ADC accreditation guidelines for dental practitioner programs

Effective 29 January 2021

Document Version Control

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Contents

1. Purpose

The Australian Dental Council (ADC) publishes the *ADC accreditation guidelines for dental practitioner programs* (the Guidelines) to assist education providers that are seeking accreditation (or re-accreditation) of their education and training programs.

The Guidelines outline the process the ADC follows to accredit a dental practitioner program. The Guidelines also outline how the ADC monitors a program of study to ensure it continues to meet the *ADC/Dental Council (New Zealand) (DC(NZ)) Accreditation standards for dental practitioner programs* (effective from 1 January 2021) (the Accreditation Standards) throughout the period of its accreditation.

These Guidelines should be read in conjunction with the Accreditation Standards.

2. Current documents and information

The current version of the Guidelines and the related materials referred to in this document should be used. They are available at: http://www.adc.org.au or by contacting the ADC's office.

The ADC publishes a range of references and materials to assist education providers, accreditation assessors, and other interested stakeholders to understand the ADC's approach to and processes by which dental practitioner programs are accredited.

These include the following resources available from the ADC website:

ADC/Dental Council (New Zealand) (DC(NZ)) Accreditation standards for dental practitioner programs – For a program to be accredited, it must meet the Accreditation Standards.

ADC prompts for assessment – the prompts aim to assist education providers and assessors in evaluating whether a program meets the Accreditation Standards.

ADC/DC(NZ) accreditation manual for assessors – The manual provides guidance to assessors undertaking the evaluation of dental practitioner programs against the Accreditation Standards.

Accreditation monitoring framework – The monitoring framework outlines a range of activities the ADC may undertake to ensure an accredited program continues to meet the Accreditation Standards.

ADC/DC(NZ) guidelines for the review of specialist dental practitioner programs – These guidelines provide advise specific to the accreditation of specialist dental programs.

3. Further information

For further information or if you have queries related to these Guidelines please contact:

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Law Courts Victoria 8010
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4. Overview of program accreditation

4.1   Accreditation

Accreditation is the status granted by the ADC to education and training programs that meet, and continue to meet, the Accreditation Standards.

If the ADC has accredited a program, it signifies that it is expected to provide graduating students with the knowledge, skills, and professional competencies necessary to be registered in Australia and practise safely.

Graduation from a program of study accredited by the ADC and approved by the regulator for the dental professions, the Dental Board of Australia (DBA), enables graduates to apply for registration to practice dentistry in Australia.

Programs seeking to be accredited must demonstrate they meet the Accreditation Standards. The Accreditation Standards are endorsed by the ADC and approved DBA - pursuant to the *Health Practitioner Regulation National Law Act 2009* (National Law). The Accreditation Standards are used to assess all dental practitioner programs intended to enable graduates to apply for registration in Australia.

The Accreditation Standards apply to education and training programs leading to registration in all divisions of dentistry recognised in Australia. This includes programs leading to registration in one of the 13 dental specialties recognised in Australia and programs leading to endorsement of registration. The only area of practise recognised by the DBA for endorsement of registration is in the practise area of conscious sedation.

In 2019 and 2020, the ADC, in conjunction with the DC(NZ) revised the Accreditation Standards. The revised Accreditation Standards came into effect from 1 January 2021.

Further information is available from http://www.adc.org.au.

4.2   Structure of the program Accreditation Standards

The Standards comprise six Domains:

1. Public safety
2. Academic governance and quality assurance
3. Program of study
4. The student experience
5. Assessment
6. Cultural safety

These are supported by a standard statement that articulates the key purpose of the Domain.

Each standard statement is supported by multiple Criteria. The Criteria are indicators that set out what is expected of an ADC accredited program to meet each standard statement. **The Criteria are not sub-standards that will be individually assessed**. When assessing a program, the ADC will have regard for whether each Criteria is met but will take an on-balance view of whether the evidence presented by a provider demonstrates clearly that a particular Standard is met.

New programs and established programs are assessed against the same Accreditation Standards, although the assessment may be varied according to the circumstances of the program and the provider**.**

4.3   Accreditation considers professional competencies

For a program to be accredited by the ADC, the program must demonstrate that graduates have achieved the professional competencies relevant to the division of registration.

The ADC, in consultation with the dental professions, publishes the professional competencies for each division of general registration recognised in Australia. These documents outline what is expected of a new graduate to practise safely and include:

- *Professional competencies of the newly qualified dentist*
- *Professional competencies of the newly qualified dental hygienist, dental therapist and oral health therapist*
- *Professional competencies of the newly qualified dental prosthetist*

The DBA, in conjunction with the DC(NZ), published Entry-level competencies for dental specialties in 2016. The competencies expected of a newly graduated specialist are outlined for each different specialty recognised in Australia. The DBA also publishes Entry-Level competencies for conscious sedation endorsement.

The Accreditation Standards explicitly require education providers to map program learning outcomes and assessments to the relevant Professional Competencies by way of demonstrating a program's effectiveness in providing graduates with the professional competencies needed to practise. In this way the Professional Competencies are the key differentiator between different types of dental programs. The current Professional Competencies statements are published at http://www.adc.org.au and www.dentalboard.gov.au.

4.4   Function and composition of the Accreditation Committee

The Accreditation Committee is comprised of individuals with backgrounds in dental academia, the dental profession, the community, and a student representative.

It is a Committee of the ADC which makes recommendations to the ADC Board of Directors on matters within the scope of its terms of reference and delegation.

The ADC Accreditation Committee Charter is available from http://www.adc.org.au.

The main roles carried out by the Accreditation Committee are to:

- develop, review, and consult on, where appropriate, the Accreditation Standards for dental practitioner programs.
- assess dental practitioner programs against the Accreditation Standards and make decisions or recommendations about the accreditation outcome.
- monitor accredited programs to ensure they continue to meet the Accreditation Standards throughout the period of accreditation.

4.5   Function and composition of Accreditation Teams

The Accreditation Committee is assisted in its assessment of programs by Accreditation Teams, whose members ('Assessors') are appointed by the ADC.

Accreditation Teams have three key functions:

- to review the available evidence and determine whether a program meets with the Accreditation Standards.
- to provide an overall recommendation to the ADC Accreditation Committee on whether a program should be accredited.

- to make quality improvement recommendations and to identify areas for commendation for a program.

When forming an Accreditation Team, the ADC ensures that there is appropriate experience in clinical practice in the relevant dental profession, dental education and assessment, and in accreditation processes, as well as representation from community representatives. Figure 1 outlines the typical composition of an Accreditation Team.

Figure 1. Accreditation Team composition for programs leading to general registration

| Chair | Experienced clinician or senior academic | Community representative | ADC secretariat |

Accreditation Teams typically comprise three to five members, although they may be smaller or larger depending on whether the review is a limited review against a designated set of standards or a concurrent review of multiple programs. When selecting assessors to form an Accreditation Team, the ADC is careful to choose assessors from different state or territories.

Figure 2 outlines the composition of an Accreditation Team to review multiple specialist dental practitioner programs. The composition of an Accreditation Team to assess multiple dental specialist programs includes representatives for each of the specialties under review. Further details regarding the composition of *ADC/DC(NZ) guidelines for the review of specialist dental practitioner programs* (Specialist Guidelines).

Figure 2. Accreditation Team composition for programs leading to specialist registration

| Chair | Deputy, if required | Specialist assessor | Second specialist assessor, if agreed | ADC secretariat |

Accreditation Teams are chaired by experienced and skilled assessors, referred to as the Team Chair, and are appointed by the ADC CEO on advice from the Chair of the Accreditation Committee and the ADC Director, Accreditation.

