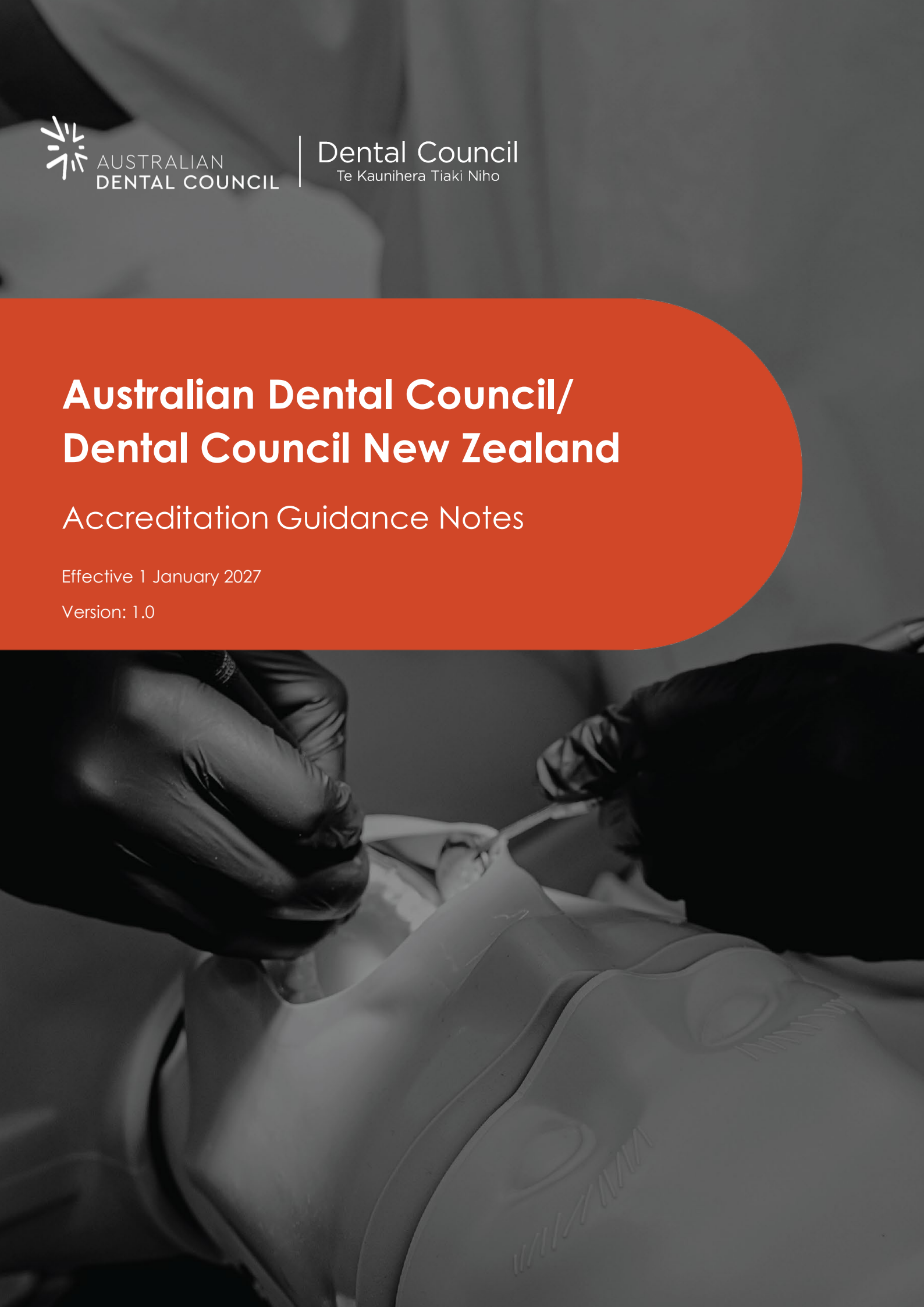

AUSTRALIAN DENTAL COUNCIL | Dental Council Te Kaunihera Tiaki Niho

Australian Dental Council/ Dental Council New Zealand

Accreditation Guidance Notes

Effective 1 January 2027

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Contents

Introduction

These guidance notes have been developed by the Australian Dental Council (ADC) and the Dental Council (New Zealand) to support the interpretation and application of the *Accreditation Standards for Dental Practitioner Programs* (the Standards), which should be read in conjunction with this document.

How to use these guidance notes

These guidance notes are intended to support education providers, assessors and accreditation committees in interpreting and applying the Standards. They provide context for the purpose and intent of each Standard and criterion, together with prompts that provide examples of reflective questions against the criterion and core (mandatory) and additional evidence to demonstrate how the Standards are met.

Education providers are strongly encouraged to cross-reference information and evidence rather than reproduce the same material across criteria. Evidence from other quality assurance processes can also be used.

Element	Description
Domain	Identifies the broad area of program quality being considered within the Accreditation Standards. Each Domain brings together related Standards and criteria that contribute to safe, quality education and public safety.
Standard	The outcome that the program must meet. This is the threshold that the program will be assessed against.
Overview of Standard	Provides context for the Standard, explains its purpose and intent, and outlines how it contributes to program quality, expected outcomes and public safety.
Criteria	Collectively, the criteria describe the expectations that support achievement of the Standard. 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.
Explanation of criterion	Provides additional guidance on the intent of the criterion and examples of how it may be demonstrated in different educational contexts.
Prompts	Prompts provide examples of reflective questions against the criterion. They are not additional requirements, are not intended to be exhaustive, and should not be used as a checklist to determine whether a criterion has been met or what evidence must be provided.
Core evidence	Minimum expected evidence that is most directly relevant to the criterion. Core evidence documents provide a common evidence base across programs and support efficient assessment against multiple Standards and criteria. Unless otherwise agreed, all providers are expected to submit the core evidence as part of their accreditation submission. Further evidence may be requested from the provider related to key changes within the program, or areas of risk or concern identified. This will become a mandatory evidence requirement for that program.
Additional evidence	Additional evidence provides examples of supplementary evidence that may assist providers to demonstrate how the criterion is met. Additional evidence examples are not exhaustive.

This document will be reviewed and updated regularly to ensure the guidance remains current and fit for purpose. To provide feedback on this document please email consultation@adc.org.au for Australia and inquiries@dcnz.org.au for New Zealand

Domain 1: Public safety

Standard: Public safety is assured

Overview of Standard: This standard ensures public safety is embedded in program design, delivery and governance.

Focus areas:

- students provide patient care only when appropriately prepared and supervised
- all clinical environments meet safety and quality requirements
- patients consent to care delivered by students
- legal, ethical and professional obligations are met
- systems identify and manage risks to patients and those in clinical environments.

Criterion 1.1 Public protection and patient care are key principles guiding the program, clinical education, and learning outcomes.

Explanation of criterion	The program places patient care and safety as the priority, which is reflected in curriculum design, teaching, supervision and assessment. Students graduate with the knowledge, skills, behaviours and professional attributes required to provide competent and safe care.
Prompts	• How are public protection and patient care reflected in the program's guiding principles, educational philosophy and learning outcomes? • How does the provider demonstrate that public safety is embedded in curriculum design, clinical education, assessment and governance? • How are risks to patients, students and staff identified, monitored and addressed? • How does the provider ensure clinical learning environments are safe and appropriately supervised? • What evidence shows that public safety principles are implemented in practice, not only described in documentation? • Do patients know their rights, how to provide feedback or raise concern? • Where gaps or risks have been identified, how have these been addressed and monitored?
Evidence that may demonstrate the criterion	
Core evidence	• Statement of guiding principles and educational philosophy for the program • Policies and procedures for clinical and workplace safety
Additional evidence	• Incident and near miss reports and trend analyses • Complaints and feedback reports relating to patient safety • Examples of actions taken in response to patient safety concerns and learnings shared • Overview of academic governance arrangements, including quality assurance, review and improvement processes • Staffing profile including teaching and supervision responsibilities • Curriculum mapping demonstrating alignment to Professional Competencies

Criterion 1.2 Student impairment screening and management processes are effective.

