Prompts for assessment

Assessing an education program against the ADC Accreditation Standards

Effective from 1 January 2021

Document Version Control

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Contents

About this document

The Australian Dental Council (ADC) has developed the *Prompts for assessment - Assessing an education program against the ADC Accreditation Standards,* (the Prompts) to assist education providers and assessors in evaluating whether a program meets the *ADC/Dental Council New Zealand) Accreditation Standards for Dental Practitioner Programs* (the Accreditation Standards).

The Prompts for assessment are a guide to assist education providers in responding to the Standards as part of the accreditation process. The Prompts can be used by providers to regularly review a program throughout a period of accreditation to ensure it continues to meet the Standards.

For assessors, the prompts serve as an aide in evaluating a provider's written self-assessment against the Standards and as areas to consider and explore during interviews with staff, students/trainees, graduates, and stakeholders involved with the accreditation process.

The Prompts are not a list of evidence or information that must be provided as part of the accreditation process. They are designed to prompt critical appraisal of the information and documentation supplied.

The outcomes focused approach used by the ADC in its accreditation processes do not prescribe an educational philosophy, a minimum number of hours or a number of cases or procedures that a student or trainee must undertake to achieve the required Professional competencies. It is for the provider to demonstrate to the ADC how the program as designed, delivered and resourced is producing a safe and competent graduate ready to practice safely within the Australian context.

In considering the Prompts, it is important to remember that not all points may be relevant to all providers or program types. There are many varying approaches to dental education, operating across a range of qualification types and within different educational contexts (e.g. Vocational education and training versus Higher education, public dental services versus education provider owned and operated clinics). The Prompts must be considered within this context to ensure a valid assessment of the program to meet the Accreditation Standards.

The ADC also produces a range of other tools and resources to assist providers and assessors in evaluating programs against the Standards. For a full list, please visit the ADC website www.adc.org.au or email accreditation@adc.org.au.

Domain 1: Public safety	
Standard statement: Public safety is assured.	
Criteria	**Questions to prompt assessment**
1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the program, clinical education and learning outcomes.	• Are the guiding principles and student learning outcomes clear? • Is there an appropriate emphasis in the guiding principles on: - protection of the public? - care of patients? • If not, what details are lacking? If details are lacking, are they reflected elsewhere in the documentation and information provided? • How is protection of the public and care of patients assured/provided for in the clinical training? • In what ways does the provider ensure its clinics are safe for students, staff and patients? • How are the clinics managed to ensure these principles are achieved? Are there any shortfalls in this approach? If so, how can they be addressed. • What are the arrangements in relation to e.g. staffing, supervision, equipment and is this explained in the documentation? Does this translate into practice?
1.2 Student impairment screening and management processes are effective.	• What are the provider's requirements for students in relation to immunisation and screening for infectious diseases? Are these clearly documented and are the processes followed? • Have these requirements been clearly described and made available to prospective students? • Is the provider compliant with the Dental Board of Australia's *Guidelines: Registered health practitioners and students in relation to blood-borne viruses*? • What mechanisms are in place to deal with impaired students e.g. in relation to drugs, alcohol, mental illness, other impairments? Are these mechanisms/processes effective? What processes are in place for students in the event of a sharp's injury?

Domain 1: Public safety

Standard statement: Public safety is assured.

Criteria	Questions to prompt assessment
1.3 Students achieve the relevant competencies before providing patient care as part of the program.	• Does the curriculum sequencing ensure that students are able to develop relevant competencies prior to providing patient care? Do students understand the limitations and risks of the treatment to be provided? Can they explain these risks/limitations to patients/carers? • Is simulation used to assess the readiness of students to provide patient care? How? Is this preparation reflective of the expectations in clinic? • Are there barrier assessments or requirements that students must pass prior to providing patient care? Where are these outlined? • What are the mechanisms for determining student competence, prior to providing patient care? • Is there an induction to clinical practice? Is this appropriately timed? Does this occur for each placement/rotation? • How does the provider evaluate readiness to introduce new techniques/procedures/skills sets into clinical practice?
1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	• Has a staffing profile been provided that includes the registration status, teaching and supervision responsibilities? • Do staff have the necessary qualifications and experience for the roles that they are employed in? How is this determined? • How does the provider ensure that supervisors/mentors of students during outplacements/rotations are suitably qualified? • What agreements or requirements are in place to determine whether someone is appropriately qualified to supervise students? • Is there a staff credentialling process in place? How does it operate? Is it effective?