The role of the Chair is to lead the evaluation of the program, which includes:

- chairing the Team teleconference
- leading the questioning of interviewees
- leading the writing of the report, and
- taking the lead in the formulation of the overall recommendation.

The role of the ADC secretariat on the Accreditation Team is to:

- liaise with the education provider regarding the accreditation review to ensure appropriate arrangements.
- advise the Accreditation Team on the application and interpretation of the Accreditation Standards and processes.
- to ensure the report has appropriately addressed the Accreditation Standards and is within the scope of the ADC's accreditation function.
- to ensure the report of the Accreditation Team's evaluation is submitted to the Accreditation Committee for consideration in a timely manner.

4.6   Withdrawing and resubmitting a program

An education provider may request that consideration of a program be withdrawn from the accreditation process by writing to the ADC. A program can be withdrawn at any stage of the process until a final accreditation decision is made by the ADC.

After an accreditation review has taken place, an education provider may decide to withdraw a program (that might otherwise not be accredited) so that further work can be undertaken to meet the Accreditation Standards. In this event, the education provider may subsequently resubmit the program for reconsideration in the light of any additional documentary evidence and information.

If the program is resubmitted within one calendar year of the notification of withdrawal, a further site visit may not be required. The decision as to whether a further site visit is required will be at the respective ADC's discretion, taking into account factors such as the number and nature of concerns identified at the original review.

4.7   Opportunity for comment and submission of further evidence by education providers

The education provider has an opportunity to review and comment on the Accreditation Team's draft accreditation report before it is finalised for consideration by the Accreditation Committee. The ADC will make clear that the content of the draft report sent to the education provider for comment, including any proposed conditions, monitoring requirements or recommendations, is provisional and may change.

The final decision regarding accreditation of the program is made when the Accreditation Committee and if required, the ADC Board of Directors, has considered the report of the Accreditation Team.

The purpose of sending the draft report to the education provider is to give an opportunity to comment on the following:

- Factual accuracy - The education provider is able to comment on the factual accuracy on the report, including bringing to the Accreditation Team's attention evidence available at the time of the review that they consider may have been overlooked.
- Outcomes - The education provider has early sight of, and is able to comment on, any proposals to revoke accreditation, refuse to accredit, accredit subject to conditions, or to make recommendations or monitoring requirements. This includes, for example, commenting on the proposed wording of a condition.

Every effort is made throughout the Accreditation process to ensure that all available information to inform decision making is gathered. However, there may be occasions where, upon the receipt of a draft report, an education provider considers that specific evidence

not available to, or requested by, the Accreditation Team at the time of the review would change the judgement against a standard that might otherwise be considered not met or substantially met. Education providers will be provided with the opportunity to submit such evidence alongside any comments on the draft report.

The ADC will advise the date by which any comments or further evidence must be received. A minimum of 10 working days will be provided from receipt of the draft report.

This balances the need to give education providers an opportunity to comment or provide further evidence, and the need to make prompt decisions following an accreditation review. Any comments or further evidence will be considered by the Accreditation Team and the report finalised.

If submission of additional information by the education provider results in the Accreditation Team making substantive changes to the Accreditation Team's report, the ADC will provide a further opportunity for the provider to comment on the factual accuracy of the revised draft report. In such instances, comments will be limited to factual accuracy only. No further evidence is to be submitted by the provider along with comments on the revised draft report at this stage of the process.

4.8   Decision making

After considering the Accreditation Team's report, the Accreditation Committee makes an accreditation decision. This decision-making process is outlined in figure 3.

The Accreditation Committee is delegated authority to make accreditation decisions by the ADC Board of Directors. If outside the Accreditation Committee's delegation, the Committee makes a recommendation regarding accreditation to the ADC Board of Directors. Ultimate responsibility for accreditation decisions rest with the ADC Board of Directors. The ADC will advise the education provider of any accreditation decisions made.

The ADC also reports its accreditation decisions to the DBA. The DBA is required, under the National Law, to make an approval decision regarding the program of study. The DBA can decide to approve the program of study as providing a qualification for the purposes of registration or alternatively, can refuse to approve the program of study. If the DBA approves the program of study, the DBA may also apply conditions to the approval if determined necessary by the DBA.

The accreditation decision by the ADC and approval decision by the DBA are separate decisions.

The DBA will advise the ADC of its approval decision. The ADC then communicates the approval decision to the education provider.

Figure 3. ADC accreditation decision making process
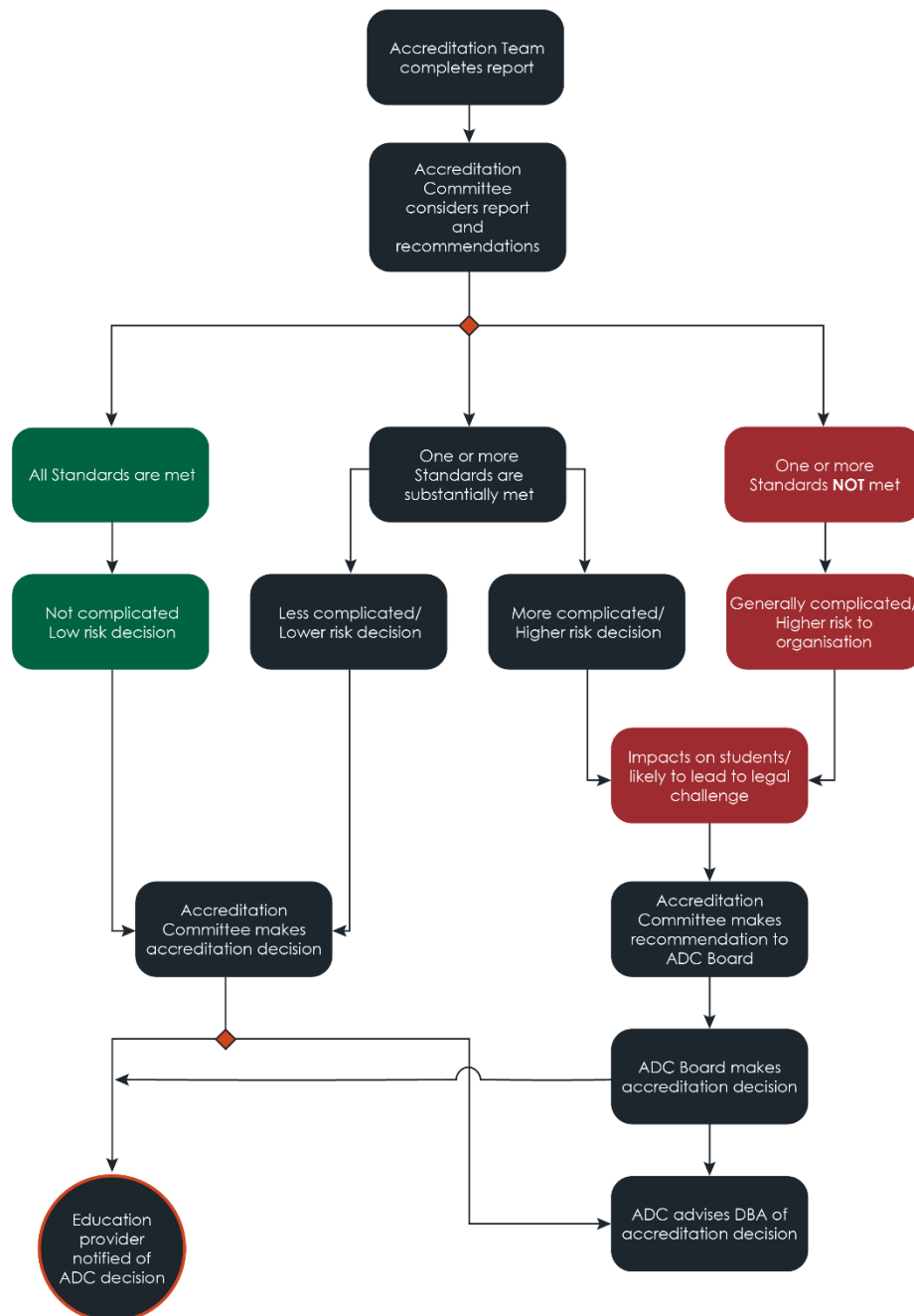
4.9   Fees

Fees are payable for accreditation of programs. A schedule of fees is available on the ADC's website.

