

Australian Dental Council report of an evaluation of University of Melbourne's Doctor of Dental Surgery program

November 2025

[Updated July 2026]

Executive summary

Program provider	The University of Melbourne
Program/qualification name	Doctor of Dental Surgery
Program/qualification abbreviation	DDS
Program/qualification code	MC-DDENSUR
Head office address, including State	720 Swanston Street, Melbourne VIC 3010
Campus	Melbourne Dental School
Program length	4 Years
Registration division	Dentist
Registration specialty	NA
Qualification type	HE
Australian Qualifications Framework level	9
Accreditation standards version	Accreditation standards for dental practitioner programs (Approved August 2020)
Date of site evaluation	17 November 2025
Date of ADC decision	11 December 2025
Type of accreditation	Targeted monitoring
Accreditation start date	1 January 2024
Accreditation end date	31 December 2030

Background

The University of Melbourne's Doctor of Dental Surgery (DDS) program commenced in January 2011. This four-year, graduate-entry program prepares students for registration with the Dental Board of Australia (DBA) as general dental practitioners. The first cohort graduated in December 2014.

In May 2018, Melbourne Dental School (MDS) notified the ADC of a proposed major restructure to the DDS program, scheduled for implementation in 2019. The ADC Accreditation Committee deemed the restructure a major change and conducted a limited paper-based review against Standard 3 – Program of Study, Standard 4 – Student Experience, and Standard 5 – Assessment. The ADC accepted the changes and maintained accreditation until 31 December 2023.

A full reaccreditation review was conducted in July 2023. At the time of the site visit, the planned curriculum changes had not yet been implemented, with commencement scheduled for early 2024. The Accreditation Team (AT) noted that ongoing monitoring would be required to evaluate the design, delivery, and implementation of the revised curriculum—particularly in relation to cultural safety, change management and communications, and resourcing.

As a result, six conditions and three monitoring requirements were placed on the program, including a monitoring visit to assess the implementation of the new curriculum. This visit was scheduled to occur before the first cohort of DDS2 students entered the clinic in 2025, to ensure compliance with Standard 1 – Public Safety, Standard 3 – Program of Study, Standard 5 – Assessment, and Standard 6 – Cultural Safety.

A monitoring visit was undertaken in February 2025 to assess the implementation of the new curriculum. During the visit, the AT heard that the DDS program had experienced several significant changes, including leadership transitions and an increase in student intake for 2025. While resources were deemed adequate, the AT noted concerns about cost reallocations and the need for evidence that simulation equipment, clinic facilities, and staffing will remain sufficient. Commendations were given for strengthened ties with RDHM and improvements to learning spaces, though maintenance issues persist. The new timetabling system showed promise but required further refinement, particularly in staff rostering.

Despite progress, the AT observed ongoing fragmentation in the program's educational philosophy and assessment strategy. Key curriculum content remained incomplete, and staff orientation had lapsed due to turnover. The AT recommended a coordinated approach to staff training and clearer communication around assessment policies. While efforts to foster interprofessional collaboration and global best practices were underway, external input, including from Aboriginal and Torres Strait Islander communities, was lacking. The AT urged the School to ensure cultural safety through proactive measures and inclusive training for all staff. As a result of the monitoring visit, three additional conditions were imposed on the program.

On 20 August 2025, under the ADC's Concerns about accredited programs policy, a concern was received about the 2026 academic calendar. The issues raised with the new calendar include risks to student learning progression, delays in clinical skill development, disruption to continuity of patient care in teaching clinics, and consistent assessment processes. There were also concerns raised that these critical decisions had been made with insufficient input from dental academic staff, risking misalignment with professional and accreditation standards. The ADC's Accreditation Committee determined that a targeted monitoring review be undertaken in the form of a site visit to assess the Bachelor of Oral Health (BOH) and DDS programs against Standard 1 – Public Safety, Standard 3 – Program of Study, Standard 5 – Assessment which was scheduled for 17 November 2025.

Reports for two conditions previously imposed in the program in relation to external input into the design and management of the program and external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples, one of which had been unmet for an extended period, were due on 29 October 2025. The Accreditation Committee expressed concerns that the program was not meeting the requirement and decided that a targeted monitoring review would be conducted, allowing the AT to identify and examine any obstacles to effectively seeking external input. This was incorporated into the targeted monitoring review scheduled for November 17, 2025, to avoid duplication, and both reviews are the subject of this report.