Explanation of criterion	Education providers have clear processes to identify when a student may not be fit to practise safely. Mechanisms are in place to respond promptly through defined escalation and support processes. This supports students while protecting patients and maintaining safe learning environments.
Prompts	• How does the provider identify students who may not be fit to practise safely? • Are screening, immunisation and infectious disease requirements clearly documented, communicated and monitored? • How are concerns about student impairment escalated, managed and supported? • How does the provider balance student support with protection of patients, students and staff? • How is privacy of parties protected? • What processes are in place for sharps injuries, exposure incidents or other clinical safety concerns involving students, staff and/or patients? • How does the provider review the effectiveness of impairment, screening and escalation processes?
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures for screening, reporting and management of infectious diseases and blood-borne infections
Additional evidence	• Student impairment procedures to identify, manage and escalate other impairments that could impact safe practice • Fitness to practice committee terms of reference and processes • Sharps injury procedures • Engagement with regulators as required on potential registration or practising implications • Examples of pathways available to support students experiencing academic or personal challenges • Admission and progression policies and procedures • Information provided to prospective and enrolled students

Criterion 1.3 Students achieve the relevant competencies before providing patient care as part of the program.

Explanation of criterion	Students demonstrate the appropriate Professional Competencies before providing patient care. Competence can be assessed through a range of assessment methods (e.g. simulation and barrier assessments) before students are allowed to commence patient care under supervision. Processes are in place to identify students who have not yet met the required competency and ensure relevant students and supervisors are aware, and students are supported to reach the required competency.
Prompts	• How does curriculum sequencing ensure students develop the required knowledge, skills and behaviours before providing patient care? • What mechanisms are used to assess readiness for patient care, for example simulation, barrier assessments or other gateway requirements? • How does the provider ensure students understand the limitations, risks and responsibilities associated with patient care? • How are students prepared and inducted before entering clinical learning environments?

	• How do supervisors know when students can progress to patient care, and identify those not yet able to do so? • How does the provider review and improve processes for determining readiness for patient care?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Barrier or gateway assessment requirements
Additional evidence	• Simulation program documentation • Clinical induction resources • Course documentation for students and clinical supervisors that clearly identifies the stages, requirements and decision points for progression to patient care • Processes in place to identify and support students who are not yet competent or have areas requiring further development before returning to patient care • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables showing progression into clinical training • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.

Explanation of criterion	Clinical supervision is provided by practitioners who have appropriate qualifications, relevant clinical experience and current registration to support student learning and safe patient care. Clinical supervisors are inducted and supported appropriately into the clinical environment to support student learning, assessments, constructive feedback, and safe patient care. Supervision levels ensure safe patient care and learning environments.
Prompts	• How does the provider determine that clinical supervisors are suitably qualified, experienced and registered for their supervision responsibilities? • How are supervision roles, expectations and responsibilities clearly defined and communicated? • What supervision is provided? How does the provider ensure it is sufficient? • How does the provider ensure appropriate and consistent supervision across internal clinics, external placements and other clinical learning environments? • What induction, training or support is provided to supervisors? • How does the provider monitor the quality and consistency of supervision? •Is there planning to ensure availability of suitable clinical supervisors, and are there contingencies for clinic supervision in case of absences/disruptions? • Where supervision risks or gaps are identified, how are they addressed?
Evidence that may demonstrate the criterion	
Core evidence	• Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Additional evidence	• Supervisor induction materials • Supervisor training documentation • Staff development records relating to supervision • Mechanisms to support/mentor new clinical supervisors • Supervision rosters • Supervision ratios of clinics • Policies and procedures on student placement and supervision • Register of formal agreements with placement providers, supervisors, clinics, practices and health services

Criterion 1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety, and quality and care policies and processes, and meet all relevant regulations and standards.

Explanation of criterion	In this context, services providing clinical placements include all clinical placement environments, and are not limited to external providers. Clinical learning environments meet safety, quality and regulatory requirements. Relevant policies and processes ensure patients receive safe care, students learn in and staff work in professional and safe settings.
Prompts	• How does the provider ensure that clinical learning environments meet and adhere to relevant health, safety, patient safety and quality requirements? • How are responsibilities for safety, quality, supervision and student learning documented and communicated to placement providers? • How are clinical placement sites monitored and reviewed over time? • How are students and supervisors made aware of local safety, quality and care processes? • How are incidents, complaints, patient feedback or safety concerns identified, managed and used for improvement? • What evidence demonstrates that placement arrangements support safe patient care and appropriate student learning?
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures for clinical and workplace safety • Policies and procedures on student placement and supervision • Maintenance and validation of clinical equipment • Bullying, harassment and discrimination protection • Professional conduct expectations, and processes to manage or escalate any breaches
Additional evidence	• Audit reports • Health and safety risk registers, incident and near miss reports, actions taken to address the issue, and resulting improvement actions • Placement quality reviews • Patient complaints and feedback reports and resulting improvement actions • Clinical supervisor feedback • Student feedback on supervision • Overview of academic governance arrangements, including quality assurance, review and improvement processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 1.6 Patients consent to care by students.

Explanation of criterion	To ensure patients' safety, prior to any procedure a patient is informed of and consents to being treated by a student in training.
Prompts	• How does the provider ensure patients are informed when care is provided by students? • How are students taught and supported to obtain informed consent appropriately? • How are consent processes applied consistently across internal clinics, external placements and other clinical settings? • How does the provider ensure consent forms, patient information and related records are stored appropriately and accessible? • What arrangements are in place where patients decline or withdraw consent to student care? • How does the provider monitor whether consent processes are effective in practice?
Evidence that may demonstrate the criterion	
Core evidence	• Patient consent forms (unfilled or deidentified) • Patient information materials about consent
Additional evidence	• Student guidance on informed consent • Policies and procedures on student placement and supervision • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Register of formal agreements with placement providers, supervisors, clinics, practices and health services

Criterion 1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.

Explanation of criterion	Students understand their legal, ethical, and professional responsibilities. This enables safe practice, sound decision making, and appropriate behaviour in clinical and professional settings. It also prepares graduates to meet regulatory requirements and professional expectations once registered.
Prompts	• How does the curriculum develop students' understanding of legal, ethical and professional responsibilities? • How are relevant regulatory obligations, professional codes and scope of practice requirements taught and reinforced? • How are students assessed on their understanding and application of professional responsibilities? • How does the provider ensure students understand their responsibilities in clinical, digital, academic and professional settings? • What evidence demonstrates that students can apply ethical and professional judgement in practice? • How are emerging or recurring issues in professional behaviour used to strengthen teaching and assessment?
Evidence that may demonstrate the criterion	
Core evidence	• Code of conduct or similar documents defining clear expectations of student behaviour • Professional conduct training materials • Learning activities relating to legal, ethical and professional responsibilities • Examples of assessment tasks addressing professionalism
Additional evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies

	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Information provided to prospective and enrolled students • Statement of guiding principles and educational philosophy for the program Policies and procedures on student placement and supervision

Criterion 1.8 Students and staff act ethically and professionally to contribute to a safe environment, with breaches managed appropriately by the program provider.

Explanation of criterion	Students and staff are expected to demonstrate ethical and professional behaviour throughout the program. Clear expectations and effective processes for managing unprofessional conduct help students and staff understand their responsibilities, learn from mistakes, and address issues early which fosters a positive and safe learning, work and clinical environment.
Prompts	• How are expectations for ethical and professional behaviour communicated? • How does the provider promote a safe, respectful and professional learning and working environment? • What processes are used to identify, report, investigate and respond to breaches of ethical or professional conduct? • How are concerns about patient or public behaviour managed to protect others in the learning and clinical environment? • How are students and staff supported to understand and meet conduct expectations? • How does the provider ensure responses to breaches are fair, timely and proportionate? • How is safe reporting facilitated? • How are trends, incidents or conduct concerns reviewed and used to improve the program environment? • Do teaching and clinical staff role model ethical and professional behaviour to students?
Evidence that may demonstrate the criterion	
Core evidence	• Student and staff codes of conduct or similar • Professional behaviour policies • Complaints and disciplinary procedures
Additional evidence	• Complaints and management processes operational • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Statement of guiding principles and educational philosophy for the program • Information provided to prospective and enrolled students • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 1.9 All students are registered with the relevant regulatory authority/ies. (applicable in Australia only)

Explanation of criterion	Australian dental students must be registered with the Dental Board of Australia through their education provider while enrolled in approved programs, as required under the National Law.
Prompts for assessment	• How does the provider ensure all students who require registration are registered with the relevant regulatory authority? • Are responsibilities, timelines and processes for student registration clearly documented and implemented? • How does the provider monitor registration status and respond to any gaps or issues? • How are students informed of registration requirements and their professional obligations? • For students requiring limited or other forms of registration, how does the provider ensure requirements are met before clinical activity? • What evidence demonstrates that student registration processes are effective and consistently applied?
Evidence that may demonstrate the criterion	
Core evidence	• Admission and progression policies and procedures • Student registration procedures • Student registration records
Additional evidence	• Registration compliance reports • Information provided to prospective and enrolled students

Domain 2: Academic governance and quality assurance

Standard: Academic governance and quality assurance processes are effective.