5. Accreditation outcomes

5.1   Types of accreditation outcomes

Under National Law, the ADC may accredit a program if reasonably satisfied that either:

1. a program meets the Accreditation Standards, or
2. a program substantially meets the Accreditation Standards and the imposition of conditions of accreditation will ensure the program meets the Accreditation Standards within a reasonable, defined time.

Table 1 outlines the accreditation outcomes for a program seeking to be accredited. These outcomes apply to all programs, whether newly accredited or established.

Table 1. Types of accreditation outcomes.

Term	Definition
Accredited	Is the status granted to a program when that program meets the Accreditation Standards.
Accredited with conditions	Accredited with conditions indicates that the program substantially meets the Accreditation Standards, but the program has a deficiency or weakness in one or more Standard. The deficiency or weakness is considered to be of such a nature that it can be corrected within a reasonable period of time. Evidence of meeting the conditions within the timeline stipulated must be demonstrated in for the program to remain accredited.
Accreditation revoked	The ADC will advise the education provider of the reasons for its decision to revoke accreditation of the program and require the provider to advise the ADC of the management of currently enrolled students. Refer to section 5.3 for further details regarding this process. Means the ADC has determined that a previously accredited program is identified as having serious deficiencies or weaknesses and fails to meet one or more accreditation standards. The serious nature of the deficiencies or weaknesses means that the program cannot correct the issue within a reasonable period of time.
Accreditation refused	The ADC has determined a new program or a program undergoing reaccreditation has a serious deficiency or weakness in one or more Accreditation Standards that cannot be corrected within a reasonable period of time.

5.2   Duration of accreditation

The periods of accreditation (with or without conditions) that will be granted are up to a maximum of:

- 7 years for dentist programs;
- 5 years for dental specialist, dental hygienist, dental therapist, oral health therapist, dental prosthetist or programs leading to endorsement programs.

5.3 Revocation of accreditation

The ADC may revoke accreditation from a program of study, in accordance with National Law, if:

- a program is identified, at any time, as having serious deficiencies or weaknesses such that it no longer meets one or more Accreditation Standard.
- a provider fails to demonstrate that progress has been made towards meeting any conditions of accreditation within the prescribed period of time.

The ADC will advise the education provider that accreditation of the program is to be revoked with reasons for the decision and will require the provider to advise how it proposes to manage and protect the interests of students who are enrolled in the program.

The provider must undertake the following process for students who are currently enrolled:

- make arrangements with another suitable provider to transfer students into an accredited program, and
- ensure that the alternative provider is able to incorporate the extra students to enable them to graduate under the aegis of the alternative accredited provider and thus be eligible to apply for registration to the Dental Board of Australia, or
- allocate resources, engage contract staff, or do whatever else is necessary to enable a 'teach out' of the program within a short term accreditation period[1] agreed by the ADC, or
- take such other steps as agreed by the ADC as necessary to protect the interests of students.

Loss of accreditation would likely lead to a response from a regulator such as the Tertiary Education and Quality Standards Agency (TEQSA) or Australian Skills Quality Authority (AQSA). This may involve some interactions with the ADC.

A process of appeal exists for providers that wish to challenge a decision of the ADC and can be obtained from http://www.adc.org.au.

5.4 Recommendations and commendations

In addition to determining whether a program should be accredited – with or without conditions, the accreditation process (and report) also allows for the inclusion of Recommendations and Commendations.

A Recommendation is made where the Accreditation Team has identified one or more areas of the program that meet the Standard, but where they have identified an opportunity to further improve the quality of the program and its outcomes. Recommendations are intended to support development of a program and, unlike conditions, providers are not required to act on them. However, acting on the Recommendations is encouraged as a way of demonstrating a commitment to quality improvement by the provider.

The Accreditation Team may also identify areas for Commendation where they have found aspects of the program(s) being assessed as significantly exceeding the minimum requirements for accreditation.

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[1] This option would usually only be appropriate where there are no more than two years remaining for a student cohort to complete the program.

6. The ADC approach to accreditation

6.1 Underlying philosophy

The Accreditation Committee uses a 'fitness for purpose' approach to accreditation. This means that it is the responsibility of each education provider to determine and to be able to demonstrate how its program meets the Accreditation Standards.

While these guidelines and other resources available from the ADC may give some indications of possible approaches to guide assessors and assist education providers, the ADC does not prescribe program structures and curricula, or any other approach to educational delivery. To the contrary, in undertaking its accreditation function the Accreditation Committee acknowledges the innovation and diversity of teaching and learning approaches of the various education providers within the continuum of dental education, and also recognises that this diversity can strengthen the Australian dental education system, provided that each education provider continually evaluates its program and methods of delivery.

The accreditation process is conducted in a positive, constructive manner based on peer review. While its primary purpose is to demonstrate whether or not standards are met, the process of accreditation also aims to foster quality improvement through feedback from the peer assessors.

The ADC accreditation process undergoes regular evaluation and modification based upon previous experience, feedback from participants and external input such as benchmarking with other accreditation processes and related activities.

6.2 The accreditation process

For initial program accreditation, the process begins with an education provider expressing an interest in having one or more programs accredited. This will be followed by a discussion with the ADC to explore and clarify the provider's intentions, the nature of the process and indicative timelines. The steps in the accreditation process are outlined in Figure 4. For further information please refer to section 11.1.

If the provider chooses to proceed, a formal Notice of Intent is lodged with the ADC. This may lead to further discussion on particular matters. A detailed accreditation submission addressing all the Accreditation Standards will then be requested and the process will proceed, in consultation with the provider. This process is outlined in Figure 4.

In the case of re-accreditation of a program the accreditation process begins when the ADC contacts the education provider to determine a date for submission of the self-review of the program against the Accreditation Standards and to schedule a date for the site visit. This process is outlined in Figure 5.

The ADC is also required to monitor the programs that it accredits and ensure programs continue to meet the Accreditation Standards throughout the period of accreditation. The ADC uses a range of tools to monitor programs, which are outlined in further detail in section 7 of these guidelines and in the ADC's Accreditation monitoring framework (Available from http://www.adc.org.au).

6.3 Accreditation submissions

The accreditation submission is the provider's self-assessment demonstrating how the program seeking accreditation meets the Accreditation Standards. The submission includes

evidence gathered by the education provider to show how the provider has determined the program put forward meets the Accreditation Standards.

The ADC is mindful of the need to keep the administrative burden of accreditation to a reasonable minimum. To achieve this, the ADC has provided a list of 'core evidence' requirements which define the minimum documentation that is expected to be included with every submission for accreditation or re-accreditation of a program.