Domain 1: Public safety

Standard statement: Public safety is assured.

Criteria	Questions to prompt assessment
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.	• What agreements are in place between dental school clinics/health services/dental practices and the education provider regarding clinical placements? • How does the provider ensure that quality and safety policies are in place and adhered? How are external parties made aware of these policies to ensure compliance? • Are there clear protocols covering the following for all clinics in which students undertake training: - infection prevention and control - medical emergencies - eligibility of patients for treatment - dental records - informed consent, including financial consent - development, approval and review of patient treatment plans - referrals - technical laboratory support - waste management - radiation protection and safety - occupational health and safety - incident reporting and management, including near misses - auditing of patient care - complaints processes?

Domain 1: Public safety	
Standard statement: Public safety is assured.	
Criteria	**Questions to prompt assessment**
	• Are clinics subject to auditing/accreditation (e.g. accreditation under the National Safety and Quality Health Service (NSQHS) Standards)? Are clinics compliant?
	• What is the approach to quality improvement within the clinical setting? How is this reflected in the care policies and processes?
	• Is patient feedback used to improve the quality of care provided? How?
1.6 Patients consent to care by students.	• Do students receive instruction in obtaining informed consent from patients?
	• Are relevant consent forms for the procedures being undertaken available? Are forms stored appropriately once completed?
	• Have examples of the consent forms used available for review? Does it clearly identify that students will provide care?
	• Are students clearly identifiable by patients?
	• What instruction is provided to students regarding alternate decision makers? E.g. parents/guardians, individuals with cognitive/development disability?
	• What arrangements are in place at outpatient locations to ensure patients consent to care by students?
1.7 Students understand the legal, ethical, and professional responsibilities of a registered dental practitioner.	• Does the program develop students' understanding of the importance of adherence to principles of professional and ethical behaviour?
	• Is this reflected in the learning outcomes? How is it assessed?
	• Are students aware of their obligations as they relate to:
	- *Dental Board of Australia - Code of conduct*
	- Mandatory notifications

Domain 1: Public safety

Standard statement: Public safety is assured.

Criteria	Questions to prompt assessment
	- Poisons regulations
	- Radiation licensing and use
	• - Registration requirements such as professional indemnity insurance, English language, advertising
1.8 The program provider holds students and staff to high levels of ethical and professional conduct.	• How are the expectations regarding ethical and professional conduct communicated to staff and students?
	• Have policies or guidelines been implemented regarding ethical and professional behaviour?
	• What is the process for staff or students that have been found to have breached rules or guidelines in regard to conduct?
	• Are protocols/policies relating to bullying and harassment implemented when issues are raised? Are they effective?
	• In what ways could these processes or policies improve?
1.9 All students are registered with the relevant regulatory authority/ies.	• Has the provider included evidence of student registration in the submission?
	• What is the process for student registration? Is it followed?
	• For international students undertaking specialist training, what is the process for ensuring registration as a dentist, including limited registration?

Domain 2: Academic governance and quality assurance

Standard statement 2: Academic governance and quality assurance processes are effective.

Criteria	Questions to prompt assessment
2.1 Academic governance arrangements are in place for the program and include systematic monitoring, review and improvement.	• Has a clear overview of formal academic governance structures been provided for the program? Does it ensure appropriate oversight of the program? Are there gaps? • Are policies and procedures relevant to the program approved by an appropriate board/committee/individual? Are they subject to regular review and are they being followed? Are they consistent with the type of program offered? • Has evidence been provided demonstrating that committee's function e.g. meeting minutes/actions and do these contribute to the program achieving its stated objectives? • Have accreditation conditions been imposed on the program previously and satisfied within the required timeframes? if not, was there an acceptable explanation?
2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the program's design, management, and quality improvement.	• What is the school's overall approach to quality improvement? • Are the quality improvement processes comprehensive? For instance, do they include: - student evaluation of subjects, curriculum, academic staff, part-time tutors input - staff evaluation of students - peer review of teaching - external examiners' reports - course experience questionnaires - patient or dental consumer feedback - evaluation from graduates e.g. how well prepared are they? - evaluation from employers?

