

# ADC's protocol to monitor the impacts on accredited programs of the COVID-19 pandemic

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## Document Version Control

Rev	Description	Originator	Reviewed	Approved	Date
1	Initial approval	Mark Ford	Narelle Mills	ADC/DC(NZ) Accreditation Committee	22.03.2020
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## 1. Purpose of this document

- 1.1 This document outlines the monitoring protocol that the Australian Dental Council (ADC) has put in place during the COVID-19 pandemic. This document will be updated as the situation changes.
- 1.2 This document is intended to inform stakeholders of the steps taken by the ADC to accredit and monitor programs.
- 1.3 The ADC accredits programs against the *ADC/Dental Council (New Zealand) Accreditation Standards for Dental Practitioners*. The ADC is assigned this accreditation function by the Dental Board of Australia (DBA) in accordance with the *Health Practitioner Regulation National Law Act 2009 (the National Law)*. The National Law requires the ADC to monitor the programs that it accredits to ensure programs continue to meet the Accreditation Standards. The purpose of accreditation under the National Law is to protect the public by ensuring that programs produce competent practitioners that are prepared to practice safely and ethically. This has not changed as a result of the pandemic.
- 1.4 The pandemic has limited how the ADC can undertake this function, however the ADC still expects programs to meet the Standards. The assessment of how a program demonstrates this will necessarily change and is outlined below.
- 1.5 The impact of the COVID-19 pandemic necessitates that the ADC reviews how it continues to monitor accredited programs during this period. The ADC has postponed all site visits scheduled to be undertaken before 30 September 2020 and as annual reports are a point-in-time assessment of changes over the period of a year, they will not be an appropriate tool for the ADC to ensure **ALL** programs continue to meet the Standards during these extraordinary times.
- 1.6 Site visits and annual reporting alone will not enable the ADC to monitor accredited programs given the changing nature of the pandemic and its impact on programs and providers.
- 1.7 This document outlines the approach the ADC is taking during this time to ensure programs continue to meet the Accreditation Standards.

## 2. Principles guiding accreditation decisions

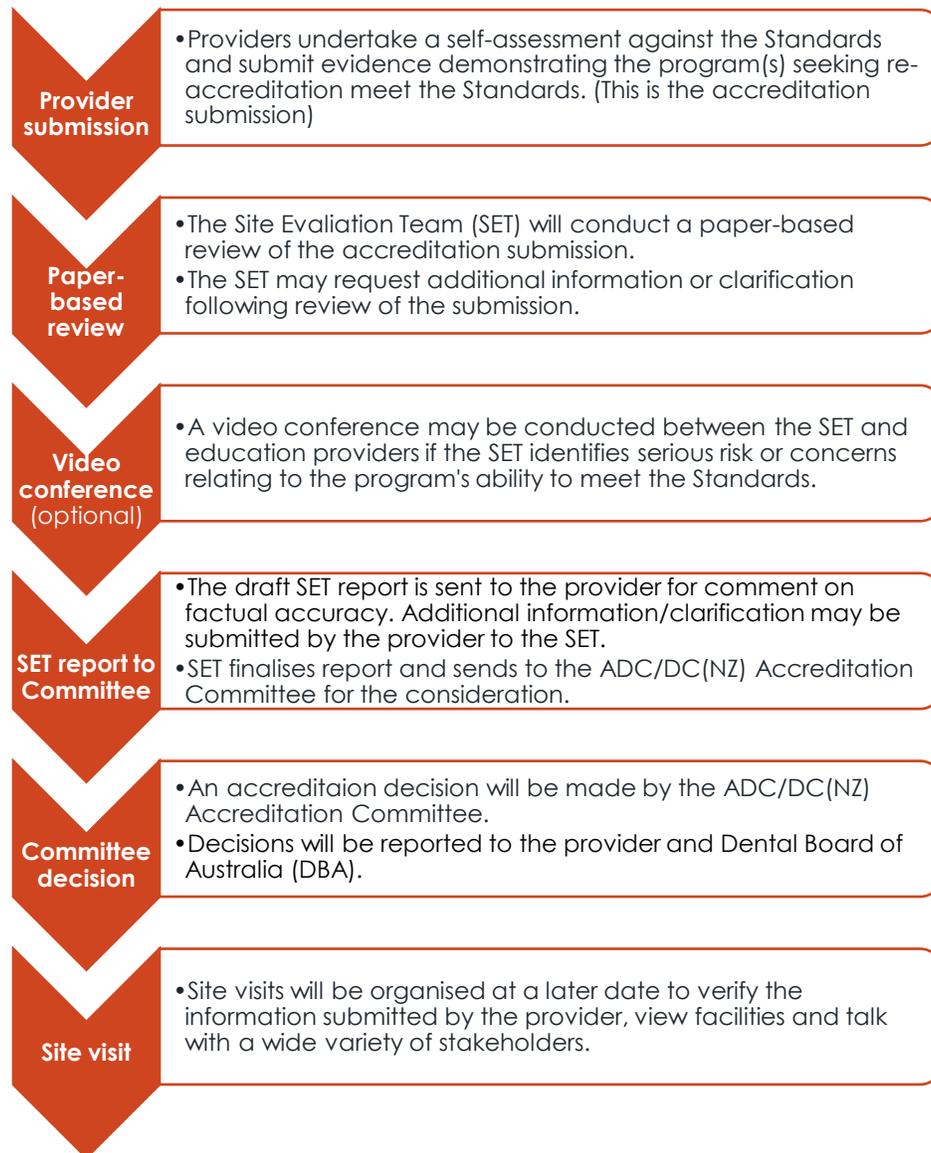
- 2.1 During the period since the first iteration of this Protocol, the ADC has worked with all education providers delivering an accredited dental practitioner program to develop and publish *COVID-19 dental practitioner program accreditation principles*. These are available on the ADC website [here](#).
- 2.2 The endorsed principles are consistent with the initial principles guiding accreditation decisions in version 1 of this Protocol.