The full list of 'core evidence' is included at section 12.1. It is intended that many of the documents can be used to provide the information required against multiple Accreditation Standards. Providers are asked to map the supplied evidence to the Accreditation Standards and the relevant Criteria in order to help make clear what evidence was provided to demonstrate compliance with each Standard.

Providers are at liberty to include any further evidence and information that they wish to support their submission. In doing that the ADC encourage providers to submit documentation in its original format and not to spend time unnecessarily reformatting it for ADC purposes. This can include documentation that has been prepared for other purposes (e.g. a TEQSA audit). A list of possible other items of evidence that providers may wish to include with their submission is also included in Section 12.1. This list is provided for guidance only.

An application template is available for providers to guide the application process. Please note - hard copies of information are not required, unless specifically requested. Electronic submissions are encouraged – and providers may include hyperlinks to key documents in their application rather than attaching large documents as part of a submission.

The ADC will provide instructions as to how a provider is to submit this self-review documentation.

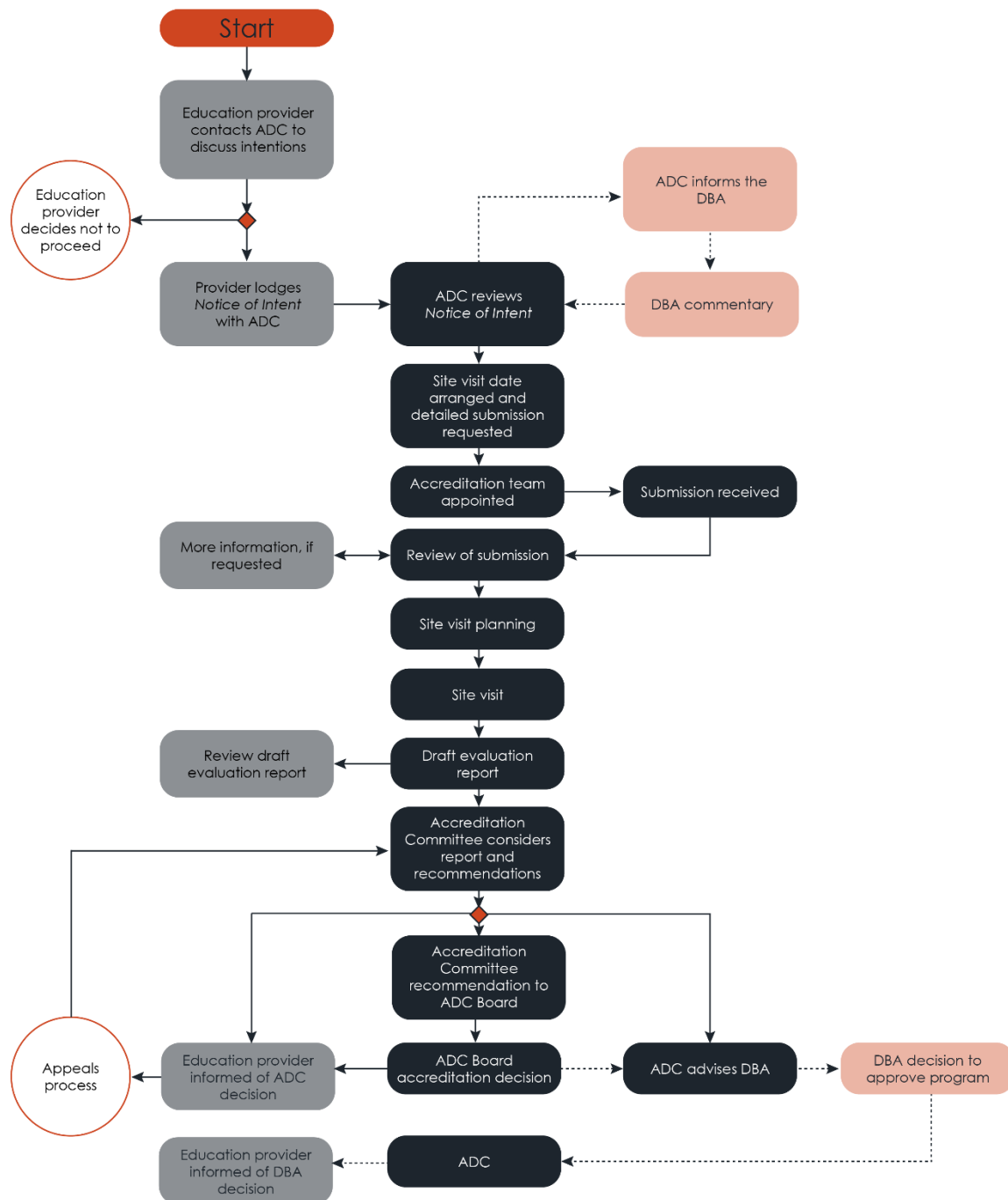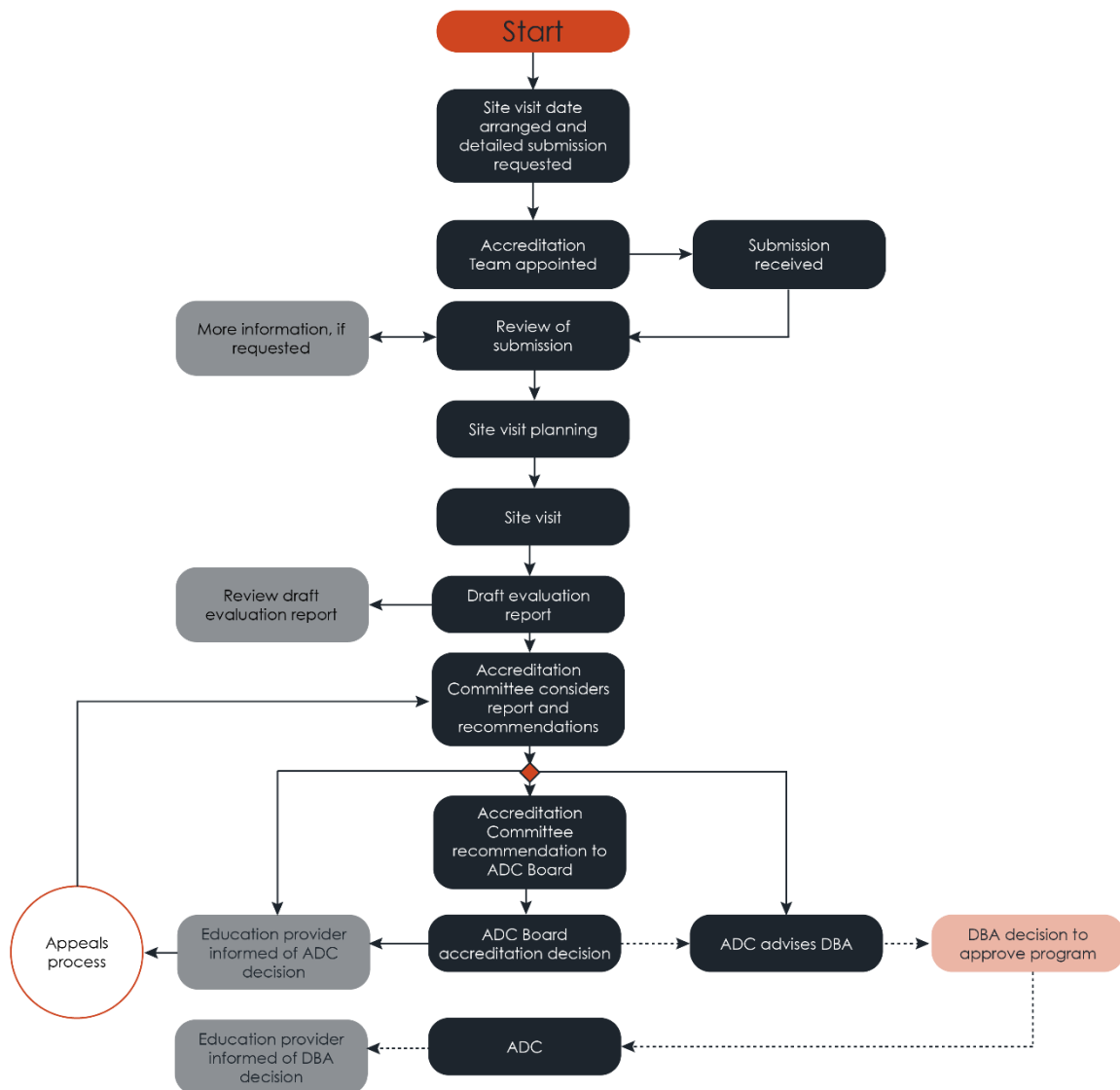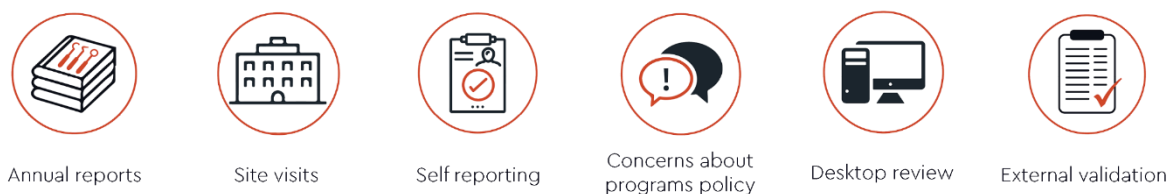**Figure 4.** Flow chart of the ADC initial accreditation process.