Domain 2: Academic governance and quality assurance	
Standard statement 2: Academic governance and quality assurance processes are effective.	
Criteria	**Questions to prompt assessment**
	• Is there evidence of professional peer evaluation of the content of the program? Has feedback provided been implemented? Why/why not?
	• Have recommendations from internal and external program reviews been considered? What actions are being taken in response to these reviews?
	• What student evaluation is undertaken and how is this feedback used to improve the program? Is there evidence to support any claims made?
	• How does the provider continually evaluate its own methods? What deficiencies does the approach have?
	• What opportunities exist for external input to the program through:
	- External examiner reports
	- Clinical supervisors (non-staff)
	- Peer review
	- Dental consumers (including patients)
	- external stakeholder representation on committees?
	• Are representatives of the dental profession able to provide input to the program's design and management? How?
	• Are dental consumers (including patients) able to provide feedback on student readiness to practice? How? Are dental consumers represented on committees or part of program review processes? What support or guidance is available to consumers to ensure meaningful input into the process?
	• Is there evidence demonstrating that external input has been considered in changes to the program's design or management?

Domain 2: Academic governance and quality assurance	
Standard statement 2: Academic governance and quality assurance processes are effective.	
Criteria	**Questions to prompt assessment**
	How does the education provider interact with and maintain functional relationships with the dental profession and its organisations?
2.3 Mechanisms exist for responding within the curriculum to contemporary developments in clinical practice and health professional education.	• How does the provider demonstrate its awareness of and commitment to continuous improvement? • How are contemporary changes identified? • What process does the education provider use for considering changes to courses? Are examples provided of how the provider has responded to contemporary developments?

Domain 3: Program of study

Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.

Criteria	Questions to prompt assessment
3.1 A coherent educational philosophy informs the program's design and delivery.	• What is the school's educational philosophy for the program? Is it clearly defined and coherent? Are any details lacking? • Has evidence been provided showing where and how the educational philosophy is articulated and enacted within the program? • Is the educational philosophy reflected in the design of the curriculum and assessment strategies utilised?
3.2 Program learning outcomes address all the required professional competencies.	• Has the provider mapped the learning outcomes to the relevant professional competencies? Is the mapping clear? • Are all competencies addressed? Are there any deficiencies/gaps? • Are the learning outcomes appropriate to address the competencies? Why or why not? • Is the mapping to the competencies appropriate for the stage/level of the program? Do students have the knowledge/skills needed to achieve the learning outcome and how does that impact on students achieving the competencies? • Does the mapping demonstrate that students will be able to develop the required competencies prior to graduation? Why/Why not?
3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.	• What is the quantity of clinical education across the program? Is this sufficient to produce a competent graduate? Why? • How does the provider ensure the quality of student clinical experience? Why this approach? Can the provider identify if there are issues with the quality of the experience? How? • Have clinical logbooks/portfolios/case summaries been provided for a range of years and range of student abilities? What does this show about the readiness of students?

Domain 3: Program of study

Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.

Criteria	Questions to prompt assessment
	• Does the range of experience documented provide the opportunities needed to develop the required professional competencies?
	• Is there sufficient access to the range of patients/cases required to enable students to demonstrate they are competent prior to graduation?
	• Are there any shortages of any clinical procedures that students would require/need to demonstrate they are safe and competent? If yes, what are the details? Are there plans to address any deficiencies?
	• Has the provider demonstrated that they are able to accommodate the timetabled hours given the number of students and resources available (dental chairs, teaching staff, equipment and clinical outplacement opportunities)?
	• Do all students have access to the same or similar experiences throughout the program? How is this monitored?
	• How does the provider ensure that students are prepared to work across a range of settings (i.e. public verses private practice, metropolitan, regional and remote settings?)
	• Are settings outside of the traditional clinical environment part of the program? Are these appropriate?
3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.	• How are topics within the curriculum co-ordinated and integrated both horizontally and vertically throughout the program?
	• Does the sequencing enable students to build on knowledge and skills as they progress? Why or why not? What impact does this have on enabling students to develop the required competencies?
	• Is there evidence of different learning and teaching methods used and are they appropriate for the relevant topics/areas/skills taught?

Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.

Criteria	Questions to prompt assessment
	• Are any changes in the curriculum planned? Over what timeframe? Are there any significant changes? What impact is expected as a result of these changes? How does this relate to the response provided to Standard 2 – Academic governance and Quality Assurance?
3.5 Graduates are competent in research literacy for the level and type of the program.	• How is research literacy incorporated in the curriculum? Is it appropriate for the level/type of program? • What level of research literacy should be expected of graduates from this type of program? Is this achieved? • Can the program demonstrate that graduates have the knowledge and skills required to incorporate new/evolving evidence into clinical practice? How are students taught to evaluate the quality of the information presented to make informed decisions regarding care of patients and treatment options?
3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.	• How do students interact with other health profession students through the course? Is this observational on interprofessional practice? Why? How does it relate to students achieving the required learning outcomes? • Are students' experiences of the management of patients in a general hospital, local community health programs etc. adequate for the program and the expected learning outcomes? • In what ways could experiences be strengthened? • Are students involved in collaborative practise, including treatment planning with dental and other health practitioners? In what ways could this be strengthened or enhanced? • Do students understand the roles and responsibilities of other members of the dental team?

Domain 3: Program of study

Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.

Criteria	Questions to prompt assessment
3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.	• Does the staffing profile provided include the teaching and supervision responsibilities of staff? • Do the staff and clinical supervisors have the qualifications and sufficient experience for their teaching responsibilities? Does the staffing profile adequately cover all the required disciplines for the program? • Are there any gaps or deficiencies in the staffing profile? What is being done to address any weakness over the short and longer term? • How does the provider ensure that staff maintain the currency of knowledge and skills required to continue to deliver the program?
3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	• Do the clinics provide adequate oral health care in a setting conducive to education and research? How does the program do this? Are there any deficiencies? • How does the design, size and general state of buildings, classrooms, clinics, and laboratories allow the provider to achieve its clinical and educational objectives? • What library and computer facilities are available? e.g. what types of electronic materials and methods of information retrieval are available? • What role do hospital facilities and equipment play in assisting the provider to achieve its clinical and educational objectives? • What outplacement facilities are used in the program (including number of chairs in each clinic)? How do they contribute to the program achieving its clinical and educational objectives? • Have copies of the policies and procedures on student placement and supervision been provided? • What facilities are available for teaching and learning e.g. lecture theatres, tutorial rooms, laboratories, clinical facilities, number of dental units?

Domain 3: Program of study	
Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.	
Criteria	**Questions to prompt assessment**
	• What formal agreements exist between the education provider and the agency engaged in teaching and supervision of students in any outplacement settings?
	• Have areas been identified where physical facilities and equipment need to be improved in order to enhance the program?
	Is there evidence of planned capital expenditure, maintenance and technical support in future budgets?
3.9 Cultural safety is articulated clearly, integrated in the program and assessed, with graduates equipped to provide care to diverse groups and populations.	• Where in the curriculum is cultural safety articulated? Does the provider define what is meant by cultural safety and why it is important?
	• How does the provider determine if students have developed a knowledge of, respect for and sensitivity towards the cultural needs and background of the communities they serve?
	• Does this include those from culturally and linguistically diverse backgrounds? Do students have exposure to diverse groups within the community? How is this determined?
	• Do clinical placements provide a diversity of experiences? How is the program preparing students to provide safe care for groups such as:
	- refugees and asylum seekers
	- homeless peoples
	- gender diverse members of the community
	- those from non-English speaking backgrounds.
	- individuals with disability
	- residents of aged care facilities
	- rural and remote locations