Overview of Standard:

This standard sets expectations for academic governance and quality assurance systems. Programs must demonstrate effective oversight of design and delivery, including monitoring, review and risk management. Systems support continuous improvement, timely curriculum review and renewal, and informed decision-making. External input into these processes is critical to gain fresh and independent insights. Admissions and progression processes must be fair, transparent and aligned with program outcomes.

Focus areas:

- academic governance and quality assurance systems are in place, resulting in timely curriculum review and renewal to deliver competent and safe graduates and reflect contemporary educational approaches
- systems support continuous improvements and active risk management
- input is sought from a range of stakeholders, both internal and external and representing different expertise and experiences, to gain objective and independent insights into the program curriculum, management, assessment and preparedness for practice
- admission and progression processes are fair, transparent and the involvement of program staff in these processes foster alignment with the ability to achieve program outcomes.

Criterion 2.1 Academic governance for the program includes systematic review and monitoring, risk management and improvement.

Explanation of criterion	Effective academic governance ensures the program is planned, reviewed, monitored, and improved on an ongoing basis. A systematic approach allows providers to identify issues early, respond to feedback and emerging risks, and evaluate the impact of improvement actions. This supports consistent and contemporary educational quality, ensures graduates can achieve competence, and protects students and the public.
Prompts	• How does the academic governance framework provide oversight of program quality, risk and continuous improvement? • Are governance roles, responsibilities and decision-making processes clearly defined and implemented? • How does the provider monitor program performance and identify emerging risks, issues or opportunities for improvement? • How are review findings, stakeholder feedback and accreditation outcomes used to inform decisions and improvement activities? • Hoe are improvement activities evaluated for effectiveness? • What evidence demonstrates that governance arrangements are effective in practice? • Where risks, gaps or deficiencies have been identified, how have these been addressed and monitored? • Where relevant – explore any outstanding accreditation conditions that have not been met within the required timeframes, and reasons for it.
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Schedule and plan of reviews, monitoring and risk management undertaken
Additional evidence	• Committee terms of reference • Committee minutes and action logs • Risk registers and risk management plans • Examples of improvements implemented following review and evaluation of effectiveness • University program review reports • External quality assurance reports • Teaching staff review processes by provider • Statement of guiding principles and educational philosophy for the program • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 2.2 Students, consumers, internal and external academics, and professional peers contribute to the program's design, management and quality improvement.

Explanation of criterion	Involving a range of stakeholders in program design, management, and quality improvement helps ensure the program is relevant, aligned with current practice and responsive. Input from diverse perspectives supports continuous improvement and may identify gaps, risks, and opportunities that may not be evident from internal review alone.
Prompts	• How does the provider seek and use input from students, consumers, academic staff, external academics and professional peers?

	• Are stakeholder roles and opportunities for input clearly defined and supported? • How does the provider ensure that stakeholder feedback is considered in program design, management, assessment, preparedness for practice for quality improvement? • What evidence demonstrates that feedback has informed decisions, actions or changes to the program? • Where feedback identifies risks, gaps or areas for improvement, how are these addressed and monitored? • Is feedback given to those who offer input on the outcome of the review?
Evidence that may demonstrate the criterion	
Core evidence	• Records demonstrating a range of internal and external stakeholder input sought and considered by the program
Additional evidence	• Stakeholder engagement framework • Records of consultation with students, consumers and professional and academic peers including meeting minutes where relevant • External review reports • External examiner reports about the program • Advisory committee terms of reference, minutes, actions • Student, graduate and employer survey results • Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Student committee representation and terms of reference and minutes • Patient feedback, comments, suggestions

Criterion 2.3 Mechanisms are in place for responding within the curriculum to contemporary developments in clinical practice and health professional education.

Explanation of criterion	Clinical practice and health professional education evolve in response to new evidence, technologies, workforce needs and community expectations. Programs have processes to identify and respond to changes to ensure the curriculum remains current and effective. The program documents examples of curriculum changes in response to developments.
Prompts	• How does the provider identify contemporary developments in clinical practice, health professional education, regulation, technology and community need? • How are emerging developments considered through curriculum review and governance processes? • What evidence demonstrates that the curriculum has been updated or strengthened in response to contemporary developments? • How does the provider evaluate the impact of curriculum changes on learning outcomes, student experience and preparedness for practice and whether the changes are effective? • How are risks associated with curriculum currency identified and managed? • How does the provider ensure curriculum renewal is systematic rather than ad hoc?
Evidence that may demonstrate the criterion	

Core evidence	• Records of reviews and monitoring that demonstrate consideration of contemporary developments in clinical practice and health professional education.
Additional evidence	• Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Curriculum review reports • Records of curriculum changes • Benchmarking activities • Student, graduate and employer feedback • Environmental scanning or horizon-scanning activities • Staff professional development opportunities • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Student committee representation and terms of reference • Patient feedback, comments, suggestions

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

Explanation of criterion	• Admission and progression requirements are clearly documented, communicated and regularly reviewed. • Involvement of program staff offer subject matter and program management expertise to ensure the program outcomes can be achieved.
Prompts	• How are admission and progression requirements clearly defined, communicated and implemented? • How does the provider ensure admission and progression processes are fair, transparent and aligned with program outcomes? • How are relevant program staff involved in admission and progression decisions? Does the program staff have the necessary experience and expertise to strengthen the process? • How does the provider monitor admission and progression outcomes to identify trends, risks or equity issues? • What evidence demonstrates that admission and progression decisions are applied consistently? • Where issues or unintended impacts are identified, how are admission and progression processes reviewed and improved?
Evidence that may demonstrate the criterion	
Core evidence	• Admission and progression policies, procedures and selection criteria and admission requirements • Information provided to prospective and enrolled students • Evidence that program staff have informed the admission and progression requirements and processes
Additional evidence	• Recognition of prior learning procedures • Examples of progression decisions • Admission and progression committee documentation • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours

Domain 3: Program of study

Standard: Program design, delivery and resourcing enable students to achieve the required Professional Competencies.

Focus areas:

- the program is coherently designed and adequately delivered so students can achieve the Professional Competencies. This includes contemporary educational approaches, appropriate sequencing and integration across the program that appropriately connects theory and clinical practice and supports performance progression over time
- clear program learning outcomes that cover all Professional Competencies, including research literacy appropriate to the qualification, and interprofessional practice
- clinical education provides sufficient breadth, duration and variety across the competencies
- close monitoring of student clinical experiences, including direct patient contact as operator to ensure competence can be attained
- mechanisms are in place to identify students who are not progressing or performing as expected, with appropriate support plans to address these concerns
- appreciation of cultural diversity and the development of skills that promote the provision of inclusive and responsive person-centred care are demonstrated within the program
- learning environments, staffing, facilities, equipment and clinical placement arrangements are sufficient and appropriate to support program delivery and attainment of learning outcomes
- overall, the program is accessible, fit for purpose, and sustainable over time.

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

Explanation of criterion	Programs are guided by a clearly defined educational philosophy grounded in contemporary principles such as student-centred learning, inclusivity, lifelong learning and professional relevance. The philosophy informs curriculum design, ensuring alignment between learning outcomes, content and activities. Teaching methods reflect this philosophy through approaches such as active learning, inquiry-based learning, reflective practice, and integration of theory and clinical experience. This supports the development of independent, adaptable and reflective professionals. The philosophy is regularly reviewed to ensure it remains current and responsive to developments in education and healthcare.
Prompts	• What educational philosophy underpins the program and how is it reflected in curriculum design, delivery and assessment? • How does the philosophy support achievement of the program learning outcomes and Professional Competencies? • How are contemporary educational principles incorporated into teaching and learning approaches?