Figure 5. Flow chart of the ADC re-accreditation process.

7. Monitoring requirements for accredited programs

Under the National Law the ADC is required to monitor accredited programs to ensure that they continue to meet the Accreditation Standards. The ADC undertakes a range of monitoring activities to ensure programs continue to meet the Accreditation Standards. The most commonly used monitoring tools and activities are set out in the ADC Monitoring Framework, which is available on the ADC website. Examples of the most common monitoring activities in the ADC Monitoring Framework are discussed in this section and illustrated in figure 6.

Figure 6. ADC monitoring activities

Annual reports   Site visits   Self reporting   Concerns about programs policy   Desktop review   External validation

7.1 Annual reports (all accredited programs)

As part of the monitoring of accredited programs, the ADC requires an annual report from each education provider for each accredited program.

The format of annual reports is focussed on gathering information to help the ADC determine whether an accredited program continues to meet the Standards. The ADC provides a reporting template for this purpose, which must be used by education providers. Education providers will be notified of their reporting requirements three months in advance of the reporting deadline. If uncertain of reporting requirements, please contact the ADC.

Regular collection of information via annual reporting is intended to help identify risks at an early stage so that they may be addressed. The regular collection of information allows the ADC to build a profile of how a program is tracking against the Standards, which also helps to identify areas for focus during future re-accreditation processes.

7.2 Condition and monitoring reports

Additional reports (that is apart from annual reports) may be required for programs that have been granted a shortened period of accreditation and/or where there are conditions applied to an accredited program. Any requirements for additional reporting will accompany notification of an accreditation decision.

There may also be instances that at the time of review a program meets the Accreditation Standard, but there is a planned or future change that brings into question whether the program will continue to meet the Accreditation Standards. In this instance it may be appropriate for a monitoring requirement to be imposed, such as a report to be submitted or a further review to be undertaken.

The ADC reserves the right to apply conditions or additional monitoring requirements to a program at any time, if the ADC identifies a program is at serious risk of or no longer meets the Accreditation Standards. When applying conditions to accredited programs, the ADC seeks to be proportionate to the issues identified as outlined in the ADC 's *Writing accreditation conditions – Guiding principles for assessors.*

7.3 Monitoring site visits

There may be instances where at the point of an accreditation visit a program meets the Accreditation Standards, but there may be a known future event or activity that gives rise to uncertainty over whether one or more of the Standards will continue to be met during the period of accreditation. This could, for example, include cases where an education provider is moving to new clinical facilities that could not be viewed by the Accreditation Team at the time of the site visit, or a new program that appears compliant on paper, but which has not yet graduated any students. In such cases, the ADC may undertake a 'monitoring visit' to ensure that the program continues to meet the Standards.

7.4 Self-reporting material changes to programs

Education providers must inform the ADC of material 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 Accreditation Committee.

Except in the case of unforeseen contingencies, the ADC expects to be informed prospectively of proposed material 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 material change to a program is one that will or may significantly affect the way the education provider meets the requirements of the Accreditation Standards.

The ADC regards the following as examples of material changes:

- discontinuation of a course or part-of a course, or a significant change in the length of a course (i.e. months/years). Please note that the ADC publishes guidelines on 'Teach out of accredited programs' that should be referenced when advising the ADC of a decision to teach out an accredited program
- marked changes (i.e. other than continuing evolutionary changes) in the design of a program that may affect learning opportunities and/or achievement of learning outcomes
- a change in the mode(s) of delivery or participation (such as a move to distance education)
- a change in delivery partner or arrangements with a delivery partner
- substantial changes in the expected learning outcomes for graduates
- changes to admission requirements that potentially present barriers to the achievement of learning outcomes
- significant changes to student assessment
- significant change to arrangements for monitoring program quality and graduate outcomes of programs
- a substantial change in student numbers for the program relative to available resources, including capital, facilities and staff
- significant changes in the staffing profile
- a significant change in overall funding of the program, and
- any conditions imposed on the provider by an educational regulator (the TEQSA or ASQA).

The ADC can provide general advice about whether proposed changes are likely to impact on the program's accreditation status. Where there is any doubt about whether a proposed change represents a material change it should be discussed at the earliest opportunity with the ADC.

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 material 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 from the education provider.

2. A determination by the ADC 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 material change is undertaken by an assessor or Accreditation Team, and the ADC Accreditation Committee considers a review report on the change.

4. As appropriate, decision by the ADC Board on accreditation following consideration of the Accreditation Committee's recommendation.

The provider will be informed of the ADC decision regarding the material change, including any additional requirements of the provider arising from the decision.

7.6   Responses to concerns about accredited programs

The ADC may receive concerns which appear to bring into doubt whether an accredited program continues to meet the Accreditation Standards.

The ADC will consider such concerns and undertake further investigation as necessary. If a concern is investigated, the ADC will inform the education provider of the concerns and the grounds on which they are based and the provider will have an opportunity to respond. The outcome of an investigation will be a decision about what action (if any) is necessary. In appropriate cases, this may include putting in place monitoring requirements or undertaking a paper-based review or site visit.

The ADC will follow the 'Concerns about accredited programs policy' as published on the ADC's website. If required, the ADC will inform the DBA of its concerns and the grounds on which they are based, and the processes to be implemented.

7.7   External validation

The ADC may from time to time use other data sources to validate information submitted by education providers. The purpose is to inform ADC processes or prompt further consideration of programs ongoing ability to meet the Accreditation Standards.