Domain 3: Program of study	
Standard statement 3: Program design, delivery and resourcing enable students to achieve the required professional competencies.	
Criteria	**Questions to prompt assessment**
	• What actions are taken if culturally safe care is not being provided? Who is responsible?
3.10 The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.	• In what ways do the resources available enable students enrolled in the program to achieve the necessary professional competencies?
	• What evidence has been provided that there are adequate continuing financial resources to allow the objectives of the program to be achieved?
	• What provisions have been made for the purchase and replacement of teaching resources and equipment? In what ways does the school's strategic plan, business plan and budget allow the objectives of its programs to be achieved?
	• What opportunities does the school provide for professional development of staff? e.g. Is there a staff development program that covers all staff?
	• Is there succession planning in place for key roles within the program?
3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.	• What formal agreements exist between the provider and the agency engaged in teaching and supervision of students in any outplacement settings?
	• How is quality of external facilities monitored to ensure that students continue to receive quality clinical training to achieve the relevant professional competencies?
	• Are staff employed by external agencies provided with sufficient information to supervise and assess students? How can this be evaluated?
	• Are dispute resolution processes in place to address any issues identified? Are they effective?

Domain 4: The student experience

Standard statement 4: Students are provided with equitable and timely access to information and support.

Criteria	Questions to prompt assessment
4.1 Course information is clear and accessible.	• Is the course guide comprehensive? e.g. Does it include: - the name of course co-ordinators, aims and objectives of subjects, topics covered, contact hours for lectures, laboratories, tutorials, clinics etc. assessment processes, required texts and manuals, recommended reading? - the 'service' departments involved in contributing to teaching, including staff within those departments responsible for course presentation - any elective courses - key contact details or source details? • Are students made aware of this information? Is this easily accessible? • Is the information provided consistent with the program rules as approved by the academic governance structures? Are students made aware of all fees and costs associated with the program?
4.2 Admission and progression requirements and processes are fair and transparent.	• What is the admissions process? e.g. Does it cover: - pre-requisites - year entry quotas - categories and numbers of applicants (e.g., Australian, HELP, Australian fee-paying, lateral entry, international students) - special schemes for Aboriginal and Torres Strait Islander Peoples or disadvantaged groups - bridging programs • Is the approach to recognition of prior learning outlined?

Domain 4: The student experience

Standard statement 4: Students are provided with equitable and timely access to information and support.

Criteria	Questions to prompt assessment
	• How is the admissions process administered? Is this consistent with course information provided to prospective students? • How are students advised of the criteria for progression through each year of the program? • Are the progression requirements outlined consistent with provider policies and processes as described?
4.3 Students have access to effective grievance and appeals processes.	• What appeals processes are in place? • What mechanisms are in place to consider grievances from students? Are they adequate? • What evidence has been provided that these policies are effective? Have appeals or grievances been lodged? If so, what action was taken?

4.4 The program provider identifies and provides support to meet the academic learning needs of students.	• What type of support programs are available for students? e.g. In relation to:
	   - remedial support e.g. study skills
	   - language support programs
	
	 • How are students that required such support identified?
	
	 • Are there any mentorship or role modelling schemes available? How do they support students?

4.5 Students are informed of and have access to personal support services provided by qualified personnel.	• What health services are available for students? How are students informed of these services? Can students access these services? • Are services available to assist students to maintain their emotional health and wellbeing? • What financial aid or support is available for students? • What mechanisms are in place to ensure early contact for students with stress management and prevention and awareness of high-risk behaviour and symptoms of impairment?

Domain 4: The student experience

Standard statement 4: Students are provided with equitable and timely access to information and support.

Criteria	Questions to prompt assessment
	• Do students in the program have access to the same range of services as other students with the provider?
	• How is support provided to students on placement or when away from the main campus?
4.6 Students are represented within the deliberative and decision making processes for the program.	• What is the nature of student representation on committees? Is it adequate? If places are available on relevant committees do students take up these places?
	• How does the education provider encourage students to join and participate in student and professional organisations? Is this adequate?
	• What mechanisms are available for students to comment on their program and teaching staff? Are they sufficient? Are there any deficiencies?
4.7 Equity and diversity principles are observed and promoted in the student experience.	• What examples have been provided that policies on equity and diversity have been implemented and are monitored?
	• How does the school ensure students are protected from discrimination? Are policies in place? Is bullying covered by these policies?
	Are principles of equity and diversity included in graduate competencies? If so how can the provider demonstrate that students have achieved these competencies?