Overview of evaluation

An ADC AT conducted a site visit to the University of Melbourne's MDS campus on 17 November 2025. The AT reviewed the School's response to the concern raised and additional information requested following the AT's teleconference held in November 2025.

During the visit the AT interviewed a range of individuals, including:

- Head of School
- Program directors
- School Leadership
- Academic staff
- Clinical supervisors
- Current students
- Timetable transformation team

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

Key findings

The evidence considered by the AT as part of the targeted review for the University of Melbourne's DDS program revealed a complex landscape shaped by many changes. The AT were pleased to learn that the recently appointed Head of School has commenced and anticipate that this will bring the necessary improvements to the DDS program. This targeted review did not identify any concerns in relation to the BOH program.

The review of the 2026 academic calendar was initiated by the School with the intention to provide clear, documented processes and communication, reduce scheduling changes and align with university and government policies. The review was also in response to reported concerns from students about assessment timing, as the redesign of the DDS2 curriculum in 2025 led to scheduling of objective structured clinical examination (OSCE) assessments during the student mid-semester break. While the AT noted the efforts to improve including work to enhance documentation, the pace and management of change sometimes exceeded the capacity to consult, plan, and implement effectively.

Consultation and communication around the 2026 academic calendar changes were widely regarded as insufficient with inadequate opportunity to consider the proposal prior to providing feedback, and feedback that was provided was not always considered or addressed. Decisions were reportedly made according to governing principles that were developed in line with university policy and government legislation, however these principles were not brought to the attention of those providing feedback during the consultation stage. The AT heard of a strong desire for more transparency and confidence that feedback would genuinely shape final outcomes.

The AT found there will be significant effects in 2026 resulting from the reduction in teaching weeks for DDS2 and the adoption of more condensed schedules. While some adjustments were viewed as manageable, concerns emerged regarding potential negative impacts on clinical skills development, student confidence, placement agreements, and the overall quality of education.

Concerns were raised that if the approved 2026 calendar is implemented, students will be underprepared for clinical practice due to reduced hands-on experience and last-minute changes to schedules. Additionally, maintaining consistent, high-quality supervision and educational standards is considered a significant challenge. Equity concerns included inconsistent access to clinical chairs and challenges arising from a new student leave policy, which could affect students' ability to make up time in an already compacted curriculum. Issues were noted regarding the timing of forced closure for public holidays, the spacing of exams, and the impact that condensed schedules may have on both learning outcomes and staff and student wellbeing.

Difficulties in recruiting and retaining experienced staff, particularly in the context of increased student numbers and budget constraints, were highlighted. These workforce challenges threaten the ability to maintain appropriate supervision ratios, which are vital for both educational quality and patient safety. The shift from casual to ongoing staff appointments, and delays in issuing contracts, are causing uncertainty as staff are preparing for 2026, but some contracts are still pending.

Infrastructure and resource concerns were also noted. Simulation chairs were reported as unreliable, and the increase in student numbers in years one and two in 2026 will place additional pressure on facilities. The School must provide evidence showing that simulation chairs are adequate to support the achievement of learning outcomes, including that the number of simulation chairs is adequate for the number of students, especially year one and two in 2026 and the reliability of simulation chairs has been reviewed and measures taken where necessary to ensure equipment is functional.

Implementation of the approved 2026 calendar will result in reduced teaching weeks and condensed schedules, which may limit opportunities for students to apply what they have learned. Increased student numbers and limited placement availability creates additional scheduling challenges. One rural rotation in DDS4 will be shortened to three weeks, interrupted by a 4-week break, raising concerns about compliance with placement agreements and continuity of patient care. There are also concerns about inadequate rural placements, the loss of a placement site, and the absence of coordinated relationships with local community clinics. Better management of rural student placements is needed, and it is recommended that the School review the travel and accommodation arrangements for rural placement as while outside the scope of this targeted review, if not addressed may pose a risk to student safety. The School must provide evidence that the 2026 academic calendar and timetabling have been reviewed and amended where necessary to ensure minimal disruptions to patient treatment, that students receive adequate clinical experience, compliance with any requirements to ensure placement funding such as Dental Training Expanding Rural Placement Program (DTERP), and any contractual arrangements with placement providers are met.

