

Accreditation Standards

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 (Australian programs only)

The six Domains are each supported by a standard statement that describes the key purpose of the Domain. Each standard statement is supported by multiple criteria. The criteria are indicators that describe what is expected of an ADC-accredited program in order to meet the relevant standard statement.

The criteria are not sub-standards that are assessed individually. In assessing a program, the ADC will consider whether the evidence demonstrates that each criterion is met, but will form an overall, on-balance judgement as to whether the provider has clearly demonstrated that the relevant Standard is met.

New and established programs are assessed against the same Standards. However, the nature and focus of the assessment may vary depending on the type of program, its stage of development, and the provider's circumstances.

Professional Competencies

For a program to be accredited by the ADC, the education provider must demonstrate that graduates have achieved all professional competencies relevant to the applicable division of registration. The professional competencies describe the knowledge, skills, behaviours and attributes expected of a newly graduated dental practitioner and are the primary means of distinguishing between different types of dental programs.

General dental practitioner competencies

The Professional competencies of the newly qualified dental practitioner including dentist, dental hygienist, dental therapist, oral health therapist and dental prosthetist have been developed by the ADC in consultation with the profession.

Specialist dental practitioner competencies and endorsement for conscious sedation

The DBA, in conjunction with the Dental Council (New Zealand), publishes the Entry-level competencies for dental specialties for each of the 13 specialties recognised in Australia. The competencies expected of a newly graduated specialist are outlined for each specialty.

The DBA also publishes Entry-level competencies for endorsement for conscious sedation.

Accreditation participants and roles

Accreditation Committee

The Accreditation Committee is a committee of the ADC that makes recommendations to the ADC Board of Directors on matters within the scope of its terms of reference and delegation.

The Accreditation Committee consists of dental practitioners, dental academics, a dental student and community representatives.

The ADC Accreditation Committee Charter is available on the ADC website here.

The main roles carried out by the Accreditation Committee are to:

- develop, review, and consult on the Standards for dental practitioner programs.
- assess dental practitioner programs against the Standards and make decisions or recommendations to the ADC Board about the accreditation outcome.
- monitor accredited programs to ensure they continue to meet the Standards throughout the period of accreditation.

Accreditation Team (AT)

An AT comprises assessors appointed or invited by the ADC to assess programs seeking accreditation.

The AT has three key functions:

- to review the available evidence and determine whether a program meets the Accreditation Standards
- to provide an overall recommendation to the ADC Accreditation Committee on whether a program should be accredited
- to identify opportunities for quality improvement and areas of good practice warranting commendation.

More information about the formation and composition of an AT is provided in the Accreditation manual for assessors.

ADC Secretariat

The ADC Secretariat provides policy and procedural advice, coordinates engagement with education providers in relation to accreditation submissions and site visit arrangements and supports the AT throughout the accreditation process. The Secretariat supports the AT in the preparation and editing of accreditation reports and administers the feedback and evaluation processes associated with the accreditation function.

Confidentiality

The ADC requires all participants in the accreditation process to keep confidential all material provided to the ADC by education providers for the purpose of accreditation of their programs. Information collected is used only for the purpose for which it is obtained. More information about confidentiality is provided in the Accreditation manual for assessors.

Education Provider

The education provider is responsible for demonstrating that its program meets the Accreditation Standards at the time of review. This includes preparing and submitting a comprehensive accreditation submission and facilitating the work of the AT, including for a site visit if conducted.

Information gathered through the accreditation submission and, where applicable, the site visit is used to verify compliance with the Standards and to inform accreditation decisions.

Initial accreditation and re-accreditation processes

Initial accreditation

For initial accreditation, an education provider notifies the ADC, with as much notice as possible, of its intention to seek accreditation for one or more programs. Early discussion and consultation between the ADC and the education provider support a shared understanding of the provider's intentions, the requirements of the accreditation process, and indicative timelines planning toward program commencement.

Figure 2. Indicative timeline of initial accreditation process.

Notice of Intent

If the provider chooses to proceed, a Notice of Intent is lodged with the ADC. A template is provided and must be used. The following information will be required:

- name of the education provider

- the provider's regulatory status with the Tertiary Education Quality and Standards Agency (TEQSA) / Australian Skills Quality Authority (ASQA) as appropriate (if applicable)
- any other parties involved in joint delivery of the program
- the qualification(s) to be awarded
- the proposed date of commencement of the program
- proposed enrolment size and frequency
- normal duration of the program
- location(s) of delivery including clinical training facilities and placements; and
- contact information.

Further information may also be requested by the ADC.