	• How are academic and clinical staff supported to implement the educational philosophy consistently? • What evidence demonstrates that the philosophy influences program design and delivery in practice? • How is the educational philosophy reviewed and refined over time?
Evidence that may demonstrate the criterion	
Core evidence	• Statement of guiding principles and educational philosophy for the program • Learning and teaching framework
Additional evidence	• Curriculum design documentation • Evidence of curriculum alignment to educational philosophy • Curriculum mapping demonstrating alignment of program learning outcomes to all the relevant Professional Competencies • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Criterion 3.2 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.

Explanation of criterion	Learning and teaching methods align with program learning outcomes to ensure students develop the required knowledge, skills, and professional attributes. Learning activities are directly linked to specific outcomes, with a range of methods (e.g. lectures, simulations, case-based learning, clinical practice) to suit different learning styles and contexts. Teaching methods are reviewed regularly to maintain effectiveness and relevance.
Prompts	• How do learning and teaching methods support achievement of the program learning outcomes and Professional Competencies? • How are learning activities sequenced and integrated across the program to support progressive development of knowledge and skills? • How does the provider ensure teaching approaches are appropriate for the learning outcomes being assessed? • How are learning and teaching methods evaluated and improved over time? • What evidence demonstrates that students are developing the required knowledge, skills and professional attributes? • How are significant changes to curriculum delivery planned, implemented and evaluated?
Evidence that may demonstrate the criterion	
Core evidence	• Learning and teaching strategy • Overview of learning activities and progression of student development • Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies
Additional evidence	• Course and unit outlines • Examples of learning activities • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours, which support safe progression • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

Criterion 3.3 Program learning outcomes address all the required professional competencies.

Explanation of criterion	Program learning outcomes address all required Professional Competencies, including knowledge, clinical, technical, ethical, communication and professional practice skills. Students develop and demonstrate competencies progressively across the program. Outcomes are clearly defined, measurable and aligned with regulatory frameworks. Outcomes are reviewed regularly with input from stakeholders to ensure they remain current and relevant.
Prompts	• How do the program learning outcomes align with the relevant Professional Competencies? • Does the curriculum mapping demonstrate that all required competencies are addressed appropriately across the program? • How does the provider identify and respond to gaps, duplication or areas of over-emphasis? • How are learning outcomes reviewed to ensure they remain current and relevant? • What evidence demonstrates that students are achieving the intended learning outcomes? • How does the provider assure itself that graduates are prepared to meet the required competencies on completion?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies
Additional evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours

Criterion 3.4 The complexity, quantity, duration and variety of clinical education is sufficient to produce a graduate competent to practise.

Explanation of criterion	Clinical learning experiences are deliberately designed, adequately resourced, closely monitored and regularly reviewed. Students have sufficient exposure to a range of procedures and patients across the lifespan and varying levels of complexity. Clinical exposure spans across the scope of practice to enable students to meet all clinical competencies. The duration (time in clinic spent on different aspects) and volume (repetition and experience differences) of clinical education is sufficient for students to acquire and consolidate skills and apply knowledge in practice. All students have equitable access to the required clinical experiences. While observation and assisting are valid learning methods, clinical exposure includes adequate experience as operator. Simulation may complement clinical learning but cannot replace adequate patient exposure. Gaps in clinical exposure are identified, and alternative arrangements put in place for students to attain patient clinical experiences.
Prompts	• How does the program ensure students have sufficient breadth, complexity, duration and volume of clinical experience to achieve the

	required Professional Competencies? • How does the provider monitor the quality and consistency of clinical education across learning environments and placement settings? • Do students have equitable access to the range of clinical experiences required for graduation? • How does the provider identify and address gaps in clinical exposure, case mix or placement capacity? • What evidence demonstrates that students are developing and applying competencies appropriately throughout clinical education? • How are clinical education arrangements reviewed and improved over time? • How effectively does the provider anticipate, plan for and manage disruptions to clinical education and clinical training activities?
Evidence that may demonstrate the criterion	
Core evidence	• Clinical experience requirements • Overview of clinical experiences students obtain across the scope of practice, including any gaps/pressure areas for access to patients and arrangements in place to offer clinical experiences required • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement evaluation reports • Graduate outcome data • Graduate and employer feedback • Clinical supervisor feedback • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours
Related evidence	• Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Policies and procedures on student placement and supervision

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

Explanation of criterion	Culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Learning methods, training and reflective practice support staff and students to develop their understanding of cultural diversity and its impact on healthcare. Assessments evaluate students' ability to engage effectively and respectfully with people from diverse cultural backgrounds.
Prompts	• How does the curriculum prepare students to provide inclusive, responsive and person-centred care to diverse population groups? • How are concepts such as equity, inclusion, cultural diversity and responsiveness integrated throughout the program? • How are students provided opportunities to develop and apply these capabilities in learning and clinical settings? • How does assessment evaluate students' ability to provide inclusive and responsive care? • What evidence demonstrates that graduates are prepared to work effectively with diverse communities? • How does the provider ensure staff are equipped to role model, assess and offer constructive feedback on these areas?

	• How does the provider monitor and improve the effectiveness of these learning and assessment approaches?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies
Additional evidence	• Learning activities include diverse population focus • Assessment tasks evaluating inclusive practice • Equity and diversity initiatives • Information provided to prospective and enrolled students

Criterion 3.6 The program design develops research literacy appropriate to the level and type of qualification.

Explanation of criterion	Research literacy includes the ability to locate, understand, critically assess, and apply research evidence. The curriculum is structured to embed research literacy according to the academic level and qualification type, with explicit learning outcomes focused on critical appraisal, evidence-based practice, and ethical information use. Research literacy includes understanding of Aboriginal and Torres Strait Islander (Australian programs) or Māori research (New Zealand programs), including issues of leadership, benefit, and data authority.
Prompts	• How is research literacy incorporated throughout the curriculum? • What level of research literacy is expected of graduates and how does the program support its development? • How are students supported to locate, evaluate and apply evidence to practice? • How do learning activities and assessment support critical thinking and evidence-based decision-making? • What evidence demonstrates that graduates can incorporate new and evolving evidence into practice? • How is the approach to research literacy reviewed and improved over time?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of research literacy learning outcomes to the relevant Professional Competencies • Learning and teaching strategy • Student research project/output examples
Additional evidence	• Research-related assessment tasks • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student timetables for each year of the program

Criterion 3.7 Students engage with and learn from oral health and other health professions to support the development of collaborative practice.

Explanation of criterion	Graduates have the skills to work as members of interprofessional teams. This includes working with oral health practitioners and other health professionals. Programs provide structured opportunities for interprofessional learning aligned to learning outcomes. These may include shared modules, simulation and multidisciplinary clinical experiences, and

	building understanding of the roles of other oral health and health disciplines.
Prompts	• How does the program prepare students to work collaboratively within oral health and broader healthcare teams? • What opportunities are provided for interprofessional learning and collaborative practice throughout the program? • How do these experiences contribute to achievement of learning outcomes and Professional Competencies? • How are students supported to understand the roles and responsibilities of other health professionals? • What evidence demonstrates that students develop collaborative practice capabilities? • How are interprofessional learning activities evaluated and strengthened over time?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Overview of interdisciplinary learning opportunities within the dental team and with other health disciplines
Additional evidence	• Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Uptake by oral health students in formalised/structured interdisciplinary projects/activities • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 3.8 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.