### 3. Accreditation policy and processes

- 3.1 As at Monday, 16 March 2020, the ADC suspended all domestic and international travel for staff, assessors, and Committee members until further notice.
- 3.2 This has necessitated postponing all scheduled site visits to education providers in 2020.
- 3.3 The ADC Secretariat has advised education providers and assessors of these decisions and alternate ways to review programs will be discussed with affected programs.
- 3.4 In version 1 of this protocol, the ADC advised that it was unable to undertake reviews of new programs at this time. The ADC is now accepting applications from providers seeking to have new programs accredited. The ADC will work with providers regarding timeframes and undertake reviews in accordance with the re-accreditation process outlined in section 4 of this protocol.

### 4. Re-accreditation process for 2020

- 4.1 Due to the evolving situation, changes are necessary to the re-accreditation process for 2020. These changes are required to ensure the ADC continues to deliver on its obligations as the appointed Accreditation Authority for the dental professions.
- 4.2 The revised re-accreditation process is outlined in **Figure 1**.
- 4.3 Changes to how the ADC will monitor accredited programs to ensure they continue to meet the Standards, including the annual reporting process, are detailed in sections 5 and 6 of this protocol.



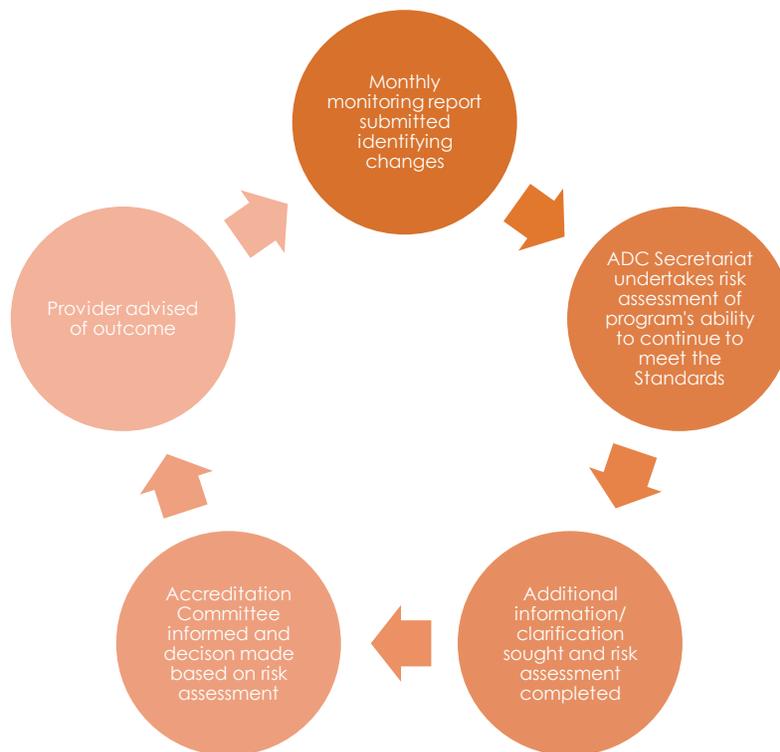
**Figure 1. Re-accreditation process for 2020**