Data may be collected from a variety of sources, including education providers own websites, publicly available data sets (e.g. Department of Education data, graduate and employer outcome surveys) or other verifiable data sources.

8. Conflict of interest

The provider is given an opportunity to comment on the proposed membership of an Accreditation Team and may query the composition where the provider believes a proposed assessor has a bias or conflict of interest that could cast doubt on their capacity to objectively evaluate a program. Objections to proposed Accreditation Team members will only be considered by the ADC where the provider can produce evidence of bias or conflict of interest. The ADC will revise the composition of an Accreditation Team where such claims are substantiated.

Actual or potential conflicts of interest that may arise for Accreditation Committee members and members of the ADC Board during the accreditation process are managed according to the Accreditation Committee – Conflict of Interest Policy.

9. Confidentiality

The accreditation process is confidential to the participants. In order to undertake its role as the Accreditation Authority, the ADC requires detailed information from education providers. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The ADC requires members of Accreditation Teams, members of the Accreditation Committee, ADC Board members and staff to keep confidential all material provided to the ADC by education providers for the purpose of accreditation of their programs.

Information collected is used only for the purpose for which it is obtained.

A final decision on accreditation is made only when the Accreditation Committee and the ADC Board have considered the Accreditation Team's report. The overall recommendation on accreditation remains confidential until an accreditation decision has been made by the ADC.

10. Complaints and appeals against decisions

In the event of a grievance about an accreditation process or outcome, an informal resolution will be sought if practicable.

An education provider can make a formal appeal against an accreditation decision. Appeals will be handled in accordance with the *ADC Program Accreditation – Appeals Policy* which also outlines the types of decisions that are appealable and the grounds for appeal.

11. Notes for new and existing programs

11.1 Initial consultation for new programs

Education providers who are contemplating accreditation of a program should consult ADC at an early stage. This will assist in developing a mutual understanding of the process and its requirements.

Notes on timelines and announcements:

1. Education providers who are planning to introduce a new program must provide a notice of intent to the ADC at least 12 months in advance of the intended commencement of the program.

2. Although the ADC will proceed as expeditiously as possible with the accreditation process, accreditation of a new program usually takes some time.

3. Applicants should also be mindful of the timeline for the DBA to consider the ADC accreditation decisions and accreditation reports pending approval of the qualification for registration purposes.

4. Education providers who wish to make public announcements about proposed new programs (such as in promotional literature or course information on websites) must consult with the ADC regarding any reference to the ADC and the accreditation process before any public announcement is made.

11.2   Formal notice of intent for new programs

Should the provider decide to proceed with an application for accreditation, a formal 'Notice of Intent to seek Accreditation of Program' is submitted. A template is provided and must be used. To access the template, please contact the ADC.

The form requests the following information:

- name of the education provider;
- the provider's regulatory status with the TEQSA / ASQA as appropriate (if applicable);
- any other parties involved in joint delivery of the program;
- the qualification(s) to be awarded;
- the proposed date of commencement of the program;
- proposed enrolment size and frequency;
- normal duration of the program;
- location(s) of delivery including clinical training facilities and placements; and
- contact information.

Further information may also be requested by the ADC.

11.3   Accreditation submission

In the case of new programs, the Notice of Intent has been submitted a more detailed submission will be requested. In the case of currently accredited programs, the ADC will contact the education provider to arrange a date for the site visit and for lodging the detailed submission. This initial contact will occur 12 to 18 months prior to the expiry of accreditation to arrange the site visit, which will normally occur six to 12 months prior to the expiry of accreditation. The aim is to complete the re-accreditation process prior to the expiry of accreditation.

The submission will be required at **least three months ahead of any proposed site visit. A template for the submission is provided and must be used.**

The submission provides information and evidence to demonstrate that the program complies with the Accreditation Standards. Supplementary information or clarification on information provided may be requested before or during the site visit.

Please refer to section 12.1 for details on the core evidence required and on additional information that could be considered for demonstrating compliance with the Accreditation Standards.

11.4   Site visit

An accreditation review normally includes a structured visit by the Accreditation Team to the education provider to verify the provider's submission and clarify matters raised during the review of the program. The site visit is arranged in consultation with the provider. For existing programs the visit typically comprises a series of meetings with selected individual staff and groups and committees that contribute to the delivery of the program, students and recent graduates, other stakeholders (for example relevant professional bodies) and community/public/private providers employing graduates. For new programs the visit will be adapted according to the circumstances of the provider and the program.

These interactions will usually occur over a period of two days. Visits may be longer for multi-campus education providers or for concurrent reviews of multiple programs offered by a provider. A site visit may also be of a shorter duration of a day or half a day where an evaluation is made against a limited set of Standards, for example where a review is conducted for the sole purpose of reviewing new clinical facilities.

There is a need to maintain a professional perspective throughout the process in order to deliver objective, unbiased, defensible and fair outcomes. Members of the Accreditation Team therefore limit their interactions with staff and stakeholders to the assessment.

It is important that interviewees are encouraged to give free and frank answers to questions from the Accreditation Team. For this reason, staff cannot be interviewed in the same session as their line manager or with another staff member with whom there is a reporting relationship, for example a program director cannot be interviewed in the same session with a dean of a faculty or head of department. To maintain confidentially and encourage free and frank responses all interview sessions are held pursuant to 'Chatham House' rules, which is individuals that are interviewed are not identified in reports and interviewees are not privy to comments made in interview sessions other than their own.

The accreditation visit schedule should provide maximum opportunities for interactive discussions with staff, students, members of the profession and other relevant stakeholders to enable them to present their views and for the Accreditation Team to verify statements through triangulation; and for the Accreditation Team to view relevant facilities. Where relevant, teams should be provided with the opportunity to view students working in clinical settings. There is also a need to allow adequate time during the course of the visit for confidential team discussions, review and reflection.

An indicative schedule for a site visit is given in Table 2. Please note that this is for guidance only. The actual schedule may vary significantly depending on the times that the clinic operates and logistical considerations for the team travelling to and from the site. A template schedule for the review of multiple dental specialist programs is provided in the ADC/DC(NZ) procedure for the review of specialist dental practitioner programs.

The final schedule will be developed by the education provider, in consultation with the ADC and the chair of the Accreditation Team. Each schedule will vary depending on practical matters such as the availability of persons for interview and on the issues identified by the Accreditation Team from its prior assessment of the accreditation submission. Additional meetings may be requested to address issues that arise during the visit.

Table 2. Indicative Schedule for a Site Visit to a single program (note that this will vary if multiple programs are being reviewed in parallel)

Day 1

Session	Time	Who	Notes & focus of session	Standards & Criteria
1.1	8.45 – 9.15	Head of School	Strategic issues / future directions	**All**
1.2	9.15 – 9.45	Program Co-ordinator	Course structure and overview	**All**
1.3	9.45 – 10.30	Year level co-ordinators	Year level issues – didactic content / clinical experience / assessment / cultural safety	**Standard 1 – Public safety** Criteria - All **Standard 2 – Academic governance and quality assurance** Criteria – 2.2 **Standard 3 – Program of study** Criteria - All **Standard 5 – Assessment** Criteria – All **Standard 6 – Cultural safety** Criteria - All
	10.30 - 11.00	Morning tea	Closed Session – Accreditation Team discussion	
1.4	11.00 - 12.00	Tour of clinical and other facilities	Staff member(s) to accompany the Accreditation Team Students to be observed in clinic	**Standard 1 – Public safety** Criteria - 1.1, 1.2, 1.3, 1.4, 1.5, 1.7 **Standard 3 – Program of study** Criteria - 3.8, 3.10, 3.11
1.5	12.00 - 12.30	Clinical supervisors	Student competence / assessment	**Standard 1 – Public safety** Criteria - 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8 **Standard 3 – Program of study** Criteria - 3.3, 3.4, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11 **Standard 5 – Assessment** Criteria - 5.1, 5.3, 5.4, 5.5 **Standard 6 – Cultural safety** Criteria – 6.3, 6.4, 6.6
	12.30 - 13.15	Lunch	Closed Session - Accreditation Team discussion	
1.6	13.15 - 14.15	Permanent academic staff	Program content / student competence / assessment	**Standard 1 – Public safety** Criteria - 1.3, 1.7, 1.8