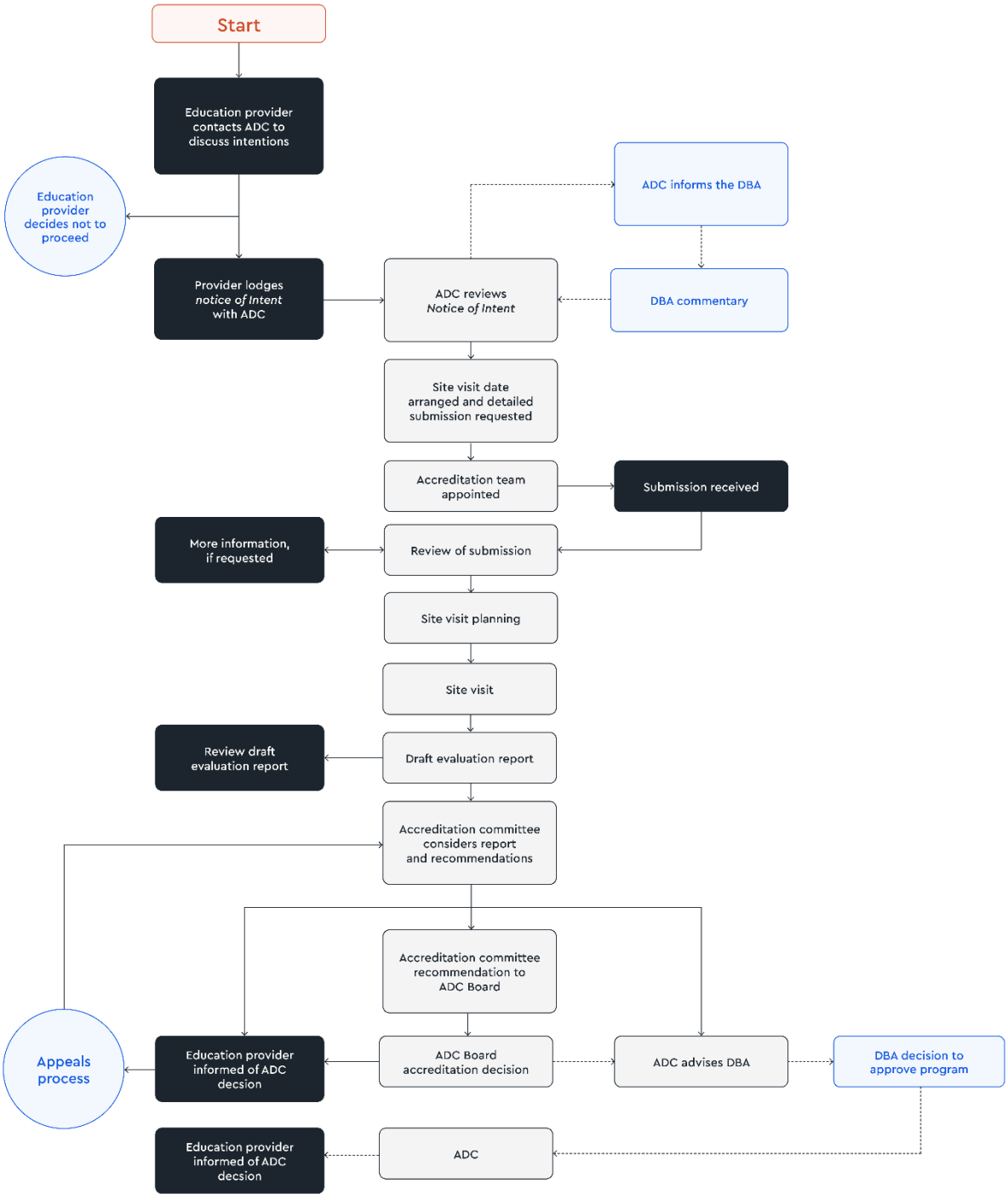
A detailed accreditation submission addressing the Standards will be requested and the subsequent steps will be followed, in consultation with the provider.

Timelines and announcements

Education providers applying for initial accreditation should be mindful of the following regarding timelines and approvals:

- a notice of intent must be provided to the ADC at least 18 months in advance of the intended commencement of the program. While the ADC will make every effort to progress applications for initial accreditation as efficiently as possible, the accreditation process is comprehensive and the timeframe for completion will vary depending on the circumstances of each application.
- time is required for the DBA to consider the ADC accreditation decisions and accreditation reports to approve the qualification for the purpose of registration.
- the ADC must be consulted before any public announcement is made about proposed new programs (such as in promotional literature or course information on websites) including reference to the ADC and the accreditation process. Please note that until the program is accredited by the ADC and approved by the DBA, any advertising material provided to prospective students must clearly state that the program is pending accreditation and / or approval for the purposes of registration.

