

About respondent

Organisation	RMIT University
Name	Trish Newstead

Feedback on draft Accreditation standards

Do you consider that the draft Standards are at the threshold level required for public safety?
(Yes, no, partly, do not know)

Yes.
I believe they cover the essential considerations

Do you consider that the draft Standards are applicable across all types of education providers delivering accredited programs?
(Yes, no, partly, do not know)

Yes.
I think they need to be to maintain quality of training

Do you agree with the following specific proposals as incorporated in the draft Standards?

In New Zealand: A dedicated domain in the Standards on cultural competence for Māori and Pacific peoples, and its criteria (Domain 6a in the draft Standards).
(Yes, no, partly, do not know)

Yes.
Culturally appropriate requirement

In Australia: A dedicated domain in the Standards on cultural safety for Aboriginal and Torres Strait Islander Peoples and its criteria (Domain 6b in the draft Standards).
(Yes, no, partly, do not know)

Yes.
Other Health qualifications in Vocational Education incorporate cultural safety as part of their programs so this is consistent. In addition this is one of RMIT's key expectations of students and staff.

The introduction of a preamble explaining the purpose of the Standards and how they will be used.
(Yes, no, partly, do not know)

Yes.
Useful to provide context

An additional criterion requiring programs to ensure students understand the legal, ethical and professional responsibilities of a registered dental practitioner (criterion 1.8 in the draft Standards).
(Yes, no, partly, do not know)

Yes.
This is essential to ensure public safety

Amended criteria to require the involvement of dental consumers in accredited program design, management and quality improvement (criterion 2.2 in the draft Standards).
(Yes, no, partly, do not know)

Partly.
Accredited Programs in Vocational education eg Prosthetics are developed Nationally, external to the training organisations so we have no control over that. Other accredited Health programs at RMIT eg Enrolled Nursing do have consumer representation on the Industry Advisory Committee that provides input into program management and improvement.

For internal, external, professional and academic input into program design and development to be combined into one criterion (criterion 2.2 in the draft Standards).

(Yes, no, partly, do not know)

No.

This could create difficulties with logistics of gathering input from very different groups. Within RMIT there are very separate processes for each of the groups to provide input.

The revision of the criteria in Domain 2 – Academic governance and quality assurance to clarify that the focus of the Standards is at the program level.

(Yes, no, partly, do not know)

Yes.

More clarity of intent

A revised criterion regarding intra- and inter-professional education, replacing criterion 3.6 in the existing Standards.

(Yes, no, partly, do not know)

Yes.

This will provide clarity

Amendments to the domain on assessment, including changes to the standard statement and to the criteria underneath (Domain 5 in the draft Standards).

(Yes, no, partly, do not know)

Partly.

For Vocational Programs, which are nationally developed and accredited, the need to map the accredited program to the Dental standards seems like double handling. It is appropriate where courses are self accredited by individual Universities but seems like a duplication of effort when the Program is accredited by ASQA and answerable to it for meeting all of the Learning Outcomes. In addition, ASQA precludes the option of providers adding additional units or Learning Outcomes to the qualification. I think it would be more appropriate for Nationally accredited programs to be excluded from this requirement.

Additional comments

Are there any additional Standards that should be added?

(Yes, no, partly, do not know)

Do not know.

Seems sufficient

Are there any Standards that should be deleted or reworded?

(Yes, no, partly, do not know)

Partly.

6.3 A requirement for students to work with people of Aboriginal or Torres Strait Islander background can be very difficult to meet. Some clients will not disclose this information and the availability of clients for students in prosthetics is quite limited. RMIT students work in the clinic of the RDH, but have issues with seeing sufficient patients at all, for the required number of appointments per client, let alone ensuring every one of them sees a client from a specific racial group. This is highly desirable, but not possible.

Do you have any other comments on the Standards?

NO