Regarding external input into the design and management of the program, an External Advisory Committee (EAC) (sometimes referred to as an External Advisory Group) was formed and met in March 2023. In December 2023 following reaccreditation a condition was applied to the program to ensure the external input continued as planned, including the frequency of meetings, key activities and how the group had input into the design and management of the program. The School subsequently advised that the EAC had disbanded after its first meeting. The need for external input into the design and management of the program has been reiterated to the School four times, including most recently in August 2025, however it has not been addressed. The School has since advised of its intention to re-establish the EAC, however there have been ongoing challenges due to disagreements over the purpose and terms of reference, frequent School leadership changes, and a lack of DDS program specific input to the Committee making decisions about the formation of the EAC. External input is urgently required from stakeholders external to the program in any format it can be sought, regardless of whether the EAC is reestablished, to ensure the program continues to meet the accreditation standard.

A strong commitment across the School to embed Aboriginal and Torres Strait Islander perspectives, support student participation and integrate cultural safety into learning outcomes was evident. While the importance of external input from Aboriginal and Torres Strait Islander Peoples, particularly through advisory groups, was recognised there was no active EAC providing input into the program, and there have been challenges reestablishing the group as detailed above. As a result, there is no formal mechanism for regular external input from Aboriginal and Torres Strait Islander communities, highlighting the ongoing need for commitment by the School to seek meaningful input from Aboriginal and Torres Strait Islander Peoples.

Internal communication issues are evident across all aspects of this targeted review. The inconsistent communication between the School management and academic staff and students, and the lack of transparency and inclusivity in decision-making, particularly concerning the academic calendar and external input onto the program, pose ongoing and substantial risks to the program. The School must provide evidence that a transparent and inclusive communication plan that actively engages staff across all levels has been developed and implemented to address disengagement and foster a culture of collaboration and shared decision-making.

ADC's accreditation decision

The ADC has determined that the University of Melbourne's Doctor of Dental Surgery program remains accredited until **31 December 2030** subject to meeting the two outstanding conditions below (Conditions 1 and 5), and three additional conditions (Conditions 2, 3, and 4). Please note the wording of Condition 1 has been updated to align with other programs within the School.

- 1 To fully meet Standard 2 – Academic governance and quality assurance, the School must provide evidence by **25 February 2026** to demonstrate that dental consumers (including patients), external academic and professional peers are actively engaged in the design, management, and quality improvement of the DDS program through structured and documented mechanisms.

The ADC has determined that this Condition has been met.

- 2 To fully meet Standard 3 – Program of study, the School must provide evidence by **23 January 2026** that simulation chairs are adequate to support the achievement of learning outcomes, including:
 - a. the number of simulation chairs is adequate for the number of students, especially year one and two in 2026. Evidence can include timetables showing allocation, and planned learning activities.
 - b. the reliability of simulation chairs has been reviewed and measures taken where necessary to ensure equipment is functional.

The ADC has determined that this Condition has been met.

- 3 To fully meet Standard 1 – Patient safety and Standard 3 – Program of study, the School must provide evidence by **23 January 2026** that the 2026 academic calendar and timetabling have been reviewed and amended where necessary to ensure:
 - a. minimal disruptions to patient treatment
 - b. students receive adequate simulation and clinical exposure
 - c. compliance with any requirements to ensure placement funding such as DTERP
 - d. any contractual arrangements with placement providers are met.

The ADC has determined that this Condition has been met.

- 4 To fully meet Standard 2 – Academic governance and quality assurance, the School must provide evidence by **25 February 2026** that a transparent and inclusive communication plan that actively engages staff across all levels has been developed and implemented to address disengagement and foster a culture of collaboration and shared decision-making.

The ADC has determined that this Condition has been met.

- 5** To fully meet Standard 6 Cultural Safety, the School must provide evidence by **1 April 2026** showing external input into the design and management of the program from Aboriginal and Torres Strait Islander Peoples.

The ADC has determined that this Condition has been met.

The following outstanding Monitoring requirements on the program remain imposed:

- 2** The provider is requested to provide an update as part of its 2024, 2025, and 2026 Annual report on the roll-out of the new curriculum as it is being implemented for each year level.

The ADC has determined that this Monitoring requirement has been met.

- 3** The School is required to provide evidence as part of its 2026, 2027 and 2028 Annual Report showing how the program will cater for the increase in student numbers, including a detailed risk management plan.
- 4** The School is required to provide a report describing the changes implemented as part of the Timetable Transformation project and the outcomes and effectiveness of these changes. The report can also include comments from staff and anonymous student surveys evaluating the effectiveness. The School is to submit the report by **16 January 2026**.

The ADC has determined that this Monitoring requirement has been met.

The ADC reserves the right to undertake a targeted monitoring visit in 2026 to assess the programs adherence to the accreditation standards, including progress made in addressing the conditions and monitoring requirements.