Explanation of criterion	Teaching staff have qualifications relevant to the subjects they teach and appropriate professional experience. Teaching staff demonstrate capability in contemporary educational practices, including curriculum design and assessment. Providers ensure teaching staff remain contemporary through support for ongoing professional development. Robust induction processes and support are in place for new staff to ensure they can fulfil their roles. The focus of this criterion is on staff fulfilling academic teaching and research support roles, where criterion 1.4 covers staff supervising in the clinics.
Prompts	• How does the provider ensure teaching staff are appropriately qualified, experienced and registered for their educational roles? • How does the staffing profile support delivery of the curriculum and achievement of learning outcomes? • How are staff supported to maintain contemporary clinical, educational and professional expertise? • How does the provider monitor staffing sufficiency, capability and succession planning? • What evidence demonstrates that staffing arrangements support quality education? • Where teaching staffing risks or gaps are identified, how are these addressed?
Evidence that may demonstrate the criterion	

Core evidence	• Staffing profile including qualifications, registration status, teaching/research and supervision responsibilities
Additional evidence	• Professional development provisions • Staff induction materials • Position descriptions • Student, graduate and clinical supervisor feedback • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 3.9 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.

Explanation of criterion	Learning environments, clinical facilities and equipment support quality education outcomes and safe clinical practice. Facilities are physically accessible to all students and suitable for their intended educational purposes. Facilities have sufficient space for safe learning and patient care. Equipment is maintained, updated and calibrated as required to ensure safety. Necessary equipment is available to enable students to attain the Professional Competencies. Students and staff have adequate and timely access to resources to minimise disruption to learning activities. Digital infrastructure supports patient care and online and blended learning, including reliable access to learning materials, assessments and technical support.
Prompts	• How do learning environments, clinical facilities and equipment support achievement of learning outcomes and Professional Competencies? • How does the provider ensure facilities and resources are safe, accessible and fit for purpose? • How are facilities, equipment and digital learning resources monitored, maintained and updated? • How does the provider evaluate the adequacy of facilities and resources for current and future student cohorts? • What evidence demonstrates that students have equitable access to required learning resources, including those studying remotely? (where relevant) • How are identified infrastructure or resource limitations addressed?
Evidence that may demonstrate the criterion	
Core evidence	• Management plan for maintenance, refurbishment and replacement • IT/digital infrastructure supporting patient care, and policies and procedures to ensure confidentiality and security of patient health information
Additional evidence	• Facilities and equipment inventories • Maintenance schedules and calibration/validation records • Accessibility assessments • Sample student timetables for each year of the program showing clinical roster and clinical hours • Student, graduate and clinical supervisors feedback • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 3.10 The program has the resources to sustain the education required for students to achieve the professional competencies.

Explanation of criterion	Programs demonstrate sustainable resourcing to support quality delivery over time, including adequate staffing, facilities, technology and clinical placement capacity, with sufficient patient mix and load. Staffing includes those teaching and supervising students in clinics, as well as program administration staff and clinic support staff. Succession planning is in place. Providers monitor capacity against cohort size and manage risks that could disrupt and compromise delivery and quality of learning. Providers demonstrate responsible resource use and socially accountable education approaches that support long-term viability.
Prompts	• How does the provider ensure sufficient staffing, facilities, clinical training opportunities and financial resources to support the program? • How are current and future resource needs identified, planned and monitored? • How does the provider manage risks to program sustainability and delivery? Where relevant, is succession planning evident? • What evidence demonstrates that resources remain appropriate for cohort size and program requirements? • How are resource allocation decisions informed by program performance, workforce needs and strategic priorities? • How does the provider monitor and improve long-term program sustainability?
Evidence that may demonstrate the criterion	
Core evidence	• Student data by year of study, highlighting any significant trends/changes since last accreditation review • Staffing profile including qualifications, registration status, teaching and supervision responsibilities • Number and FTE of staff available directly to the program for teaching, research and clinical supervision. • Separate number and FTE reporting on administrative resourcing directly available to the program for teaching and clinical administration. • Workforce plans (student: staff clinical supervision ratios, supervision capacity) • Budgets and resource allocation documentation • Resource deficiencies/gaps or any risks, and planned initiatives/strategies to address. For example: staffing, patient access, restructuring, significant student increases
Additional evidence	• Succession planning documentation • Recruitment • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Education provider commitment to future of program • Student, graduate and clinical supervisor feedback • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors) • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 3.11 Access to clinical training is assured, through formal agreements as required, for students to achieve the professional competencies.

Explanation of criterion	Programs assure access to clinical training through formal agreements and partnerships with suitable clinical facilities. This may be offered by the education provider or external through third parties. Agreements support appropriate learning environments, supervision arrangements and patient exposure aligned with the agreement to fulfill program requirements. Providers have contingency arrangements to maintain delivery during disruptions (e.g. alternative placements, increased simulation, timetable adjustments). Education provider monitors compliance to and achievement of the agreement obligations. Providers demonstrate equity of access so all students can complete required experiences.
Prompts	• How does the provider ensure students have access to sufficient clinical placement opportunities to achieve the required competencies? • How do formal agreements support quality learning environments, supervision and patient care? • How does the provider monitor placement quality, capacity and student experience? • How is equity of access to required clinical experiences assured across all students? • What contingency arrangements are in place to address disruptions to clinical training? • How are clinical placement partnerships reviewed and strengthened over time?
Evidence that may demonstrate the criterion	
Core evidence	• Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Agreement documents (this can be provided on-site, in confidence) • Risks to future of placements • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement capacity reports • Placement evaluation reports • Policies and procedures on student placement and supervision • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Domain 4: The student experience

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

Overview of standard: This standard requires systems to ensure students can engage safely and effectively with the program. Providers demonstrate that accurate and accessible information is available to prospective and current students, and that fair grievance and appeals processes are accessible. Providers also demonstrate mechanisms to identify and support academic learning needs and personal wellbeing.

The standard further requires meaningful student representation in program decision-making and active promotion of equity and diversity, so learning opportunities, placements and support services are accessible, inclusive and responsive across the student cohort.

Focus areas:

- systems to ensure students can engage safely and effectively with the program
- accurate and accessible information is available to prospective and current students
- fair grievance and appeals processes are accessible
- mechanisms to identify and support academic learning needs and personal wellbeing by suitably qualified personnel
- meaningful student representation in program decision-making
- observe and promote equity and diversity principles, so learning opportunities, placements and support services are accessible, inclusive and responsive across the student cohort.

Criterion 4.1 Program information is clear and accessible to both prospective and current students.

Explanation of criterion	Information about program entry requirements, application processes, fees, fitness to practise and conduct expectations, support services, and career pathways are readily available through public channels such as websites and brochures. Course information is clearly presented, regularly updated and accessible for students. This information includes learning outcomes and graduate competencies, structure, duration, assessment methods and progression requirements, and clinical requirements. Including, any placements or rotations that may require travel/relocation, fees, supporting arrangements etc.
Prompts	• How does the provider ensure program information is clear, accurate, current and accessible to prospective and enrolled students? • Does program information clearly describe entry requirements, program structure, learning outcomes, assessment requirements, clinical education requirements, fees and support services? • How are students informed of changes to program requirements, delivery, assessment or clinical education arrangements? • How does the provider ensure published information is consistent with approved program rules and governance decisions? • How does the provider consider accessibility, clarity and usability of information for diverse student groups? • Is it clear to current and prospective students where and how to ask any questions they may have? • How is student feedback or enquiry data used to improve the quality and accessibility of program information?
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. admission and progression requirements, student handbook, course guide, program information, fees)
Additional evidence	• Student portal links or screenshots • Orientation materials • Communication plans and updates to students • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours

Criterion 4.2 Students are informed of and have access to effective grievance and appeals processes.

Explanation of criterion	Grievances (complaints) are concerns about academic or non-academic matters (e.g. teaching quality, administrative procedures, unprofessional behaviour). Appeals are formal requests to reconsider a decision, usually after a grievance has been investigated or an academic decision made. Programs demonstrate that grievance and appeals processes effectively manage both. Programs ensure students are informed of their rights and can access support when raising concerns, such as confidential advice, advocacy and their privacy is protected.
Prompts	• How are students informed of grievance, complaint and appeal processes? • Are processes accessible, timely, fair and appropriate for academic, non-academic, assessment and placement-related matters? • How does the provider ensure students can access advice, advocacy or support when raising concerns or lodging appeals? • How are grievances and appeals recorded, monitored and reviewed? • What evidence demonstrates that grievance and appeal processes operate effectively in practice? • How are trends, outcomes or recurring issues used to improve the program and student experience?
Evidence that may demonstrate the criterion	
Core evidence	• Grievance and appeals policies and procedures • Complaints and appeals registers •Student advocacy and support information
Additional evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information) Admission and progression policies and procedures • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 4.3 Mechanisms are in place to identify and support the academic learning needs of students.