- 4.4 Site visits will be undertaken when it is determined that it is safe to do so. These visits will be organised in consultation with education providers.
- 4.5 Providers will be assessed against the Accreditation Standards against which they have undertaken their self-assessment. This means that a provider that undertakes a self-assessment against the current Accreditation Standards, will be assessed against these Accreditation Standards at the time of the site visit.
- 4.6 Providers will not be required to provide any additional information prior to the site visit. Providers can choose to provide an update prior to the visit being undertaken if they so wish.

- 4.7 The ADC reserves the right to extend a program's accreditation if the ADC is satisfied that the program continues to meet the Standards.
- 4.8 Providers will be advised of any accreditation decision made.

## 5. Monitoring accredited programs

- 5.1 Accredited programs are required to continue to meet the Accreditation Standards for the period for which they are accredited. This has not changed and applies to **ALL** accredited programs.
- 5.2 The evolving nature of the COVID-19 pandemic has required the ADC to review existing monitoring processes to ensure these remain appropriate in the current context. An explanation of these changes and why they have been implemented for the duration of the COVID-19 pandemic is included at **Appendix 1**.
- 5.3 Given the impact that the COVID-19 pandemic has had, the ADC has imposed a monitoring requirement on ALL accredited programs with enrolled students/trainees for the duration of the pandemic.
- 5.4 This monitoring requires providers to submit a **monthly** report to the ADC. To assist providers, a notification of changes form has been provided. The form enables the ADC to capture information in a systematic way and asks providers to regularly self-assess whether their program(s) continue to meet the Standards.
- 5.5 The form uses an exception-based reporting approach. The update is expected to encompass the impact on all accredited dental practitioner programs that a provider offers (i.e. one report per provider irrespective of the number of programs offered).
- 5.6 This will enable the ADC to assess quickly and proportionately the effect of the pandemic on programs and their ongoing ability to meet the Standards.
- 5.7 The flow chart shown at **Figure 2** provides an overview of the monitoring requirement and how this process operates.
- 5.8 The aim is to ensure providers can complete this monitoring process quickly.
- 5.9 There are other tools available to the ADC under the ADC Monitoring framework along with the ADC Concerns about accredited programs, which the ADC reserves the right to use when and as appropriate during this pandemic.



**Figure 2. Monitoring process implemented for COVID-19 pandemic**

5.10 Given the evolving circumstances, the ADC has made changes to the annual reporting process for 2020. These changes, including a brief rationale, are outlined in the following section.

## 6. Annual reports

- 6.1 The ADC has determined that providers are **NOT** required to submit annual reports in 2020.
- 6.2 Changes to curriculum and assessments are already being reported to the ADC and are captured as part of the COVID-19 monthly reporting requirement. The ADC will consider the changes made to accredited programs based on these reports, seeking clarification if and when required.
- 6.3 The ADC will still require some data to be captured that would otherwise be included within the annual reporting process (i.e. such as student numbers) as this data assists with longer term trend analysis.
- 6.4 The ADC endeavours to minimise any impact this data collection has on providers and to be proportionate to any risks identified. To ensure this process is as easy for providers to complete as possible, a modification will be made to the monthly reporting template for the September 2020 reporting period only.

- 6.5 The modified template will be circulated at the start of September 2020 and will ask providers to report on student numbers and request specific updates on the actions being taken to support and assess final year cohorts. This is to ensure that only students who demonstrate competence to practice ethically and safely will graduate.