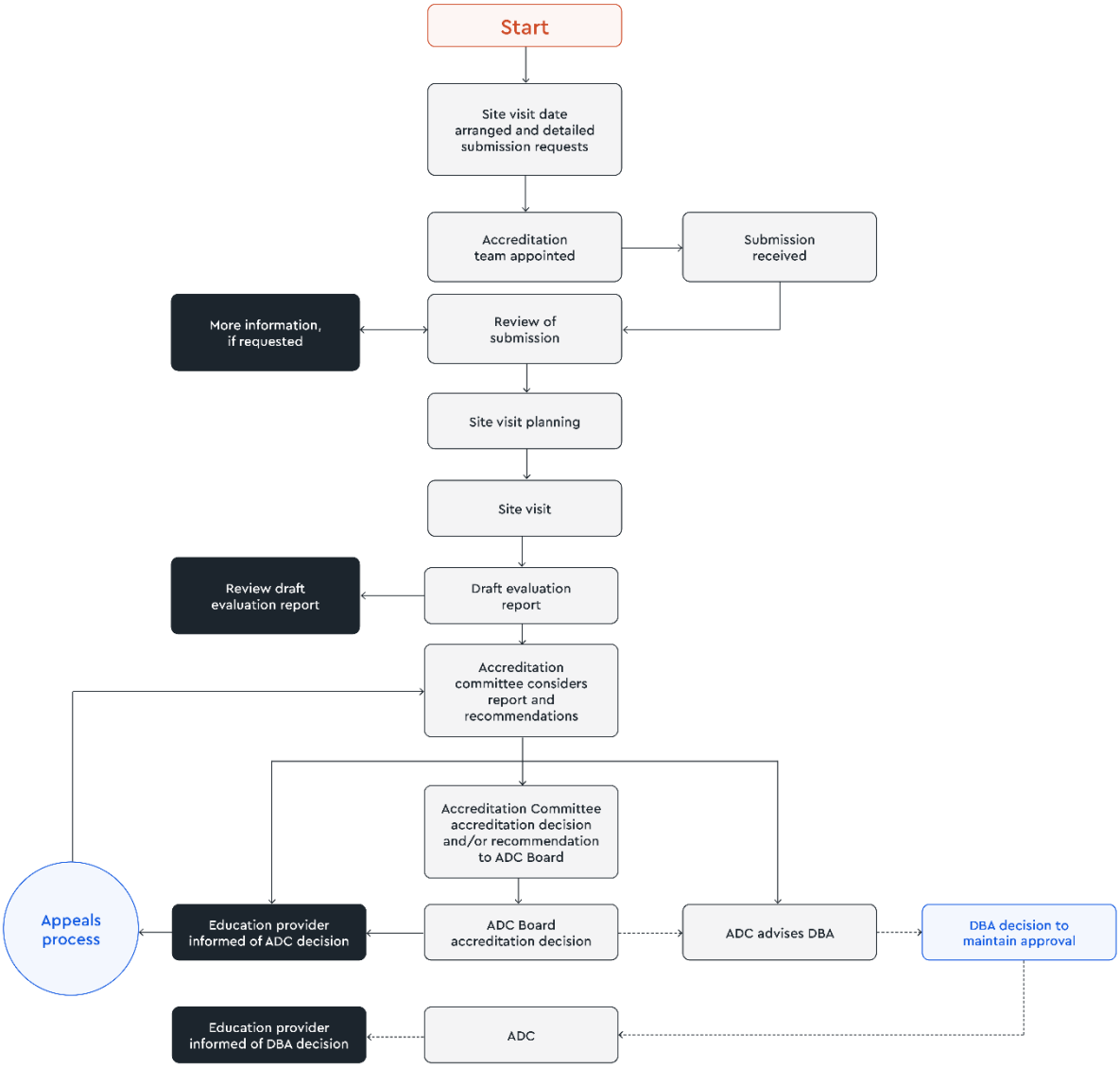
Figure 3. The ADC initial accreditation process.



Re-accreditation

For re-accreditation the process begins when the ADC contacts the education provider to determine a date for submission of the self-review of the program against the Standards and to schedule a date for the site visit. This process is illustrated in Figure 4.

Figure 4. The ADC re-accreditation process.



Timeline of a typical re-accreditation

Figure 5. Timeline of re-accreditation process.

Provider approval of the AT

The education provider is advised of the proposed AT to enable the provider to identify and raise any potential conflicts of interest. More information about conflict of interest is provided in the Accreditation manual for assessors.

Education provider submission

The education provider is required to prepare and upload a comprehensive accreditation submission describing the program's design, delivery, governance and outcomes, supported by evidence demonstrating how each Standard is met.

Accreditation submissions are evidence-based and should include policies, procedures, reports, data, meeting records and other documentation relevant to the program. Education providers are expected to clearly reference and map their evidence to the relevant Standards and criteria.

Education providers are encouraged to provide clear and concise responses that directly address the Standards.

While education providers may structure their accreditation submission in a way that best reflects their program, a submission template is available to support preparation.

Hard copy materials are not required unless specifically requested by the ADC. Electronic submissions are encouraged, and providers may include hyperlinks to online documents or uploaded appendices within their submission.

The ADC is mindful of the need to minimise the administrative burden associated with accreditation. Education providers are therefore encouraged to submit documentation in its original format and are not expected to reformat material specifically for ADC purposes. This may include documentation prepared for other regulatory or quality assurance activities, such as a TEQSA audit.

Site visits

Purpose of the site visit

Accreditation normally includes a site visit conducted by the AT. The site visit enables the AT to:

- verify and clarify information provided in the accreditation submission
- gather additional evidence to inform the accreditation decision

- assess how the program operates in practice.

This may include interviews, triangulation of evidence, observation of facilities and clinical training environments with students/trainees undertaking clinical training (where relevant). Site visits for new programs are adapted to reflect the circumstances of the provider and the program.

Education provider responsibilities

The education provider is responsible for facilitating the work of the AT and supporting the site visit. This includes:

- providing access to facilities, documentation and information
- coordinating interviews with staff, students, graduates and other relevant stakeholders.

Duration of visits

Site visits typically range from one to four days, depending on:

- the number of campuses or locations
- whether multiple programs are reviewed concurrently.

Shorter visits may be conducted for assessments with a limited scope, such as monitoring visits or targeted reviews. Adequate time is included for confidential AT discussions, review and reflection.