Domain 5: Assessment

Standard statement 5: Assessment is fair, valid and reliable to ensure graduates are competent to practise.

Criteria	Questions to prompt assessment
5.1 There is a clear relationship between learning outcomes and assessment strategies.	• What methods of assessment are used in the program? • What are the relationships or links between the assessment processes and the program's objectives and teaching approaches? • Is the relationship between the assessments and learning outcomes appropriate? Why/why not? • How do the assessments used in the program demonstrate that the learning outcomes have been achieved? Is this adequate to determine that a graduate from the program is competent to practise? • Are assessment policies and/or processes clearly documented? Are policies/processes followed? How is this measured or determined?
5.2 All required professional competencies are mapped to learning outcomes and are assessed.	• Has an assessment matrix/blueprint been provided? • Do assessments cover all expected professional competencies for the division of registration? Are there any gaps? How does the matrix/blueprint demonstrate this? • Are the methods of assessment robust? Are they appropriate for the competency assessed? What impact does this have on determining whether a student is prepared for practise? • Are the assessments used appropriate for the level and type of program?
5.3 Multiple assessment methods are used including direct observation in the clinical setting.	• In what ways are the program's systems of formative and summative assessment valid and reliable? Are there any deficiencies? • Do the range of assessments allow for high and low performing students to be identified? • How are students assessed as competent in the clinical setting? Are marking rubrics used to assess clinical competence? Have these been provided?

Domain 5: Assessment

Standard statement 5: Assessment is fair, valid and reliable to ensure graduates are competent to practise.

Criteria	Questions to prompt assessment
	• If a logbook is used, have examples been provided? Is there consistency in the use of logbooks between clinical tutors/supervisors?
5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.	• Who is responsible for developing the assessments used in the program? Are assessments reviewed/quality assured? How is this process undertaken? • Are there formal policies on assessment moderation/marking? Are these policies effective? Why/why not? • How are markers calibrated to ensure consistency of assessment? Are staff provided with training or instruction? When does this occur? • How are students assessed during outplacements? What instructions, training and ongoing support is provided for external supervisors regarding the program's assessment policies? • What are the progression rates, withdrawals, deferrals and failures across cohorts over the past three years? What does this indicate about the system of assessment used in the program? • What feedback is provided to students? Is the feedback moderated? • Are examples of feedback provided to students available? How can students use the feedback to develop their knowledge and skills and continue to learn? • What arrangements exist for redemption/supplementary exams? • Are there special arrangements in place for repeating students?
5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.	• Which staff are responsible for assessing students? Do staff receive training or guidance on assessment implementation and development? • What about during external rotations/placements?

Domain 5: Assessment

Standard statement 5: Assessment is fair, valid and reliable to ensure graduates are competent to practise.

Criteria	Questions to prompt assessment
	• Is there a register or list of external examiners/experts? What is the process for identifying external examiners? What qualifications or experience are required?
	• Are external examiners incorporated into final year assessments? How? What training or instruction is provided?
	• Is the use of external experts consistent with policies/processes as documented by the provider?
	• Are external examiner reports available?

Domain 6: Cultural safety

Standard statement 6: The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.

6.1	There is external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.	*Prompts for Standard 6 – Cultural safety, are under development in consultation with Aboriginal and Torres Strait Islander health leaders, the ADC and education providers.*
6.2	The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander Peoples.	
6.3	Cultural safety is integrated throughout the program and clearly articulated in required learning outcomes.	
6.4	Clinical experiences provide students with experience of providing culturally safe care for Aboriginal and Torres Strait Islander Peoples.	
6.5	The program provider ensures students are provided with access to appropriate resources, and to staff with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Aboriginal and Torres Strait Islander health.	
6.6	Staff and students work and learn in a culturally safe environment.	