

20 April 2020

Mr Mark Ford  
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Australian Dental Council  
Level 6, 469 La Trobe Street  
MELBOURNE VIC 3000

Via email: [accreditation@adc.org.au](mailto:accreditation@adc.org.au)

Dear Mr Ford,

**Re: Proposed changes to the ADC/DC(NZ) Accreditation standards for dental practitioner programs**

Thank you for the opportunity to provide further comment on proposed changes to the ADC/DC(NZ) Accreditation standards for dental practitioner programs. As you would be aware, the ADA responded to the initial stakeholder survey on the Accreditation standards review on 12 August 2019.

The ADA's comments on the proposed changes and responses to the specific questions posed in the relevant ADC/DC(NZ) Consultation paper<sup>1</sup> are provided below:

**Q1. Do you consider that the draft Standards are at the threshold level required for public safety? (Yes, No, Partly, Do not know)**

In its response to the 2019 Accreditation Standards Review stakeholder survey, the ADA suggested that the answer to this question was unclear given a lack of specificity and transparency around several key issues in the draft Standards.

Regrettably, none of these issues appear to have been addressed or clarified in the most recent version of the Accreditation Standards (henceforth, "the Standards") that are the subject of this Consultation.

For example, although the Standards adequately outline the criteria against which the statements for each domain are assessed, they do not specify how dental practitioner programs will be assessed against these each of these criteria, nor the methods by which student professional competencies should be assessed.

Furthermore, neither the draft Standards, nor the Guidelines, define what is meant by "suitably qualified and experienced staff" for the purposes of teaching and assessing students (draft Standards 3.7 and 5.5). They also fail to specify the selection criteria (e.g. qualifications, clinical and research experience in relevant subject areas, educational experience and recency of practice) used to choose the "external experts" who help assess the competencies of final year students (draft Standard 5.5).

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<sup>1</sup> Consultation paper - Proposed changes to the ADC/DC(NZ) Accreditation standards for dental practitioner programs, [https://www.adc.org.au/sites/default/files/Media\\_Libraries/Accreditation\\_Standards\\_Review/Consultation\\_paper-Proposed\\_changes\\_to\\_accreditation\\_standards\\_Feb\\_2020\\_Final\\_2.pdf](https://www.adc.org.au/sites/default/files/Media_Libraries/Accreditation_Standards_Review/Consultation_paper-Proposed_changes_to_accreditation_standards_Feb_2020_Final_2.pdf)

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As a result of these omissions, it is difficult for the practicing dental profession to feel confident that all accredited dental programs are producing graduates who can uniformly demonstrate the required competencies.

Given this, the ADA is not surprised that close to one-third (33%) of the stakeholders who responded to the ADC's preliminary survey stated that they were either unconvinced or unsure that the draft Standards meet "the threshold level required for public safety",<sup>2</sup> or felt that they only partly met that threshold.

It also concerns the ADA that "one of the recurrent themes" in comments made by such respondents was that as a result of a lack of detail and specificity in the Standards of the kind mentioned above, "compliance with the Standards is too easily manipulated by education providers into appearing to be adequate".<sup>3</sup>

Q2. Do you consider that the draft Standards are applicable across all types of education providers delivering accredited programs? (Yes, No, Partly, Do not know)

Yes.

Q3. Do you agree with the following specific proposals as incorporated in the draft Standards? (Yes, No, Partly, Do not know)

- a. In New Zealand: A dedicated domain in the Standards on cultural competence for Māori and Pacific peoples, and its criteria (Domain 6a in the draft Standards).

N/A

- b. In Australia: A dedicated domain in the Standards on cultural safety for Aboriginal and Torres Strait Islander Peoples and its criteria (Domain 6b in the draft Standards).

Yes

- c. The introduction of a preamble explaining the purpose of the Standards and how they will be used.

Yes

- d. An additional criterion requiring programs to ensure students understand the legal, ethical and professional responsibilities of a registered dental practitioner (criterion 1.8 in the draft standards).

Yes. This is particularly important, not only for local educational programs but for the examination of overseas trained dental practitioners.

- e. Amended criteria to require the involvement of dental consumers in accredited program design, management and quality improvement (criterion 2.2 in the draft Standards).