## Appendix 1 – Rationale for changes made to the accreditation process in response to the COVID-19 pandemic

7.1 The ADC [Accreditation monitoring framework](#) advises:

'To enable the ongoing monitoring of all accredited programs the ADC will undertake a range of monitoring activities which may include, but are not limited to the following:

- Compulsory notification of major changes
- Annual reports
- Education data
- Graduate outcomes
- Website and publication monitoring
- Monitoring examination
- Stakeholder engagement
- Monitoring review
- Thematic reviews'

Given the rapidly changing situation, major changes are occurring quickly to accredited programs. The major change process as is currently outlined is no longer appropriate.

7.2 As advised in the monitoring framework and expanded upon within the [Accreditation Guidelines](#) (refer sections 7.4 and 7.5) providers are required to advise the ADC of major changes to accredited programs, preferably with 12 months advance notice.

7.3 The following is an excerpt from the Accreditation Guidelines:

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### **7.4 Reporting major changes to programs**

Education providers must inform the ADC/DC(NZ) of major changes to an accredited program so that the impact on the ongoing compliance of the program with the Accreditation Standards can be assessed by the ADC/DC(NZ) Accreditation Committee.

Except in the case of unforeseen contingencies, the ADC/DC(NZ) expect to be informed prospectively of proposed major changes, **at least 12 months in advance** of the intended introduction, so that a process of review can be initiated well in advance of the proposed commencement of the changes.

*A major change to a program is one that, prima facie, actually or potentially affects compliance with any relevant accreditation standard for the program.*

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7.4 Examples of a major changes are provided in the Accreditation Guidelines. Given the current impact of COVID-19, the following may be examples of major changes to be notified to the ADC:

- changes to the mode of delivery or participation (this could be a partial or complete shift to online learning)
- significant changes to program length (months or years)
- significant changes to staffing profile (as may occur if several staff are unwell or unable to participate in program delivery due to requirements to isolate)
- discontinuation of part of a course (which includes suspension of clinics or limitation of clinical experiences such that the learning outcomes can no longer be achieved or assessed).

7.5 When a major change is identified, the Accreditation Guidelines require an assessment of the impact of changes to programs. The Accreditation Guidelines state:

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### **7.5 Assessment of the impact of changes to programs**

The assessment of the impact of any changes will be undertaken with reference to the ADC/DC(NZ) Accreditation Standards for Dental Practitioner Programs.

The process of review of a major change involves the following steps:

1. A notice of intent and/or an annual report or other report of an actual or proposed change is received by the ADC/DC(NZ) from the education provider.
2. A determination by the ADC/DC(NZ) Accreditation Committee whether:
  - a. based on the information provided the change can be incorporated within the current status and period of accreditation, or
  - b. whether a limited review, with or without a site visit, is required, with assessment against designated Accreditation Standards, or
  - c. if the change has a potential impact that requires a full re-accreditation review, including a site visit, or
  - d. if the change is of such a nature that it constitutes a proposal for a new program and the education provider should therefore seek initial accreditation of the program.
3. In cases of a full or limited review, an evaluation of the major change is undertaken by an assessor or a SET, and the ADC/DC(NZ) Accreditation Committee considers a review report on the change.
4. As appropriate, decision by the ADC Board/DC(NZ) on accreditation following consideration of the Accreditation Committee's recommendation.

The provider will be informed of the ADC/DC(NZ) decision regarding the major change, including any additional requirements of the provider arising from the decision.

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7.6 Major changes are now occurring rapidly to accredited programs and consideration must be given to how decisions regarding any reported changes

are to be actioned in a timely manner for the ADC to continue to fulfil its accreditation function.

- 7.7 Based on the current time period taken to undertake major change assessments, which can be up to three months, this process will be ineffective in the current environment and will add a significant burden to education providers that are already under significant pressure.
- 7.8 Accreditation decisions need to be timely and proportionate as the COVID-19 pandemic evolves.
- 7.9 In the circumstances, the ADC has delegated these *initial decisions* regarding program changes to the ADC Secretariat to expedite the process. The ADC Secretariat is positioned to be able to undertake regular risk assessments of all accredited programs' continued ability to meet the Standards.
- 7.10 The ADC Secretariat has access to the panel of assessors from the register as appropriate to inform risk assessments and fast track reporting to the Committee. This will ensure oversight of accredited programs is maintained with the required agility at this time.
- 7.11 This revised monitoring process allows flexibility at the point at which the ADC requests information, taking into account the impact on providers as they continue to deal with uncertainty.