Explanation of criterion	Providers have mechanisms to identify students who may need academic support early (e.g. diagnostic assessment, self-referral, staff referral, early performance indicators). Providers provide timely, tailored support to address a range of academic needs (e.g. practice sessions, simulation, individual coaching, learning tools). Support arrangements are accessible by all, including for students studying remotely or on placement. Providers monitor student progress and the effectiveness of interventions.
Prompts	• How does the provider identify students who may require academic learning support? • Are referral or reporting pathways also clear to all involved in teaching, including those in clinics or external to the provider? • Are mechanisms for referral, self-referral and early intervention clearly

	communicated and accessible? • How does the provider tailor support to academic, clinical, technical, communication or professional learning needs? • How is student progress monitored following the provision of additional support? • What evidence demonstrates that academic support mechanisms are effective and timely? • How are support processes reviewed and improved in response to student outcomes, feedback or identified risks?
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information) • Academic support framework • Learning support processes • Learning support service information • Student progression monitoring reports
Additional evidence	• Admission and progression policies and procedures • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

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

Explanation of criterion	Providers inform students about personal support services available. Students are able to access these professional services as needed throughout their studies, including while on placement. Support arrangements encourage early help-seeking, have clear referral pathways, and are inclusive, culturally responsive and accessible to all students. Where concerns raise potential of risk of harm to patients or fitness to practise concerns, these are escalated, managed and monitored appropriately. These matters are handled within a supportive framework and privacy protected.
Prompts	• How are students informed of available personal, wellbeing, cultural, disability, financial and placement-related support services? • How does the provider ensure support services are accessible across campuses, delivery modes and placement settings? • Are students and staff reminded of these services to keep front-of-mind? • Are support services provided by appropriately qualified personnel or through appropriate referral pathways? • How does the provider encourage early help-seeking and support students at risk? • What evidence demonstrates that students can access timely and appropriate support when needed? • How are student support services monitored, evaluated and improved over time? • Are privacy protection mechanisms in place? • Are risks adequately managed and escalated where needed?
Evidence that may demonstrate the criterion	
Core evidence	• Student wellbeing and counselling service information • Information is easily accessible, contact points identifiable

	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information)
Additional evidence	• Referral pathways, demonstrating privacy protection • Evidence of support services accessible during placements • Reminders promoting services to students and staff • Admission and progression policies and procedures • Policies and procedures on student placement and supervision

Criterion 4.5 Students are formally represented within decision-making committees for the program, with mechanisms to enable active participation.

Explanation of criterion	Programs ensure students are formally represented on program-level committees or advisory groups that influence aspects of the program such as curriculum, assessment, clinical placements, delivery and student support. Mechanisms support active and meaningful student participation. Feedback to students on issues raised closes the information loop, even if changes cannot be made. Student representation is inclusive and cover the full student group. Programs demonstrate student views are considered in decision-making and that representation arrangements are reviewed regularly for effectiveness and inclusiveness.
Prompts	• How are students formally represented in program governance and decision-making structures? • How does the provider support meaningful student participation in committees, advisory groups or feedback processes? • Are student representatives selected, prepared and supported to contribute effectively? • How does the provider ensure student views are considered in decisions about curriculum, assessment, clinical education and student support? • How are feedback or responses communicated back to students? • What evidence demonstrates that student input has informed program decisions or improvements? • How are student representation arrangements reviewed for effectiveness, inclusiveness and accessibility?
Evidence that may demonstrate the criterion	
Core evidence	• Committees terms of reference • Student representative appointment processes • Evidence of actions arising from student feedback
Additional evidence	• Feedback mechanisms to students on issues raised. • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information)

Criterion 4.6 Equity and diversity principles are observed and promoted in the student experience.

Explanation of criterion	Equity and diversity principles ensure all students, regardless of background, identity or circumstances, have equitable opportunities for access, participation and success. Programs promote an inclusive, respectful and safe learning environment for students, including, for example, those from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ students, students with disabilities, and those from rural or remote areas. Students have equitable access to learning opportunities, placements, support services and resources, and staff able to apply inclusive practices and respond to diversity. Providers monitor outcomes and use feedback and other evidence to strengthen the student experience over time.
Prompts	• How does the provider promote equity, diversity and inclusion across the student experience? • How are students supported to access learning opportunities, placements, facilities, assessment and support services equitably? • How are reasonable adjustments or other individual support arrangements implemented while maintaining the integrity of learning outcomes and Professional Competencies? • How does the provider identify and respond to barriers affecting participation, progression, retention or completion? • What evidence demonstrates that equity and diversity principles are implemented in practice? • How are student data, feedback and outcomes used to monitor and improve equity and inclusion across the program?
Evidence that may demonstrate the criterion	
Core evidence	• Equity, diversity and inclusion policies • Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information) • Admission and progression policies and procedures
Additional evidence	• Reasonable adjustment procedures • Student and graduate feedback results and evaluation reports • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies

Domain 5: Assessment

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

Overview of Standard: This standard focuses on whether assessment across the program can reliably determine that students have achieved the required learning outcomes and are ready for safe practice. Assessments align to program outcomes and Professional Competencies, using appropriate methods to assess knowledge, clinical skills, judgement, communication and professional behaviour. Assessments and assessors are moderated and calibrated to ensure consistent, independent and fair assessments. For final year students,

assessments include an independent external assessor to validate the robustness, quality and fairness of the assessment process and offer a perspective on the preparedness of students for practice. Programs demonstrate ongoing review of assessment design and outcomes. Review processes identify emerging risks, contemporary developments and any gaps in student performance, and support timely improvement. Overall, assessments provide confidence that graduates are competent to practise.

Focus areas:

- assessment reliably determine that students have achieved the required learning outcomes and are ready for safe practice
- assessments align to program outcomes and Professional Competencies, using appropriate methods to assess knowledge, clinical skills, judgement, communication and professional behaviour
- assessments and assessors are moderated and calibrated to ensure consistent, independent and fair assessments
- for final year students, assessments include an independent external assessor to validate the robustness, quality and fairness of the assessment process and offer a perspective on the preparedness of students for practice
- ongoing review of assessment design and outcomes. Review processes identify emerging risks, contemporary developments and any gaps in student performance, and support timely improvement.

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

Explanation of criterion	Providers demonstrate that assessment is deliberately designed so decisions about student achievement are sound, defensible and equitable. Assessment tasks are clearly aligned to learning outcomes and Professional Competencies, with a documented rationale for the methods used. Evidence based assessments, appropriately qualified assessors, and processes such as calibration, moderation and external input, particularly for high-stakes decisions, support reliability. Expectations, criteria and performance standards are transparent, consistently applied and free from bias or discrimination, while allowing reasonable adjustments that maintain the integrity of outcomes. Providers review assessment results, feedback and decision-making patterns to ensure assessments remain valid, reliable and fair over time. Assessment authenticity and flexibility support attainment of this criterion.
Prompts	• How does the provider ensure assessment is valid, reliable and fair across the program? • How are assessment tasks aligned to learning outcomes, Professional Competencies and the level of student progression? • How are assessment methods selected to evaluate the required knowledge, skills, behaviours, judgement and professional attributes? • How are assessment criteria, standards and expectations communicated to students and assessors? • How does the provider support consistency of assessment decisions across assessors, cohorts and clinical settings? • How are assessment outcomes, feedback and review findings used to improve assessment quality over time?

Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Assessment policies and procedures • Exit examination documentation • Moderation and calibration records
Additional evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Assessment review reports • Examples of assessment rubrics • Mechanisms to validate borderline assessment outcomes • Information provided to prospective and enrolled students • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 5.2 Mechanisms are in place for recognising and responding to emerging developments and risks in assessment.