Yes. The ADA supports the involvement of consumers in these aspects of program development and improvement, to promote patient-centred care. However, the wording of this criterion should be changed to specify that consumers should also be integrated into student assessment.

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<sup>2</sup> ADC. (2019). *Feedback on the ADC/DC(NZ) Accreditation standards for dental practitioner programs*, September 2019, [https://www.adc.org.au/sites/default/files/Media\\_Libraries/Accreditation/Summary\\_of\\_the\\_feedback\\_on\\_the\\_ADCDCNZ\\_Accred\\_Stnds\\_FINAL.pdf](https://www.adc.org.au/sites/default/files/Media_Libraries/Accreditation/Summary_of_the_feedback_on_the_ADCDCNZ_Accred_Stnds_FINAL.pdf), p. 5.

<sup>3</sup> Ibid, p. 6.

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Furthermore, to ensure that this change in “inputs” is translated into outcomes, there should also be a requirement that unit co-ordinators provide evidence that they have acted on consumer feedback.

- f. For internal, external, professional and academic input into program design and development to be combined into one criterion (criterion 2.2 in the draft Standards).

Yes.

- g. The revision of the criteria in Domain 2 – Academic governance and quality assurance to clarify that the focus of the Standards is at the program level.

Yes. However, there also needs to be more emphasis on student engagement in both curriculum and assessment design and review. In keeping with an outcome focus, there should also be a requirement that unit co-ordinators provide evidence that they have acted on student feedback.

- h. A revised criterion regarding intra- and inter-professional education, replacing criterion 3.6 in the existing Standards.

Partly, although this criterion should be reworded to better articulate desired outcomes in terms of patient care.

- i. Amendments to the domain on assessment, including changes to the Standard Statement and to the criteria underneath (Domain 5 in the draft Standards).

Partly. The ADA would prefer that 5.2 includes the word “all” and is slightly re-worded – i.e. “All learning outcomes are mapped to, and assessed against, the required professional competencies”.

#### Q4. Are there any additional Standards that should be added? (Yes, No, Partly, Do not know)

No.

#### Q5. Are there any Standards that should be deleted or reworded? (Yes, No, Partly, Do not know)

See comments at Q.1, and Q.3. (e), (g), (h), and (i).

In addition, the Guidelines should specify precisely what is meant in criterion 3.9 by the term “diverse groups and populations”. In addition to the linguistically diverse overseas-born Australians who are mentioned in the consultation document, that specification should include reference to refugees and asylum seekers, and gender diverse members of the community.

Refugees and asylum seekers have often experienced deprivation and psychological trauma that is additional to the challenges many migrants face when settling in a new country. The evidence suggests that these experiences often compromise their oral health status and make it particularly hard for them to identify and advocate for their oral health needs.<sup>4</sup> Gender diverse patients also face unique challenges navigating the health system, which often include discrimination, stigma and healthcare providers’ lack of understanding regarding their healthcare needs.<sup>5</sup>

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<sup>4</sup> Tyrell, L., Mansfield, T., & Casey, S. (2017). *Refugee and Asylum Seeker Oral Health Recall Tool – Development Pilot: Final Report*, Victorian Refugee Health Network, Melbourne.

<sup>5</sup> Victorian Department of Health & Human Services. (2014). *Transgender and gender diverse health and wellbeing. Background Paper*, DHHS, Victoria.

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It is important that dental practitioners are appropriately trained and equipped to support the physical and mental health and wellbeing of these patients.

**Q6. Do you have any other comments on the Standards?**

See concerns outlined at Q.1. Given that the Standards cover teaching programs for a range of different dental practitioner registration divisions, the Guidelines should specify the dental practitioner and educational qualifications, clinical practice experience (and recency of clinical practice), and teaching/research experience that define “suitably qualified and experienced” teaching staff and “external experts” for the purposes of various teaching and assessment roles across these diverse programs.

If you require any further information on the ADA’s position, please do not hesitate to contact Ms Eithne Irving, Deputy CEO and General Manager Policy and Advocacy, on 02 8815 3332 or at [eithne.irving@ada.org.au](mailto:eithne.irving@ada.org.au).

Yours sincerely,



Dr Carmelo Bonanno  
President