Site visit schedule

A template site visit schedule is provided and developed in consultation with the ADC and the Chair of the AT. The AT may request additional meetings or facility visits based on its review of the accreditation submission. The education provider supplies interviewee details and facility information. Focus topics are provided for each session, however they are intended as a guide only. The AT may ask questions relating to any criterion or standard during the site visit.

Indicative site visit schedules for a one-day visit (usually single specialist dental practitioner program), two-day visit (usually general dental practitioner programs), and multiple specialist dental practitioner programs are provided in Appendix 1.

Interview processes and confidentiality

Interview processes are designed to support open and frank discussion. Staff are not interviewed in the same session as their line manager or others in a direct reporting relationship. All interviews are conducted under Chatham House rule. Individuals are not identified in evaluation reports, and comments made by interviewees are treated confidentially.

Professional conduct

Members of the AT limit interactions with stakeholders to scheduled sessions to ensure a professional, objective, fair and defensible assessment process. More information is provided in the Accreditation manual for assessors.

Evaluation report

Preparation of the evaluation report

Following the site visit, the AT prepares an evaluation report documenting its assessment of the program against the Standards. Drafting of the report commences during the site visit, with support from the ADC Secretariat, and draws on evidence from the accreditation submission, documentation reviewed, and information gathered through interviews and observations.

All members of the AT contribute to the report. The report clearly sets out the AT's findings against each Standard, supported by evidence, and identifies whether each Standard is met, substantially met, not met, or not applicable. The report also includes the AT's overall recommendation to the Accreditation Committee, including any proposed conditions, monitoring requirements, recommendations for quality improvement, or commendations. The report is written to be clear, consistent and evidence based.

Figure 6. Steps in the preparation and publication of the evaluation report of the accreditation review

Education provider review of the draft report

The education provider is given the opportunity to review and comment on the draft report before it is finalised for consideration by the Accreditation Committee. The purpose of providing the draft report is to enable comment on its factual accuracy and on the outcomes proposed by the AT. The ADC makes clear that the draft report, including any proposed conditions, monitoring requirements or recommendations, is provisional and may be subject to change.

Every effort is made throughout the accreditation process to ensure that all relevant information is available to inform decision making. When reviewing a draft report, an education provider may consider that evidence available at the time of review, but not identified or requested by the AT, could reasonably affect a judgement against a Standard, particularly where a Standard has been assessed as substantially met or not met. In such cases, the education provider may comment on the factual accuracy of the report and draw the AT's attention to evidence they believe may have been overlooked.

The education provider may also comment on any proposed outcomes, including decisions to revoke accreditation, refuse accreditation, accredit subject to conditions, or apply monitoring requirements or recommendations. This includes, where relevant, commenting on the proposed wording of conditions.

Timeframes for comments

The ADC advises the date by which comments or further evidence must be submitted. A minimum of 10 working days is provided from receipt of the draft evaluation report to balance the need for provider comment with the requirement to make timely accreditation decisions. Any comments or further evidence received are considered by the AT, and the evaluation report is finalised.

Revisions to the report

If additional information provided by the education provider results in substantive changes to the evaluation report, the ADC provides a further opportunity for the provider to comment on the factual accuracy of the revised report. In these circumstances, comments are limited to factual accuracy only, and no further evidence may be submitted.

Accreditation decision

The final evaluation report is considered by the Accreditation Committee and, where required, the ADC Board of Directors, which makes the final decision regarding accreditation of the program.