Explanation of criterion	Providers have processes to identify, monitor and respond to developments that may affect the quality, security or appropriateness of assessment. These developments may include changes in technology, academic integrity risks, clinical practice or regulatory expectations. For example, risks associated with online high-stake assessments and the impact of artificial intelligence on validity of assessments. Program providers are able to respond to issues as they arise and demonstrate that assessment is regularly reviewed and remain valid. Providers anticipate risks where possible and implement improvements to maintain robust assessment systems.
Prompts	• How does the provider identify emerging developments and risks that may affect assessment quality, integrity or appropriateness? • How are assessment risks, including academic integrity, technology, clinical practice and regulatory developments, monitored and escalated? • How are decisions made about changes to assessment design, delivery or controls? • What evidence demonstrates that the provider responds to identified assessment risks in a timely and effective way? • How are staff, assessors and students informed of changes to assessment expectations or processes? • How does the provider evaluate whether changes to assessment have been effective?
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Assessment review and monitoring reports including any risks identified
Additional evidence	• Records of assessment changes arising from identified risks or developments • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies

Criterion 5.3 There is a clear relationship between learning outcomes and assessment strategies.

Explanation of criterion	A clear and deliberate alignment between learning outcomes and assessment strategies is required. Assessment tasks measure the intended knowledge, skills and professional attributes. Clear alignment supports validity by ensuring assessment measures intended outcomes. It supports fairness by making expectations transparent to students and staff and supports reliability by enabling coherent assessment planning across the program.
Prompts	• How does the assessment strategy align with program learning outcomes and Professional Competencies? • How does the provider ensure each assessment task measures the intended knowledge, skills, behaviours or professional attributes? • How is assessment sequenced across the program to support progressive development and demonstration of competence? • How does the provider identify and address gaps, duplication or over-assessment in the assessment strategy? • What evidence demonstrates that assessment methods are appropriate for the outcomes being assessed? • How is the relationship between learning outcomes and assessment reviewed and strengthened over time?
Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies
Additional evidence	• Assessment strategy documentation • Mapping of assessment tasks to learning outcomes • Course assessment schedules • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours

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

Explanation of criterion	Providers demonstrate that all required Professional Competencies are mapped to program learning outcomes and assessed appropriately across the program. Mapping shows coverage across knowledge, clinical skills, communication, judgement and professional behaviour. Mapping supports identification of gaps, duplication or over-assessment. This ensures decisions about readiness for practice are based on comprehensive evidence of competence.
Prompts	• How does the provider demonstrate that all required Professional Competencies are mapped to program learning outcomes and assessment tasks? • Is the mapping sufficiently detailed to show where competencies are introduced, developed and assessed across the program? • How does the provider ensure all domains of competence, including clinical skills, communication, judgement and professional behaviour, are assessed? • How is student achievement of competencies tracked across units, placements and stages of the program? • What evidence demonstrates that graduates have been assessed

	against the full set of required competencies before completion? • How is competency mapping reviewed when Professional Competencies, scope of practice or regulatory expectations change?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Competency tracking records • Exit examination documentation • Student progression dashboards • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours

Criterion 5.5 Multiple assessment methods are used including direct observation in the clinical setting.

Explanation of criterion	Providers use a range of complementary assessment methods to assess different domains of competence. Direct observation in clinical settings is essential for evaluating how students apply knowledge, skills, communication, judgement and professional behaviour in practice.
Prompts	• How does the provider use a range of assessment methods to evaluate different domains of competence? • How is direct observation used to assess students' application of knowledge, skills, judgement, communication and professional behaviour in clinical settings? • How does the provider ensure clinical assessment tools are applied consistently across assessors and placement settings? • How do formative and summative assessments contribute to decisions about student progression and readiness for practice? • What evidence demonstrates that assessment methods are sufficient to identify both strengths and areas requiring further development? • How are clinical assessment methods reviewed and improved over time?
Evidence that may demonstrate the criterion	
Core evidence	• Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Clinical assessment forms • Workplace-based assessment tools • Examples of assessment tasks and rubrics • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 5.6 Students receive timely feedback to support their learning.

Explanation of criterion	Providers ensure students receive regular, timely and constructive feedback. Feedback help students understand their performance, identify strengths and gaps, and determine actions for improvement. Feedback is consistent across academic, pre-clinical and clinical settings. Effective feedback processes support early identification of students requiring additional support and promote continuity of learning.
Prompts	• How does the provider ensure students receive timely, constructive and meaningful feedback throughout the program? • How is feedback provided across academic, pre-clinical, clinical and placement settings? • How does feedback help students understand their performance, identify gaps and take action to improve? • How are students experiencing challenges in meeting expected learning outcomes identified through feedback and assessment processes? • What evidence demonstrates that feedback processes are effective and consistently implemented? • How is student feedback about assessment and feedback processes used to improve the program?
Evidence that may demonstrate the criterion	
Core evidence	• Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Documents outlining feedback processes • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience • Examples of student feedback
Additional evidence	• Learning support plans • Student feedback regarding assessment processes • Information provided to prospective and enrolled students

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

Explanation of criterion	Assessments throughout the program are conducted by educators and clinicians with appropriate qualifications, experience and contextual understanding. Assessors have relevant discipline expertise and familiarity with the program stage and expectations. Assessments include input from external examiners, with mandatory involvement in final-year exit examinations to provide additional assurance of standards.
Prompts	• How does the provider ensure assessors are suitably qualified, experienced and prepared for their assessment responsibilities? • How are internal assessors, clinical supervisors, external experts and external examiners selected, inducted and supported? • How does the provider promote consistency of assessment judgement across assessors and settings? • How are external experts and external examiners used to provide assurance of assessment standards? • How are external examiner findings, assessor feedback and assessment outcomes used to improve assessment practice?

Evidence that may demonstrate the criterion	
Core evidence	• Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors) • Staffing profile including qualifications, registration status, teaching and supervision responsibilities • External examiner reports
Additional evidence	• Assessor induction and training records • Assessment schedules showing assessor involvement • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Domain 6: Cultural responsiveness (Australia)

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

Overview of Standard: This standard ensures graduates are prepared to provide culturally responsive care for Aboriginal and Torres Strait Islander Peoples. It reflects principles of cultural responsiveness, anti-racism, respect for Country, and accountability to the priorities and lived and living experiences of Communities.

Focus areas:

- culturally responsive, safe and anti-racist learning and work environments for students and staff
- access to appropriate resources, expertise and personnel to support learning about culturally responsive care for Aboriginal and Torres Strait Islander Peoples
- ongoing and meaningful engagement with Aboriginal and Torres Strait Islander Communities to inform program design, delivery and improvement
- integration of Country- and Community-appropriate culturally responsive healthcare throughout curriculum, learning outcomes and assessment
- culturally responsive clinical placement experiences that support the development of culturally safe and anti-racist practice
- recruitment, admission, participation, retention and successful completion of the program by Aboriginal and Torres Strait Islander Peoples
- continuous reflection, improvement and accountability in advancing culturally responsive education and care.

Criterion 6.1 Staff and students work and learn in a culturally responsive, safe and anti-racist environment.

Explanation of criterion	The program must foster a culturally responsive, safe and anti-racist environment for staff and students. This includes learning environments across all settings where students and staff learn and work. Appropriate cultural safety training for academic and clinical staff is essential and should be role-specific where relevant. Programs must have

	mechanisms to address concerns, including processes for reporting and responding to racism. Appropriate cultural safety training for academic and clinical staff is essential to support a safe learning environment, through fostering understanding, reducing cultural bias, and promoting respectful interactions between educators and Aboriginal and Torres Strait Islander students.
Prompts for assessment	• How does the provider foster a culturally responsive, safe and anti-racist environment for staff and students across all learning and work settings? • How are cultural responsiveness, anti-racism and cultural safety principles embedded in policies, practices and organisational culture? • How are staff and students supported to develop cultural responsiveness capabilities throughout their involvement with the program? • What processes are in place to identify, report and respond to racism, discrimination or cultural safety concerns? • What evidence demonstrates that Aboriginal and Torres Strait Islander staff and students feel supported, respected and safe within the learning environment? • How are outcomes monitored and used to strengthen cultural responsiveness over time?
Evidence that may demonstrate the criterion	
Core evidence	• Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information) • Staffing profile including qualifications, registration status, teaching and supervision responsibilities
Additional evidence	• Cultural responsiveness, anti-racism or cultural safety policies • Cultural capability training records • Reporting and response processes for cultural safety concerns • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 6.2 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.