Session	Time	Who	Notes & focus of session	Standards & Criteria
				Standard 2 – Academic governance and quality assurance Criteria - 2.2, 2.3 **Standard 3 – Program of study** Criteria - 3.1, 3.2, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10 **Standard 4 – The student experience** Criteria - 4.4 **Standard 5 – Assessment** Criteria - All **Standard 6 – Cultural safety** Criteria – 6.1, 6.3, 6.5, 6.6
1.7	14.15 - 14.45	Casual academic staff	Program content / student competence / assessment	**Standard 1 – Public safety** Criteria - 1.3, 1.7, 1.8 **Standard 2 – Academic governance and quality assurance** Criteria - 2.2, 2.3 **Standard 3 – Program of study** Criteria - 3.1, 3.2, 3.4, 3.5, 3.6, 3.7, 3.8, 3.10 **Standard 5 – Assessment** Criteria – All **Standard 6 – Cultural safety** Criteria –6.3, 6.6
1.8	14.45 - 15.15	Professional staff	Student support issues / administration issues (inc. clinic and placement administration)	**Standard 1 – Public safety** Criteria - 1.2, 1.3, 1.5, 1.7, 1.8, 1.9 **Standard 3 – Program of study** Criteria – 3.10, 3.11 **Standard 4 – The student experience** Criteria - 4.1, 4.2, 4.3 **Standard 6 – Cultural safety** Criteria – 6.2
	15.15 - 15.45	Afternoon tea	Closed Session – Accreditation Team discussion	
1.9	15.45 - 16.15	Student support team	Student support issues	**Standard 1 – Public safety** Criteria – 1.7, 1.8

Session	Time	Who	Notes & focus of session	Standards & Criteria
				Standard 3 – Program of study Criteria - 3.8, 3.9 **Standard 4 – The student experience** Criteria – All **Standard 6 – Cultural safety** Criteria – 6.2, 6.6
1.10	16.15 - 17.00	Current students	Program content / clinical experience / assessment / support issues	**Standard 1 – Public safety** Criteria – 1.2, 1.4, 1.6, 1.7, 1.8 **Standard 2 - Academic governance and quality assurance** Criteria - 2.2 **Standard 3 – Program of study** Criteria - 3.3, 3.4, 3.5, 3.6, 3.8, 3.9, 3.10 **Standard 4 – The student experience** Criteria - All **Standard 5 - Assessment** Criteria - 5.1, 5.2, 5.3, 5.4 **Standard 6 – Cultural safety** Criteria – 6.4
1.11	17.00 - 17.30	Recent graduates	Program outcomes / fitness for purpose	**Standard 1 – Public safety** Criteria – 1.7, 1.8 **Standard 2 - Academic governance and quality assurance** Criteria - 2.2 **Standard 3 – Program of study** Criteria - 3.3, 3.4, 3.5, 3.6, 3.8, 3.9, 3.10 **Standard 4 – The student experience** Criteria - All **Standard 5 - Assessment** Criteria - 5.1, 5.2, 5.3, 5.4 **Standard 6 – Cultural safety** Criteria – 6.4

Session	Time	Who	Notes & focus of session	Standards & Criteria
2.1	8.30 - 10.30	Offsite clinic visit	External placements co-ordinator to accompany the Accreditation Team	**Standard 1 – Public safety** Criteria – 1.1, 1.4, 1.5, 1.6, 1.8 **Standard 2 - Academic governance and quality assurance** Criteria - 2.3 **Standard 3 – Program of study** Criteria - 3.3, 3.4, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11 **Standard 5 - Assessment** Criteria - 5.3, 5.4 **Standard 6 – Cultural safety** Criteria – 6.6
	10.30 - 11.00	Morning tea	Closed Session – Accreditation Team discussion	
2.2	11.00 - 11.30	Learning & teaching committee	Program development, monitoring and improvement issues	**Standard 2 - Academic governance and quality assurance** Criteria - All **Standard 3 – Program of study** Criteria - 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 **Standard 4 – The student experience** Criteria - 4.1, 4.2, 4.6 **Standard 6 – Cultural safety** Criteria - 6.1, 6.5
2.3	11.30 - 12.00	Assessment committee / Board of examiners	Assessment / Student feedback	**Standard 3 – Program of study** 3.3, 3.4 **Standard 5 - Assessment** Criteria - All
2.4	12.00 – 12.30	External groups providing input	Program outcomes / external feedback into program design, including consumers and cultural safety advisors	**Standard 2 - Academic governance and quality assurance** Criteria – 2.2, 2.3 **Standard 3 – Program of study** Criteria – 3.3, 3.6, 3.9 **Standard 6 – Cultural safety** Criteria - 6.1, 6.5

Session	Time	Who	Notes & focus of session	Standards & Criteria
2.5	12.30 onwards	Call back / additional sessions as needed	Accreditation Team to advise	
	12.30 – 16.30	*Working Lunch & Report writing*	*Closed Session – Accreditation discussion*	
2.6	16.30 – 16.45	Provider to advise	Opportunity to thank provider and advise of next steps	

Who	Possible areas to further explore	Standards & Criteria
Senior Executive	Resources – Staff/Facilities University policies/processes Student support at the provider level Proposed organisational changes that may impact on the program	**Standard 1 – Public safety** Criteria - 1.8 **Standard 2 - Academic governance and quality assurance** Criteria - 2.1, 2.3 **Standard 3 – Program of Study** Criteria - 3.8, 3.9, 3.10, 3.11 **Standard 4 – The student experience** Criteria - 4.1, 4.3, 4.5, 4.6, 4.7 **Standard 6 – Cultural safety** Criteria – 6.1, 6.5, 6.6
Local Area Health Authority	Patient management/patient pool Resources including facilities and supporting staff Student supervision Quality and safety policies and processes within facilities External input into program Opportunities for intra and inter professional practice	**Standard 1 – Public safety** Criteria - 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 **Standard 2 - Academic governance and quality assurance** Criteria - 2.2, 2.3 **Standard 3 – Public safety** Criteria - 3.3, 3.6, 3.8, 3.10, 3.11
Professional Body Representatives	External input into the program Graduate employability/readiness to practice External examiners	**Standard 2 - Academic governance and quality assurance** Criteria - 2.2, 2.3 **Standard 3 – Program of study** Criteria - 3.3, 3.6 **Standard 5 - Assessment** Criteria - 5.4, 5.5
Equity and Diversity officers/staff	Student support / principles of equity and diversity in the student experience Support for students identifying as Aboriginal or Torres Strait Islander	**Standard 4 – The student experience** Criteria - 4.3, 4.5, 4.6, 4.7 **Standard 6 – Cultural safety** Criteria – 6.1, 6.2, 6.5, 6.6
Other program input OR Individuals providing inter-professional input	Cultural diversity and cultural safety Inter-professional education and practice	**Standard 2 - Academic governance and quality assurance** Criteria – 2.2, 2.3 **Standard 3 - Program of study** Criteria – 3.2, 3.3, 3.6, 3.9, 3.10

12. Reference material

The following reference material has been developed by the ADC Accreditation Committee to assist in the interpretation and application of the Accreditation Standards.

