



Australian Dental Council report of an evaluation of La Trobe University Bachelor of Dental Science (Honours)

28-29 April 2026

Executive summary

Program provider	La Trobe University
Program/qualification name	Bachelor of Dental Science (Honours)
Program/qualification abbreviation	BDS (Hons)
Program/qualification code	HZHSDD
Head office address, including State	La Trobe University, Bundoora, VIC, 3086 AUSTRALIA
Campus	La Trobe Rural Health School, Bendigo
Program length	5 Years
Registration division	Dentist
Registration specialty	NA
Qualification type	HE
Australian Qualifications Framework level	8
Accreditation standards version	Accreditation standards for dental practitioner programs (Approved August 2020)
Date of site evaluation	28 - 29 April 2026
Date of ADC decision	24 July 2026
Type of accreditation	Reaccreditation
Accreditation start date	1 January 2027
Accreditation end date	31 December 2033

Background

La Trobe University's Bachelor of Health Sciences in Dentistry/Master of Dentistry program was visited by the Australian Dental Council (ADC) in 2012 at which time the program was accredited until 31 December 2019 without conditions.

La Trobe University advised the ADC in October 2018 of planned changes to the program, which the ADC determined constituted the introduction of a new program.

In 2019 the ADC reviewed the Bachelor of Health Sciences in Dentistry/Master of Dentistry program for reaccreditation and the Bachelor of Dental Science (Hons) for initial accreditation simultaneously. Both programs were accredited without conditions until 31 December 2026.

La Trobe University completed teach out of the Bachelor of Health Sciences in Dentistry/Master of Dentistry program and the first cohort of students in the Bachelor of Dental Science (Hons) commenced in 2020.

In December 2024, La Trobe University advised the ADC of the planned opening of a new teaching facility for dentistry and oral health students in July 2025 for the commencement of Semester 2.

La Trobe University advised the ADC in January 2025 of an unexpected increase in student enrolments for that year for the Bachelor of Dental Science (Honours) program due to an administrative error. A site visit was undertaken to review the impact of the additional students and visit the new facilities. Following this visit two conditions and a monitoring requirement were imposed. Condition 1 remained outstanding and was reviewed and assessed during this site visit.

Overview of evaluation

An ADC Accreditation Team (AT) conducted a site visit on 28-29 April 2026. The AT reviewed the submission prepared by the school against the Accreditation Standards, appendices and additional information requested following the AT's teleconferences.

The AT interviewed a range of individuals, including:

- Dean
- Head of department
- Discipline lead
- Program coordinators
- Pre-clinical supervisors
- Placement coordinators
- Academic staff
- Clinical services coordinators and clinical supervisors
- Professional staff
- Director, Admissions and Scholarships
- Local area Health Authority
- Current students and recent graduates
- Student support team
- Learning, teaching and assessment committee
- Research coordinators
- Health service delivery partners
- Employers and representatives of professional associations

The AT toured the new Clinical Teaching Building (CTB) in Arnold Street, Bendigo, Bendigo Health and Melton Health Hub placement clinics.

The findings of this report are based on the AT's assessment of the material outlined above and interview evidence.

Key findings

The AT were impressed with the new pre-clinical teaching facilities which consists of an 82-chair simulation clinic and 16-chair student on student clinic. This represents a significant investment in infrastructure and equipment dedicated to the education of dental practitioners to support the development and retention of the rural health workforce. This is a priority program for the Rural Health School and is well supported with sufficient resourcing for the growing cohort of students. Stakeholders provided positive feedback regarding the quality and functionality of the new preclinical facilities, including improved audio-visual capability and simulation environments that support contemporary teaching approaches. The School is encouraged to embed digital workflow capacity (including scanning, milling and advanced imaging) into the curriculum as a priority to ensure appropriate student exposure and that investment translates into learning outcomes.

The AT commend the University for its focus on the recruitment of rural and regional students and understands that the School aims for 80% of student intake to come from rural and regional areas through a targeted Victorian Tertiary Admissions Centre pathway; the current proportion is 70%. The University has also implemented strong recruitment and retention strategies for Aboriginal and Torres Strait Islander students, with current enrolments sitting at just under 2% and an expressed goal of achieving parity.

The depth and diversity of current placement opportunities was noted by many stakeholders and a key strength of the program. However, clinical placement capacity remains a key risk as larger cohorts progress into Years 3–5. All Year 3 placements currently occur with Bendigo Health, where there is limited capacity to absorb the growing student placement requirements. While the School is exploring efficiencies and additional options, forward planning beyond the immediate year was described as less certain, and some stakeholders noted that placements for later years are not yet secured. Proposals for Year 3 also include telehealth-enabled examination models to support triage and prioritisation, improve access, and strengthen learning in assessment environments. The AT heard other strategies to increase placement opportunities, including outreach to residential aged care facilities as well as amendments to Year 5 placement tenures. Further evidence is required to demonstrate that placement availability and chair/educator capacity can sustainably support peak cohort levels without impacting student learning, and the safety of staff, students and patients.

