



Australian Dental Council report of an evaluation of The University of Sydney's Doctor of Dental Medicine program

May 2026

Site visit and evaluation by ADC Accreditation Team

Site visit conducted

25 May 2026

Accreditation Team

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Program provider

The University of Sydney	School of Dentistry The University of Sydney 1 Mons Road Westmead NSW 2145
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1. Executive summary

Program provider	The University of Sydney
Program/qualification name	Doctor of Dental Medicine
Program/qualification abbreviation	DMD
Program/qualification code	MADNTLMD1000
Head office address, including State	1 Mons Road, Westmead NSW 2145
Campus	Westmead Centre for Oral Health / Sydney Dental Hospital
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	25 May 2026
Date of ADC decision	24 July 2026
Type of accreditation	Targeted monitoring review
Accreditation start date	1 January 2025
Accreditation end date	31 December 2031

Background

The University of Sydney's Doctor of Dental Medicine (DMD) program was last reviewed by the Australian Dental Council in August 2024 as part of a reaccreditation process. The program was reaccredited for a period of seven years, subject to three conditions, which have since been met.

The Australian Dental Council received concerns regarding the program under the Concerns about accredited programs policy. An initial concern was received on 20 December 2025, followed by further information received on 13 February 2026 and 10 March 2026.

Following consideration of the concerns, the ADC determined that a targeted monitoring review of the program, including a site visit, should be undertaken. The review was undertaken against the following Accreditation standards for dental practitioner programs:

- Standard 1 – Public Safety
- Standard 3 – Program of Study
- Standard 4 – The student experience
- Standard 5 – Assessment

Medical emergency training was excluded from the scope of the review, having been previously addressed. All other matters raised in the concerns were included within the scope of the targeted monitoring review.

The targeted monitoring review, including a site visit, was undertaken on 25 May 2026.

Overview of evaluation

An Accreditation Team (AT) reviewed the School of Dentistry's submission and various appendices against the Accreditation Standards. The AT requested additional information and clarification prior to the visit following its teleconference held on 13 May 2026.

A site visit was undertaken on 25 May 2026 at the School of Dentistry. Interviews were held with the following participants:

- Interim Head of School and Dean
- Dean, Faculty of Medicine and Health
- Program Director
- Academic Staff
- Clinical supervisors
- Professional staff/Student support
- Current students
- Recent graduates
- DMD3/4 committee
- Local Area Health Authority

Key findings

The AT found that the provider has established systems and processes intended to support clinical delivery, supervision, assessment, and program governance. The targeted monitoring visit identified inconsistency in the implementation of these arrangements across clinical sites and cohorts in areas relevant to the concerns, which limits assurance of consistent high-quality delivery of clinical education and support across the program. Targeted quality improvement focused on strengthening assurance of equivalence of clinical learning and assessment experiences across sites should be undertaken by the School.

The AT found evidence of differences in clinical learning experiences across sites, including access to suitable patient care, local workflow, and the availability of suitably qualified supervisors. The intention is a structured clinical delivery model, including a paired-student approach and mitigation strategies for managing complex procedures. However, differences in site-level implementation and local operational constraints affect the extent to which students access consistent clinical exposure and complete procedures within the planned clinical framework.

Evidence indicates that supervision arrangements are in place, including defined ratios and escalation pathways. However, inconsistencies were identified in timely access to appropriately qualified supervision and access to relevant expertise across sites and sessions. This variability limits assurance that supervision is consistently sufficient to support safe patient care and student learning across all clinical settings.

Differences in patient allocation and triage arrangements across sites, influenced by partner site processes, was evident. Constraints were identified in reallocating patients once assigned, which may impact the suitability of patient experience for student learning and the equivalence of clinical opportunities across sites.

In relation to assessment, the provider has implemented a centralised system for recording clinical performance and feedback. However, there are concerns regarding the accuracy, reliability, and interpretation of assessment data recorded within the system, resulting in reduced confidence in the assessment platform. This limits assurance that assessment information consistently provides a valid and reliable basis for supporting student learning and progression decisions.

The provider has established governance structures and mechanisms to obtain stakeholder and student feedback. However, there is an inconsistency in how these processes are implemented, including limited visibility of how decisions and actions are documented, monitored, and communicated to students. This limits assurance that governance and quality improvement processes operate consistently and effectively across the program.

Notwithstanding the variability identified, evidence indicates that students are generally considered to achieve the expected level of competence on completion of the program. The AT also noted favourably the broad positive view from Local Health Districts regarding graduates' professionalism and competence.

Overall, the targeted monitoring visit identified variability and implementation gaps in relation to consistency of supervision and escalation arrangements, effectiveness and transparency of governance and feedback processes, equivalence of clinical learning environments across sites, consistency of clinical supervisor preparation and calibration, and the accuracy and reliability of assessment information recorded within

the assessment system. The School must provide evidence to address these deficiencies to ensure the program's ability to fully meet the Standards.

ADC's accreditation decision

The ADC has determined that The University of Sydney's Doctor of Dental Medicine program remain accredited until 31 December 2031, subject to the following conditions:

1. To fully meet Standard 1 – Public Safety, the School is required to provide evidence by **2 October 2026** demonstrating that students have access to appropriately qualified supervisors across all clinical sites and sessions. Evidence should include how supervisors' scope of practice aligns with the clinical activities they oversee, and what pathways are in place for timely access to suitable supervision where procedures fall outside this scope.
2. To fully meet Standard 2 – Academic Governance and Quality Assurance, the School is required to provide evidence by **2 October 2026** demonstrating how academic governance processes are implemented through regular and consistent meetings with staff and students. This should include meeting minutes that capture discussions, decisions and actions with timelines, and processes to monitor and communicate outcomes in a timely manner across the program.
3. To fully meet Standard 2 – Academic Governance and Quality Assurance, the School is required to provide evidence by **2 October 2026** demonstrating how stakeholder and student feedback is implemented in the continuous quality improvement of the program. This should include meeting minutes that capture feedback, decisions and actions, and processes to communicate outcomes related to clinical practice.
4. To fully meet Standard 3 – Program of Study, the School is required to provide evidence by **2 October 2026** demonstrating how it assures equivalence of clinical learning across all sites. This should include how variation in facilities, resources, and workflow is monitored, managed, addressed, and communicated to students.
5. To fully meet Standard 3 – Program of Study and Standard 5 – Assessment, the School is required to provide evidence by **2 October 2026** demonstrating how it ensures consistency in clinical supervision, assessment and feedback practices. This should include evidence that all clinical supervisors are appropriately trained and calibrated across sites, including details of training requirements and ongoing support and professional development activities.
6. To fully meet Standard 5 – Assessment, the School is required to provide evidence by **2 October 2026** demonstrating how it assures that clinical assessment data is recorded accurately, reliably, consistently and in a timely manner within the assessment system. This should include processes for validating and correcting records, providing clear guidance on the interpretation of assessment information, and actions taken to address student confidence in the system and its use in progression decisions.

To fully meet Standard 3 – Program of Study, the School is required to provide evidence by **2 October 2026** demonstrating that the paired clinical model provides students with clinical experience equivalent to the previous model, including adequate clinical hours, exposure to a broad range of procedures, and achievement of clinical requirements.