

DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF
AUCKLAND UNIVERSITY OF TECHNOLOGY
Graduate certificate oral health programme

April 2024

SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

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SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

Review conducted

15 April 2024

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Programme Provider

Auckland University of Technology	90 Akoranga Drive, Auckland 0627
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SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

1. EXECUTIVE SUMMARY

Programme provider	Auckland University of Technology
Programme/qualification name	Graduate Certificate of Health Science (Oral Health)
Programme/qualification abbreviation	GradCertHSc(Oral Health)
Programme length	1 year, part-time
Registration division	Oral health therapy – accredited course for adult restorative care Dental therapy – accredited course for adult care in dental therapy under clinical guidance
New Zealand Qualifications Framework Level	Level 7
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (2021)
Date of site evaluation	15 April 2024
Date of Dental Council decision	9/07/2024
Type of accreditation	Initial Accreditation
Accreditation start date	9/07/2024
Accreditation end date	31/12/2029

SUMMARY OF FINDINGS

Background

Auckland University of Technology (AUT) offers an accredited Bachelor of Health Sciences in Oral Health programme, with graduates eligible to register and practise as oral health therapists in Aotearoa New Zealand. The University requested the Department of Oral Health (department) to develop and deliver a pilot adult care in dental therapy postgraduate course during the summer school period of 2017/18, which 13 students attended. The course did not lead to any registration or scope of practice changes for those who participated in the pilot. Subsequently, the department made further refinements to the programme.

The site evaluation team (SET) acknowledges Professor Fiona Brooks, Pro Vice-Chancellor and Dean of the Faculty of Health and Environmental Sciences (FHES), who sadly passed away in 2023, and championed the introduction of this programme.

The Graduate Certificate of Health Science (Oral Health) programme was submitted for accreditation as an *Adult restorative programme* for the:

- oral health therapy scope of practice, and
- adult care in dental therapy scope of practice under the category of clinical guidance¹.

The programme was designed to enable dental therapists to provide adult care in dental therapy, and to allow oral health therapists to have their restorative care exclusion removed - enabling them to provide examination, treatment planning and restorative dental care to patients over 18 years of age within their scope of practice.

The proposed programme design is one-year part-time study, with two primary components:

- Semester 1: Course ORAH702 *Oral Health Adult Patient Care I* - the didactic and pre-clinical components. A combination of lectures, tutorials, workshops, and simulation clinic.
- Semester 2: Course ORAH703 *Oral Health Adult Patient Care II* – primarily, clinical experiences through placement supervised by a programme-approved dentist/dental specialist, or an oral health therapist/dental therapist whose scope allows them to offer restorative care to adults.

¹ Clinical guidance means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance, but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group. (Dental Council of New Zealand). Disease prevention, oral health promotion and maintenance are core activities.

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An anticipated intake of up to 32 students per year is planned. Eligibility criteria for the programme will be New Zealand registered dental therapists and oral health therapists with at least three years of restorative dental clinical experience postgraduation. Applicants will need to provide a resume as part of their enrolment to demonstrate their experience. Places will be allocated based on geographical location and priority groups.

Overview of the Evaluation

The SET considered the submission material. Additional information and clarification were requested from the programme and provided. Interviews were conducted via videoconferencing. The SET interviewed the school leadership team, department leadership, those secured to deliver the didactic teaching, and a university representative of student services. The interview schedule is available as Appendix B.

Key Findings

The SET commends the programme for its constructive engagement with New Zealand stakeholders and Australian dental academics to develop the curriculum. The extensive range and quality of dental academic input into the development, and their enthusiasm to teach into the programme was evident; and will be a great asset to the programme in its establishment phase and while local expertise is developed.

The appointment of a full-time programme coordinator, a New Zealand registered dentist with close to twenty years of practice experience, is a strong commitment by the department and school to support the programme's success.

The department, under the leadership of the university and with the support of various AUT te Tiriti and Māori frameworks, continue to develop and strengthen their cultural competence and safety knowledge, tikanga and learning content, and recruit and support Māori and Pasifika students to succeed. The same commitment for the GradCertHSc(Oral Health) programme was evident. The department appointment of a kaiwhakaako lecturer with specialised knowledge and expertise in Māori is commended. Ongoing efforts to work with and strengthen working relationships with Māori advisors and sector organisations were demonstrated.

The curriculum content is comprehensive and clearly articulated. With strong pre- and clinical experiences the programme will enable students to gain the required competencies to offer restorative care to patients of all ages, within their dental therapy and oral health therapy scopes of practice.

A few areas for further refinement on the clinical experiences were identified. These included:

- a. During placements:
 - Clear guidance on the range and complexity of restorative procedures during placements to offer assurance of experience across the required scope of practice.