Accreditation outcomes

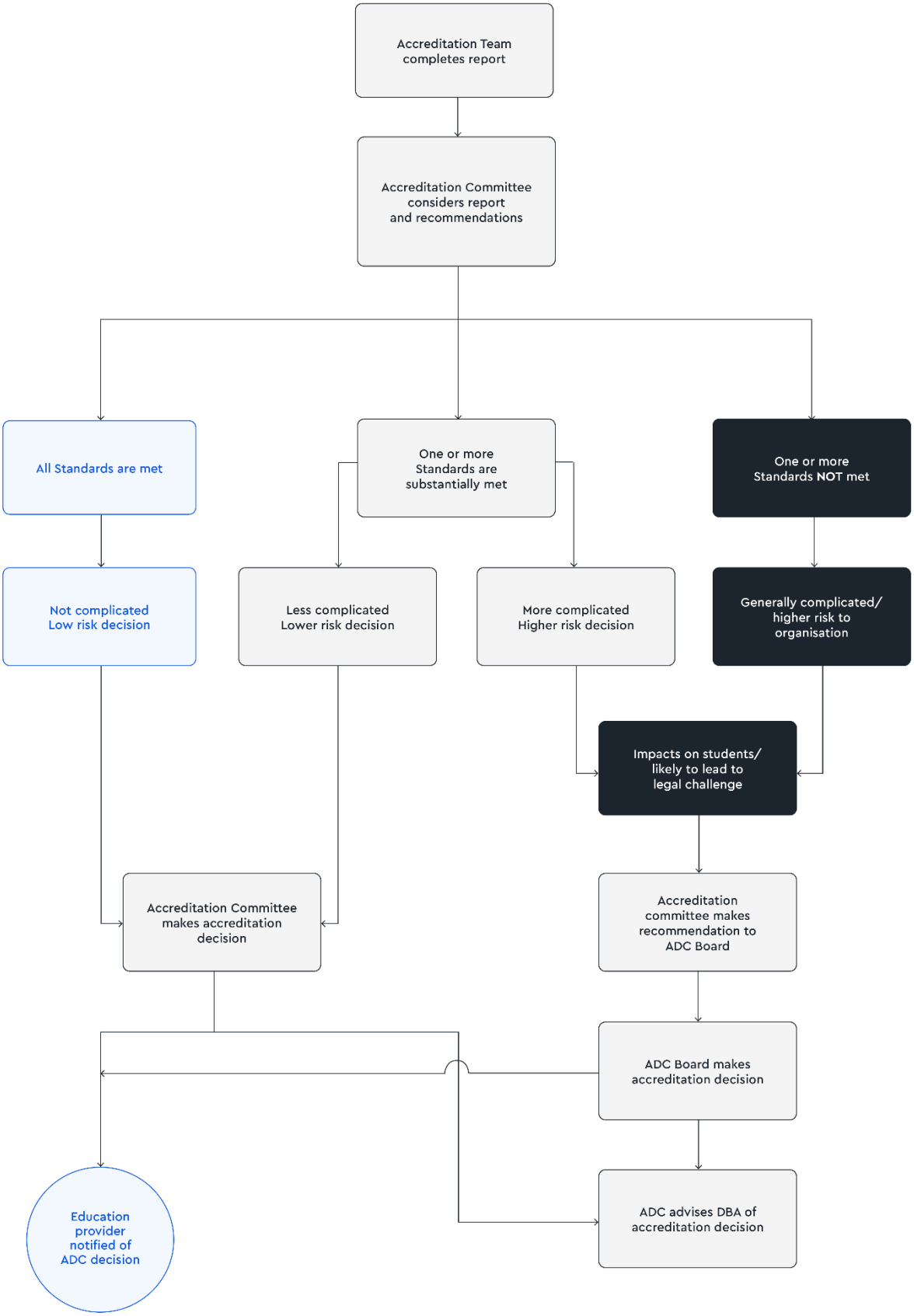
Role of the Accreditation Committee

The Accreditation Committee assesses dental practitioner programs against the Standards and makes decisions or recommendations to the ADC Board about accreditation outcomes including the period of accreditation and any conditions, monitoring requirements, recommendations or commendations. The Committee ensures that accreditation decisions are consistent, evidence-based and aligned with the ADC's responsibilities under the National Law. It takes into account the evidence provided in the accreditation submission, the AT's findings and recommendations, and any responses from the education provider.

Where a decision falls outside the Committee's delegation, the Committee makes a recommendation to the ADC Board of Directors, which holds ultimate responsibility for all accreditation decisions.

Any actual or potential conflicts of interest involving members of the Accreditation Committee or the ADC Board of Directors are managed in accordance with the Accreditation Committee Charter and the ADC Code of Conduct.

Figure 7. ADC accreditation decision making process



The ADC determines an accreditation outcome for the program, which may include accreditation (with or without conditions), refusal of accreditation, or revocation of accreditation, and may be accompanied by monitoring requirements, recommendations or commendations as outlined below.

According to the National Law, the ADC may accredit a program where it is reasonably satisfied that the program either:

- meets the Standards; or
- substantially meets the Standards and conditions of accreditation will ensure the Standards are met within a reasonable and defined timeframe.

Table 2 outlines the accreditation outcomes. These outcomes apply to all programs, whether newly accredited or established.

Table 2.

Term	Definition
Accredited	Is the status granted to a program when that program meets the Standards.
Accredited with conditions	The program substantially meets the Standards but has a deficiency in one or more Standards which, if a condition is imposed, can be corrected within a reasonable time. Where an education provider does not satisfactorily address a condition within the specified timeframe, the ADC may undertake additional monitoring activities, impose further conditions, or revoke accreditation in accordance with the National Law if it is no longer satisfied that the program meets the Standards.
Accreditation revoked	The program has serious deficiencies and no longer meets one or more accreditation standards. The serious nature of the deficiencies means that the issue cannot be corrected within a reasonable time. The ADC will advise the education provider of the reasons for its decision to revoke accreditation. The provider is required to advise the ADC of the management of currently enrolled students.
Accreditation refused	A new program or a program undergoing reaccreditation has serious deficiencies and does not meet one or more accreditation standards. The serious nature of the deficiencies means that the issue cannot be corrected within a reasonable time. The ADC will advise the education provider of the reasons for its decision to refuse accreditation. If applicable, the provider is required to advise the ADC of the management of currently enrolled students.

Accreditation with conditions

Conditions of accreditation are imposed to ensure that identified deficiencies are remedied and that the program fully meets the Standards. Where conditions are applied, the education provider is required to demonstrate that each condition has been met within the specified timeframe.

Where an education provider does not satisfactorily address a condition within the specified timeframe, the ADC may undertake additional monitoring activities, impose further

conditions, or, where it is no longer satisfied that the program meets the Accreditation Standards, revoke accreditation in accordance with the National Law.