12.1 Core evidence requirements

As indicated in Section 6.3, the ADC has developed a list of core evidence requirements for all programs being submitted for accreditation or reaccreditation. The list of documents is included below.

1. Statement of guiding principles for the program

2. Policies and procedures on clinical and workplace safety including screening and reporting and control of infectious diseases and blood borne infections

3. Curriculum mapping including alignment of learning outcomes to the relevant Professional Competencies

4. Assessment blueprint/matrix to demonstrate alignment of assessment to learning outcomes, including Professional Competencies

> Note: items 3 & 4 may be combined if appropriate

5. Register of clinical supervisors' qualifications, registration status and supervision responsibilities (including external supervisors)

6. Policies and procedures on student placement and supervision

7. Register of formal (and informal) agreements between the provider and supervisors, placement clinics, practices, and health services

8. Overview of formal academic governance arrangements for the program including program quality assurance, review and improvement

9. Sample student timetable for each year of the course indicating allocation of key learning activities and clinical hours (indicating the number of hours spent as an operator)

10. Staffing profile including professional qualifications, registration status and teaching and supervision responsibilities

11. Admission and progression policies and procedures

12. Information to prospective and enrolled students

13. Sample of student clinical log books/portfolios (which could be made available during the site visit)

Examples of other types of evidence that could be submitted as part of an accreditation / reaccreditation application:

Standard	Examples of possible additional documentary evidence
1. Public safety is assured.	• Policies and procedures on student placement and supervision • Systems that identify, report on and remedy issues that may affect public safety and any actions taken

		• Record of provider communication with ADC/DBA
		• Student registration documentation
		• Policies and procedures on ethical and professional behaviour
2.	Academic governance and quality assurance processes are effective.	• Registration as a provider with appropriate authority e.g. TEQSA, ASQA • Relevant academic policies and procedures • Records, minutes of relevant review meetings and consultations and the decisions made and implemented • Relevant key stakeholder consultation/engagement activities, including from professional peers, consumers and Aboriginal and Torres Strait Islander Peoples • Processes for incorporating internal and external input into program review, monitoring and improvement, including support for consumers to contribute • Relevant external quality assurance reports

3.	Program design, delivery and resourcing enable students to achieve the required professional competencies.	• Documentation showing where and how the educational philosophy is articulated and enacted
		• Letter from the provider senior management confirming ongoing support for the program
		• The program/course guides that are made available to students and detail how the program of study is structured and enacted at each stage
		• Program/course approval documentation showing:
		  o the consultation processes used and the level and nature of participation and advice by dental academics and professionals into the development and approval of the program and its components
		  o Teaching staff
		  o Curriculum content, including clinical placements
		  o Learning environments, facilities and resources used, including clinical placements
		  o Timetable
		• Details of employer input/feedback
		• Details of student placement opportunities, indicating the nature, variety, and quantity of student experiences such as:
		  o Internal and external placement opportunities
		  o Placements in rural/remote locations
		  o Provision of care to aged care residents
		  o Provision of care to individuals with disability
		  o Provision of care to culturally and linguistically diverse populations
		• Record of communication with ADC on relevant issues

4.	Students are provided with equitable and timely access to	• Sample of admission and progression decisions • Policies and procedures on equity and diversity with examples of implementation and monitoring

information and support.	• Copies of relevant grievance and appeals procedures • A register of grievances or appeals lodged, showing the outcome of the process • Details of the academic and personal support services available to students • Details of student representation within the governance and management of the program	
5. Assessment is fair, valid and reliable e to ensure graduates are competent to practise.	• Policies and procedures on assessment, including assessment strategy • Policies on and examples of assessment moderation • Samples of student assessments and feedback provided to students • Samples of use of assessment data to improve program/course outcomes • Processes for identifying and using external experts	
6. The program ensures students are able to provide culturally safe care for Aboriginal and Torres Strait Islander Peoples.	• Mechanisms in place to include external input into program design from Aboriginal and Torres Strait Islander Peoples • Policies to ensure a culturally safe environment for staff and students	

12.2   Accreditation definitions

Definitions related to accreditation functions

Compliance: The ADC undertakes its compliance function when it assesses whether dental programs meet the Accreditation Standards.

Quality improvement: Commendations and Recommendations are identified during a program review that are aimed at fostering continuous quality improvement but do not constitute an assessment of compliance with the Accreditation Standards.

Education provider: A university or a tertiary education institution, or another institution or organisation, that provides vocational training; or a specialist medical college or other health profession college that delivers an ADC accredited program or is seeking ADC accreditation of a program.

Compliance definitions

Condition: Conditions may be imposed on a program if a standard is substantially met and the imposition of conditions will ensure full compliance with the standard within a reasonable timeframe.

Accreditation Standard is met: An Accreditation Standard is met when the program meets the minimum requirements of the standard.

Accreditation Standard is substantially met: An Accreditation Standard is substantially met if the plans and/or arrangements in place for the provision of the program do not fully meet the Standard. A finding of substantially met must satisfy the following two criteria:

1.   The plans and/or arrangements in place that are applicable to the standard must not adversely affect student welfare, or the capacity of the education provider to deliver the program, or the learning outcomes and Professional Competencies required; and

2. There must be a reasonable expectation that the program will be able to meet the Accreditation Standard in full within a defined timeframe that does not pose an unacceptable risk.

Accreditation Standard is not met: A standard is not met when the program does not meet the minimum requirements of the standard **and** the arrangements planned or currently in place for the provision of the program:

1. impair or undermine the acquisition of clinical competencies required for competent practice; and/or
2. call into question the education provider's capacity to resource or administer the program; and/or
3. will have, or are having, significant adverse effects on student welfare.

Quality improvement definitions

Commendation: A commendation refers to a particularly significant achievement by the education provider with regard to the program. The aim of a commendation is to acknowledge and encourage best practice.

Recommendation: A recommendation refers to an action or a course of actions that should be considered by the provider to improve the delivery and/or outcomes of the program.

The aim of a recommendation is to encourage education providers to consider specific quality improvements to programs. Recommendations may also highlight areas of potential future risk to programs that can be addressed through the action(s) recommended. Education providers may seek to achieve the proposed improvements to program delivery or outcomes through a course of action that differs from what is recommended. Inaction or lack of action regarding a recommendation could pose risks to a program's future compliance with the standards, particularly where a recommendation highlights a potential risk to a program.

Clinical definitions

Simulation training hours: any aspect of preclinical or simulation training for dentistry and oral health that includes hands-on simulation of clinical activities.

Clinical assisting hours: any aspect of dental practitioner training that includes a student assisting another student in the provision of patient care.

Clinical training hours: any aspect of dental practitioner training that includes provision of patient care by the student as an operator.

Clinical observation hours: any aspect of dental practitioner training that includes the observation of patient care by a student, performed by another registered clinician.

Clinical placements: clinical placements provide opportunities in a relevant professional setting for the education and training of health sector students for the purposes of:

1. integrating theory into practice
2. familiarising the student with the practice environment
3. building the knowledge, skills and attributes essential for professional practice, as identified by the education provider and the ADC.

It is recognised that a clinical placement may be conducted in any number of locations but the primary consideration is the provision of safe, high-quality patient care.