Explanation of criterion	Providers must ensure students and staff have access to appropriate resources and personnel with specialist cultural knowledge and capabilities relating to Aboriginal and Torres Strait Islander Peoples. This supports learning about culturally responsive care and enables Aboriginal and Torres Strait Islander perspectives to inform teaching and decision-making. This may include Aboriginal and Torres Strait Islander people with lived experience or allies with demonstrated capability. This approach provides students with positive role models, facilitates mentorship opportunities, and ensures that decision-making processes consider the perspectives and experiences of Aboriginal and Torres Strait Islander leaders.
Prompts for assessment	• How does the provider ensure access to personnel with appropriate cultural knowledge, expertise and capabilities? • How are Aboriginal and Torres Strait Islander perspectives, leadership and expertise incorporated into program delivery and decision-making? • How are staff supported to build their capability in culturally

	responsive care and education? • What resources are available to support learning about providing culturally responsive care for Aboriginal and Torres Strait Islander Peoples? • What evidence demonstrates that students and staff have meaningful access to these resources and expertise? • How does the provider review and strengthen capability and resourcing in this area over time?
Evidence that may demonstrate the criterion	
Core evidence	• Staffing profile including qualifications, registration status, teaching and supervision responsibilities
Additional evidence	• Evidence of Aboriginal and Torres Strait Islander leadership, educators, mentors or advisors • Cultural capability professional development records • Resource inventories and learning materials • Statement of guiding principles and educational philosophy for the program • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes

Criterion 6.3 The program provider continuously seeks input from Aboriginal and/or Torres Strait Islander Communities external to the provider into the design and implementation of the program.

Explanation of criterion	Education providers must demonstrate ongoing, respectful mechanisms for seeking and incorporating input from Aboriginal and/or Torres Strait Islander Communities external to the provider into program design and implementation. This may include structured consultation and collaboration with local Communities and organisations. Genuine engagement is evidenced by ongoing relationships and documented changes made in response to external feedback. Benefits of this approach include enhancing cultural pride, increasing engagement, and ensuring that educational materials align with the cultural context of Aboriginal and Torres Strait Islander students. Further, it respects Aboriginal and Torres Strait Islander knowledge systems, and builds trusting relationships between higher education institutions and Indigenous communities.
Prompts for assessment	• How does the education provider engage with Aboriginal and Torres Strait Islander Communities in the design, implementation and review of the program? • Are engagement approaches ongoing, respectful and responsive to Community priorities and perspectives? • How does the provider ensure Community input influences decision-making rather than being solely consultative? • What evidence demonstrates that Community feedback has informed program design, delivery or improvement? • How are partnerships and relationships with Communities maintained and evaluated over time? • How does the provider identify and respond to opportunities to strengthen Community engagement and influence?
Evidence that may demonstrate the criterion	

Core evidence	• Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes
Additional evidence	• Community engagement framework • Consultation records with Aboriginal and Torres Strait Islander Communities • Partnership agreements and advisory group documentation • Evidence of actions arising from Community feedback • Statement of guiding principles and educational philosophy for the program

Criterion 6.4 Delivery of Country- and Community-appropriate culturally responsive healthcare is scaffolded and integrated throughout the program, clearly articulated in learning outcomes, and assessed.

Explanation of criterion	The program must scaffold and integrate culturally responsive healthcare throughout the curriculum in a way that is appropriate to the Country on which the provider is located and the Communities it engages with. This must be clearly articulated in learning outcomes and assessed. Teaching should incorporate local knowledge and perspectives, so students understand Community needs and preferences. Assessment should evaluate both knowledge and the practical ability to adapt care to Country and Community context.
Prompts for assessment	• How are culturally responsive healthcare principles integrated throughout the curriculum, learning outcomes and assessment? • How does the program prepare students to understand and respond to the diverse needs, priorities and lived experiences of Aboriginal and Torres Strait Islander Peoples? • How are Country, Community and local contexts incorporated into learning experiences and assessment? • How does the provider evaluate whether students are developing culturally responsive healthcare capabilities throughout the program? • What evidence demonstrates that students can apply culturally responsive and anti-racist approaches in practice? • How is curriculum content reviewed and strengthened in collaboration with Aboriginal and Torres Strait Islander Peoples and Communities?
Evidence that may demonstrate the criterion	
Core evidence	• Curriculum mapping demonstrating alignment of program learning outcomes to the relevant Professional Competencies • Assessment blueprint or matrix demonstrating alignment of assessment to learning outcomes and Professional Competencies
Additional evidence	• Learning outcomes relating to cultural responsiveness • Assessment tasks and rubrics • Teaching materials and curriculum resources incorporating Community and Country perspectives • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience

Criterion 6.5 All students undertake culturally responsive clinical placements to provide culturally safe and anti-racist care for Aboriginal and Torres Strait Islander Peoples.

Explanation of criterion	Programs must ensure equitable access for all students to culturally responsive clinical placements aligned with Community needs and expectations. Placements should include mechanisms for Community-informed assessment and feedback. Programs must maintain ongoing relationships with placement providers and seek feedback to support continuous improvement. Completion of relevant preparation (including barrier assessments and pre-clinical learning) is recommended prior to students providing patient care.
Prompts for assessment	• How does the education provider ensure all students have access to culturally responsive clinical placement experiences? • How do placements support development of culturally safe, respectful and anti-racist clinical practice? • How are Aboriginal and Torres Strait Islander perspectives incorporated into placement learning and supervision? • How does the education provider monitor the quality, consistency and cultural responsiveness of placement experiences? • What evidence demonstrates that students are developing the capability to provide culturally responsive care in clinical settings? • How are placement feedback, outcomes and Community perspectives used to improve placement experiences over time?
Evidence that may demonstrate the criterion	
Core evidence	• Policies and procedures on student placement and supervision • Register of formal agreements with placement providers, supervisors, clinics, practices and health services • Sample student clinical logbooks, clinical portfolios or equivalent records of clinical experience
Additional evidence	• Placement evaluation reports • Community feedback on placements • Student reflections and placement assessments • Sample student timetables for each year of the program showing key learning activities, clinical education and clinical hours • Register of clinical supervisors, including qualifications, registration status and supervision responsibilities (including external supervisors)

Criterion 6.6 The program provider proactively promotes and supports the recruitment, admission, participation, retention and successful completion of the program by Aboriginal and Torres Strait Islander Peoples.

Explanation of criterion	Program providers must actively promote and support recruitment, admission, participation, retention and successful completion by Aboriginal and Torres Strait Islander Peoples. This includes creating supportive and inclusive environments to ensure equitable access and outcomes.
Prompts for assessment	• How does the provider promote and support recruitment, admission, participation, retention and successful completion by Aboriginal and Torres Strait Islander Peoples? • How are barriers to access, participation and success identified and addressed? • What support strategies are in place to assist Aboriginal and Torres Strait Islander students throughout their educational journey? • How does the provider monitor participation, progression, retention

	and completion outcomes? • What evidence demonstrates that recruitment, support and retention initiatives are effective? • How are outcomes, feedback and stakeholder input used to strengthen initiatives over time?
Evidence that may demonstrate the criterion	
Core evidence	• Admission and progression policies and procedures • Information provided to prospective and enrolled students (e.g. student handbook, course guide, program information)
Additional evidence	• Aboriginal and Torres Strait Islander recruitment and outreach initiatives • Retention and support strategies • Participation, progression and completion data • Evaluation of Aboriginal and Torres Strait Islander student outcomes • Overview of academic governance arrangements, including program quality assurance, review and continuous improvement processes • Staffing profile including qualifications, registration status, teaching and supervision responsibilities

Additional resources

The ADC publishes a range of references and materials to assist education providers, accreditation assessors, and other interested stakeholders to understand the ADC's approach to and processes by which dental practitioner programs are accredited. These include the following resources available from the ADC website:

- ADC/Dental Council (New Zealand) (DC(NZ)) Accreditation standards for dental practitioner programs.
- ADC Accreditation Guidelines for dental practitioner programs
- ADC accreditation manual for assessors – The manual provides guidance to assessors undertaking the evaluation of dental practitioner programs against the Accreditation Standards.
- Accreditation monitoring framework – The monitoring framework outlines a range of activities the ADC may undertake to ensure an accredited program continues to meet the Accreditation Standards.