Accreditation revoked or refused

If accreditation is revoked or refused while students are enrolled in the program, the provider must take the following steps to protect those students:

- make arrangements with another suitable provider to transfer students into an accredited program, and ensure the provider can accept the additional students so they can graduate under that provider's accreditation and be eligible to apply for registration with the Dental Board of Australia; or
- provide the necessary resources, including engaging contract staff if required, to enable the program to be taught out under a short-term accreditation period agreed by the ADC; or
- take any other actions agreed by the ADC that are necessary to protect students' interests.

Recommendations and commendations

Recommendations may be made where the AT identifies areas of the program that meet the Standards, but where there is an opportunity to further enhance the quality of the program or its outcomes. Recommendations are intended to support continuous quality improvement. Unlike conditions of accreditation, education providers are not required to act on recommendations. However, taking action on recommendations is encouraged as a way of demonstrating a commitment to quality improvement.

The AT may also identify areas for commendation where aspects of the program are assessed as significantly exceeding the minimum requirements for accreditation.

Appeals

There may be cases where an education provider wishes to appeal an accreditation decision. More information about the grounds and process for appeals can be found on the ADC website.

Duration of accreditation

The periods of accreditation (with or without conditions) that will be granted are up to a maximum of:

- 7 years for dentist programs;
- 5 years for dental specialist, dental hygienist, dental therapist, oral health therapist, dental prosthetist or programs leading to endorsement.

Communication of decisions

Accreditation documentation is not released to third parties without the agreement of the education provider, except where required for regulatory purposes.

Accreditation decisions remain confidential until finalised. Once finalised, decisions are communicated to the education provider and the DBA.

A summary evaluation report is also published on the ADC website.

Role of the Dental Board of Australia

The DBA is required to make a decision under the National Law whether to approve an accredited program of study as providing a qualification for the purposes of registration. The

DBA may approve or refuse to approve the program and may impose conditions on its approval where necessary.

The ADC accreditation decision and the DBA approval decision are separate. More information on the role of the DBA is available on the Ahpra website.

The DBA advises the ADC of its decision, and the ADC then communicates the outcome, including any conditions applied to the approval, to the education provider.

Ongoing monitoring of accredited programs

The ADC monitors accredited programs throughout the period of accreditation to ensure ongoing compliance with the Standards. Monitoring may include a review of provider reports, targeted requests for information, documentary reviews, or site visits, as appropriate. More information is provided in the Accreditation Monitoring Framework.

Monitoring requirements

A monitoring requirement is distinct from a condition of accreditation and is used to obtain assurance that the program continues to meet the Standards over time.

In some circumstances, a program may meet the Standards at the time of accreditation or reaccreditation, but planned or future changes may create uncertainty about whether the Standards will continue to be met. In these cases, the ADC may impose a monitoring requirement. Monitoring requirements may include, for example, the submission of a report or the undertaking of a further review.

Addressing Conditions and Monitoring requirements

Where conditions or monitoring requirements are imposed as part of an accreditation decision, the education provider is required to address them within the timeframe specified by the ADC. Responses should be concise, and directly and clearly address the matters identified. Where documentary evidence is required, providers should follow a similar approach to that used for accreditation submissions, including mapping evidence to the relevant Standard(s) and clearly referencing supporting materials. A narrative statement may be provided to explain the actions taken and outcomes achieved. Wherever possible, this should be supported by evidence, such as updated policies and procedures, reports, data, meeting records, revised program documentation, or other documentation demonstrating that the requirement has been addressed.

Withdrawing and resubmitting a program

An education provider may request that a program be withdrawn from the accreditation process by writing to the ADC. A program can be withdrawn at any stage of the process until a final accreditation decision is made by the ADC.

After an accreditation review has taken place, an education provider may decide to withdraw a program (that might otherwise not be accredited) so that further work can be undertaken to meet the Standards. In this event, the education provider may subsequently resubmit the program for reconsideration in the light of any additional documentary evidence and information.

If the program is resubmitted within one calendar year of the notification of withdrawal, a further site visit may not be required. The decision as to whether a further site visit is required will be at the respective ADC's discretion, taking into account factors such as the number and nature of concerns identified at the original review.

Fees

Fees are payable for accreditation of programs. Further information is available on the ADC's website.

Appendix 1: Site visit schedules

Appendix 1 below contains three indicative site visit schedules

- One-day schedule
- Two-day schedule
- Multi-day schedule for multiple specialist dental practitioner programs.