Clinical assessment processes were described as evolving, with discussion of changes in terminology and approach to clinical skills tracking and the challenges of maintaining consistency across a high-rotation educator workforce. Some difficulty in tracking procedure-specific readiness and identifying gaps, particularly in Year 3, and challenges in ensuring educators are calibrated to assessment rubrics were noted. The School is required to provide clear evidence of how clinical competence, safety to practise and progression decisions are determined, monitored and moderated across cohorts and sites.

Workforce recruitment and retention remain challenging, particularly in attracting suitably qualified clinicians with a reliance on part-time and casual educators. Stakeholders described frequent day-to-day rostering adjustments to maintain supervision, and occasional cancellation of preclinical sessions due to educator shortages. Further assurance is required that educator numbers, induction and calibration processes, and contingency arrangements are sufficient to maintain safe student-to-educator ratios and consistent teaching and assessment as student numbers increase. The School is encouraged to ensure the scope of practice and clinical capability of educators is sufficient to support student learning and supervise students across a broad range of complexity and procedures.

Student feedback is gathered through multiple mechanisms, including surveys, cohort drop-in sessions, and student representation on course advisory committees, with plans to strengthen engagement through structured listening circles. Face to face learning was indicated as a preference from staff and students particularly as an opportunity for engagement, assessment of understanding and content delivery. The impact of Artificial Intelligence (AI) has been acknowledged and the School has communicated clear guidelines and expectations to stakeholders.

Aboriginal and Torres Strait Islander student participation is increasing, supported by proactive recruitment, the RISE program and ongoing initiatives in the Rural Health School. While the importance of Aboriginal and Torres Strait Islander input to the program was acknowledged, there was no active Aboriginal and Torres Strait Islander representation on the Course Advisory Committee.

ADC's accreditation decision

The ADC has determined that La Trobe University's Bachelor of Dental Science (Honours) program is reaccredited for a period of seven years from **1 January 2027 to 31 December 2033** subject to meeting the following conditions:

1. To fully meet Standard 3 – Program of Study, the School is required to provide evidence by **20 August 2026** demonstrating how it monitors each student's patient experiences, including the range, volume and type of procedures undertaken, to ensure students have equitable access to sufficient clinical experiences to achieve the required competencies.
2. To fully meet Standard 3 – Program of Study, Standard 4 – Student Experience and Standard 5 – Assessment, the School is required to provide evidence by **20 August 2026** demonstrating how it will ensure sufficient clinical educator staffing, including contingencies for planned and unplanned absences, to maintain safe supervision and prevent cancellation of simulation laboratories and patient clinics.
3. To fully meet Standard 1 – Public Safety, Standard 3 – Program of Study and Standard 5 – Assessment, the School is required to provide evidence by **20 August 2026** that clear processes are in place for the induction, onboarding, calibration and ongoing support of clinical educators, to ensure they are adequately prepared for their teaching, supervision and assessment responsibilities.
4. To fully meet Standard 6 Cultural Safety, the School is required provide evidence by **30 October 2026** showing external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.
5. To fully meet Standard 3 – Program of Study the School is required to provide evidence by **30 October 2026** of a plan for sufficient placements for Year 3 and Year 4 students for 2028. This should include a timeline for agreements to be completed.
6. To fully meet Standard 1 – Public Safety, Standard 3 – Program of Study and Standard 4 – Student Experience, the School is required to provide evidence by **30 June 2027** demonstrating that student load planning is aligned with clinical placement availability, chair and educator capacity, and safe supervision. Evidence should include confirmed Year 3–5 placement model(s) for peak cohorts, including Bendigo Health capacity and any additional sites.

In addition, the following monitoring requirements are imposed on the Bachelor of Dental Science (Honours) program:

1. a. The School is required to provide evidence by **26 August 2026** confirming that student-to-educator ratios and clinical placement capacity was sufficient for the teaching period 13 July 2026 to 7 August 2026, including:
 - (i) rostered educator numbers against planned ratios across preclinical and clinical sessions,
 - (ii) any cancelled sessions and mitigation action

- b. The School is required to provide evidence by **25 May 2027** confirming that student-to-educator ratios and clinical placement capacity was sufficient for the teaching period 12 April 2027 to 7 May 2027, including:
- (i) rostered educator numbers against planned ratios across preclinical and clinical sessions,
 - (ii) any cancelled sessions and mitigation actions
2. The School is required to provide evidence by **30 June 2027** of sufficient placements for Year 3 and 4 students in 2028 including signed agreements.
3. The School is required to provide a plan by **30 June 2028** for sufficient Year 5 student placements for 2029.