One-day indicative schedule

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
1.1	30 min	Head of School	• Strategic oversight of the program • Resourcing, staffing and facilities supporting safe practice • Institutional commitment to quality assurance and cultural responsiveness
1.2	30 min	Program Director/ coordinator/convenor	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
1.3	30 min	Program staff (academic and clinical)	• Delivery of program content • Assessment practices and feedback • Support for student learning and progression • Embedding cultural responsiveness in teaching and assessment • Research
	15 min	Morning tea	Closed session – Accreditation team discussion
1.4	30 min	Clinical partner / Health authority	• Clinical learning environment and patient care • Supervision and student access to patients • Interprofessional learning opportunities • External input into program design and review
1.5	60 min	Tour of clinical and other facilities	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care, including cultural responsiveness • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
1.6	30 min	Professional staff	• Administrative systems supporting program delivery • Clinic and placement administration • Processes supporting public safety
		Student support staff	• Student wellbeing and support services including cultural responsiveness • Referral pathways and reasonable adjustments • Accessibility of supports
	30 min	Lunch	Closed session – Accreditation team discussion
1.7	30 min	Current students	• Lived experience of curriculum and workload • Assessment, feedback and learning environment • Clinical experience and preparedness for practice, including cultural responsiveness • Student support
1.8	30 min	Recent graduates	• Preparedness for practice, including cultural responsiveness • Fitness for purpose of the program • Reflection on strengths and gaps of the program • Student support
1.9	30min	Employers	• Preparedness for safe practice • Graduate capabilities and performance • Feedback for program improvement
1.10	30 min	External contributors	• External input into program design and review • Consumer and community perspectives • Cultural responsiveness
	15 min	Afternoon tea	• Closed session – Accreditation team discussion
		Call back / additional session as needed	• Accreditation Team to advise
		Report writing	• Closed session – Accreditation team discussion

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
	15 min	Head of School Program Director/ coordinator/convenor	• Opportunity to thank provider and advise next steps
		Event close	

Two-day indicative schedule

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
1.1	30 min	Head of School	• Strategic oversight of the program • Resourcing, staffing and facilities supporting safe practice • Institutional commitment to quality assurance and cultural responsiveness
1.2	30 min	Program Director/ coordinator/convenor	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
1.3	30 min	Program (year level/subject) coordinators	• Curriculum design and delivery at subject/year level, including research • Alignment of learning outcomes with clinical progression • Assessment design and implementation • Embedding cultural responsiveness in teaching and assessment
	15 min	Morning tea	Closed session – Accreditation team discussion
1.4	60 min	Tour of clinical and other facilities	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care, including cultural responsiveness • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment
1.5	30 min	Academic staff	• Delivery of program content • Assessment practices and feedback • Support for student learning and progression • Embedding cultural responsiveness in teaching and assessment
1.6	30 min	Clinical supervisors	• Supervision of students in clinical settings • Assessment of clinical competence • Patient safety and cultural responsiveness in practice
	30 min	Lunch	Closed session – Accreditation team discussion

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
1.7	30 min	Professional staff	• Administrative systems supporting program delivery • Clinic and placement administration • Processes supporting public safety
1.8	30 min	Student support staff	• Student wellbeing and support services including cultural responsiveness • Referral pathways and reasonable adjustments • Accessibility of supports
	15 min	Afternoon tea	Closed session – Accreditation team discussion
1.9	30 min	Current students	• Lived experience of curriculum and workload • Assessment, feedback and learning environment • Clinical experience and preparedness for practice, including cultural responsiveness • Student support
1.10	30 min	Recent graduates	• Preparedness for practice, including cultural responsiveness • Fitness for purpose of the program • Reflection on strengths and gaps of the program • Student support
1.11	30min	Employers	• Preparedness for safe practice • Graduate capabilities and performance • Feedback for program improvement
		End of day 1	Closed session – Accreditation team discussion and report writing

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
2.1	90 min	Offsite clinic visit	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment
	15 min	Morning tea	Closed session – Accreditation team discussion
2.2	30 min	Learning & teaching committee	• Governance oversight of curriculum quality • Program monitoring and review • Oversight of cultural responsiveness integration
2.3	30 min	Assessment committee	• Assessment governance and moderation • Decision-making on progression and completion • Use of assessment data and feedback
2.4	30 min	Clinical partner / Health authority	• Clinical learning environment and patient care • Supervision and student access to patients • Interprofessional learning opportunities • External input into program design and review
2.5	30min	External contributors	• External input into program design and review • Consumer and community perspectives • Cultural responsiveness
	30 min	Lunch	• Closed session – Accreditation team working lunch
		Call back / additional sessions as needed	• Accreditation Team to advise
		Report writing	• Closed session – Accreditation team discussion
		Afternoon tea	• Closed session – Accreditation team discussion
	15 min	Head of School	• Opportunity to thank provider and advise of next steps

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
		Program Director/ coordinator/convenor	
		Event close	

Multiple specialist programs indicative schedule

Day/ Session number	Time	Interviewees/ Facility tour	Focus of session
1.1	30 min	Head of School	• Strategic oversight of the programs • Resourcing, staffing and facilities supporting safe practice • Institutional commitment to quality assurance and cultural responsiveness
1.2	30 min	Postgraduate programs Director/ coordinator/convenor	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
1.3	30 min	Committee/decision makers responsible for oversight of the programs	• Program development, monitoring and improvement • Moderation of assessment and student feedback
	15 min	Morning tea	Closed session – Accreditation team discussion
1.4	30 min	Professional staff	• Administrative systems supporting program delivery • Clinic and placement administration • Processes supporting public safety
1.5	30 min	Student support staff	• Student wellbeing and support services including cultural responsiveness • Referral pathways and reasonable adjustments • Accessibility of supports
1.6	30 min	Clinical partner / Health authority	• Clinical learning environment and patient care • Supervision and student access to patients • Interprofessional learning opportunities • External input into program design and review
		Call back / additional Sessions/ report writing as needed	• Accreditation Team to advise
	30 min	Lunch	Closed session – Accreditation team discussion

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
		Discipline 1		**Discipline 2**	
30 min	1.7a	Discipline Lead	1.7b	Discipline Lead	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
30 min	1.8a	Program staff (academic and clinical)	1.8b	Program staff (academic and clinical)	• Delivery of program content • Assessment practices and feedback • Support for student learning and progression • Embedding cultural responsiveness in teaching and assessment • Research
60 min	1.9a	Tour of clinical and other facilities	1.9b	Tour of clinical and other facilities	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care, including cultural responsiveness • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment
30 min	1.10a	Current students	1.10b	Current students	• Lived experience of curriculum and workload • Assessment, feedback and learning environment • Clinical experience and preparedness for practice, including cultural responsiveness • Student support
30 min	1.11a	Recent graduates - students	1.11a	Recent graduates - students	• Preparedness for practice, including cultural responsiveness • Fitness for purpose of the program • Reflection on strengths and gaps of the program • Student support
30 min	1.12a	Employers	1.12a	Employers	• Preparedness for safe practice • Graduate capabilities and performance • Feedback for program improvement

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
30 min	1.13a	External contributors	1.13b	External contributors	• External input into program design and review • Consumer and community perspectives • Cultural responsiveness
	15 min	Afternoon tea			Closed session – Accreditation team discussion
		End of day 1			Closed session – Accreditation team discussion and report writing

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
		Discipline 3		**Discipline 4**	
60 min		Pre-briefing		Pre-briefing	Closed session – Accreditation team discussion and preparation
30 min	2.1a	Discipline Lead	2.1b	Discipline Lead	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
30 min	2.2a	Program staff (academic and clinical)	2.2b	Program staff (academic and clinical)	• Delivery of program content • Assessment practices and feedback • Support for student learning and progression • Embedding cultural responsiveness in teaching and assessment • Research
30 min	2.3a	Tour of clinical and other facilities	2.3b	Tour of clinical and other facilities	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care, including cultural responsiveness • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment
30min		Lunch			Closed session – Accreditation team discussion
30 min	2.4a	Current students	2.4b	Current students	• Lived experience of curriculum and workload • Assessment, feedback and learning environment • Clinical experience and preparedness for practice, including cultural responsiveness • Student support
30 min	2.5a	Recent graduates - students	2.5a	Recent graduates - students	• Preparedness for practice, including cultural responsiveness • Fitness for purpose of the program • Reflection on strengths and gaps of the program • Student support

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
30 min	2.6a	Employers	2.6a	Employers	• Preparedness for safe practice • Graduate capabilities and performance • Feedback for program improvement
30 min	2.7a	External contributors	2.7b	External contributors	• External input into program design and review • Consumer and community perspectives • Cultural responsiveness
	15 min	Afternoon tea			Closed session – Accreditation team discussion
		End of day 2			Closed session – Accreditation team discussion and report writing

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
		Discipline 5		**Discipline 6**	
60 min		Pre-briefing		Pre-briefing	Closed session – Accreditation team discussion and preparation
30 min	3.1a	Discipline Lead	3.1b	Discipline Lead	• Program structure, sequencing and coherence • Alignment of learning outcomes, assessment and clinical requirements • Program-level monitoring and continuous improvement • Cultural responsiveness
30 min	3.2a	Program staff (academic and clinical)	3.2b	Program staff (academic and clinical)	• Delivery of program content • Assessment practices and feedback • Support for student learning and progression • Embedding cultural responsiveness in teaching and assessment • Research
30 min	3.3a	Tour of clinical and other facilities	3.3b	Tour of clinical and other facilities	• Adequacy, safety and suitability of clinical and learning facilities supporting student learning and patient care, including cultural responsiveness • Alignment of facilities with intended learning outcomes and clinical requirements • Supervision arrangements and learning environment
30min		Lunch			Closed session – Accreditation team discussion
30 min	3.4a	Current students	3.4b	Current students	• Lived experience of curriculum and workload • Assessment, feedback and learning environment • Clinical experience and preparedness for practice, including cultural responsiveness • Student support
30 min	3.5a	Recent graduates - students	3.5a	Recent graduates - students	• Preparedness for practice, including cultural responsiveness • Fitness for purpose of the program • Reflection on strengths and gaps of the program • Student support

Time	Day/ Session number	Interviewees/ Facility tour	Day/ Session number	Interviewees/ Facility tour	Focus of session
30 min	3.6a	Employers	3.6a	Employers	• Preparedness for safe practice • Graduate capabilities and performance • Feedback for program improvement
30 min	3.7a	External contributors	3.7b	External contributors	• External input into program design and review • Consumer and community perspectives • Cultural responsiveness
	15 min	Afternoon tea			Closed session – Accreditation team discussion
	15 min	Head of School Postgraduate programs Director/ coordinator/convenor			Opportunity to thank provider and advise of next steps
		Event close			Closed session – Accreditation team discussion and report writing

Other sessions that may be requested

Session number	Time	Interviewees/ Facility tour	Focus of session
		Senior Executive	• Strategic oversight of the program • Resourcing, staffing and facilities supporting safe practice • Institutional commitment to quality assurance and cultural responsiveness • Proposed organisational changes that may impact the program
		Research	• Research governance and strategic direction • Research supervision, support and student experience • Evaluation and continuous improvement of research activities