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- Clearly articulate expectations on the level of supervision required by the mentor (term used by programme for those providing clinical supervision during placement).
 - Expressed requirement for informed consent for care delivered by a student.
 - Emphasise the need for the student and mentor to formalise a referral pathway.
 - Students must be reminded that if they are practising in their current registered scope of practice during their studies, they continue to need a current practising certificate (not only registration).
- b. *Clinical Placement Guidelines for Adult Dental Therapy Clinical Supervisors*: The guideline is framed mostly in the context of multiple students and a team of mentors. Review and update the guidelines to ensure it is suitable for different practice scenarios, including a single student with one mentor in a busy, small private practice.
- c. In the absence of additional assessment opportunities for pre- and clinical summative assessments: Establish more learning/practice and remedial opportunities for pre-clinical practice, and formalise active clinical progress monitoring by the course coordinator with the ability to offer additional support to the student and mentor to enable the students to succeed in the summative assessments.

Comprehensive mentor induction, including explaining the marking rubrics and calibration of clinical assessments, and monitoring of the e-portfolio by the course coordinator will be essential to ensure consistency in formative assessments during placements. Evidence that this occurred will be requested during the early annual reporting by the programme.

A reminder for the programme to ensure the website and academic calendar accurately reflects the requirement for three years restorative dental clinical experience, as was confirmed through the subsequent information provided but not included in the official course documentation initially submitted.

Overall, the SET was satisfied that with greater clarity on the placement clinical requirements, strong monitoring of clinical progress and remediation support for additional clinical learning when needed, the programme will deliver competent graduates to provide restorative care to patients of all ages within their dental therapy and oral health therapy scopes of practice.

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Accreditation decision

The Council granted accreditation to the Graduate Certificate of Health Science (Oral Health) programme as an *accredited Adult restorative programme* until 31 December 2029 for the:

- a. oral health therapy scope of practice, and
- b. adult care in dental therapy scope of practice under the category of clinical guidance²;

subject to the following conditions being met:

To meet standard 1 – patient safety and standard 3 – programme of study

By 31 October 2024:

1. The programme submits a timetable for both semesters for the first intake of students, including staffing allocated to the activities.
2. Update the *Clinical Placement Guidelines for Adult Dental Therapy Clinical Supervisors* and related documentation with the following:
 - a. Guidance on the range and complexity of restorative procedures during placements needed to offer assurance of experience across the required scope of practice. This information should also be available to those interested in enrolling in the programme.
 - b. Articulate the expectation on the level of clinical supervision required by the mentor.
 - c. Expressed requirement for informed consent where care is being delivered by a student during placement.
 - d. Emphasise the need for the student and mentor to formalise a referral pathway.
 - e. Remind students that if they are practising in their current registered scope of practice during their studies, they need a current practising certificate.
 - f. Reframe the guidelines to be suitable for different practice scenarios. For example, a single student with one mentor in a busy, small private practice.

² Clinical guidance means the professional support and assistance provided to a dental therapist by a practising dentist or dental specialist as part of the provision of overall integrated care to the adult patient group. Dental therapists and dentists/specialists normally work from the same premises providing a team approach. Clinical guidance may be provided at a distance, but appropriate access must be available to ensure that the dentist or specialist is able to provide guidance and advice, when required and maintain general oversight of the clinical care outcomes of the adult patient group. (Dental Council of New Zealand). Disease prevention, oral health promotion and maintenance are core activities.

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To meet standard 5 – assessment

By 31 October 2024:

3. In the absence of additional assessment opportunities for clinical summative assessments, and to identify and more effectively support students who need extra time or support, the programme:
 - a. provide more flexible pre-clinical opportunities before the summative assessments
 - b. in the material to students and mentors, document formalised monitoring and remedial processes during the placement, between the programme coordinator, student and mentor.
4. Include an unseen case scenario in the verbal assessment in ORAH703, for equity and moderation purposes.

In the next annual report after the programme has been introduced:

5. The programme provides evidence of:
 - a. Comprehensive mentor induction, including explaining the marking rubrics and calibration of formative clinical assessments by mentors.
 - b. Monitoring of the e-portfolio by the course coordinator to ensure consistency between formative assessments during placements, and if applicable, that additional support or remediation was available to students and/or mentors who needed it.
 - c. Feedback collected from staff, students, and mentors during the first year and at the end of the year, and any changes made based on feedback received.

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Commendations

The commendations are as follows:

1. The school and programme's commitment to improve oral health equity within New Zealand communities by upskilling dental therapists and oral health therapists within restorative care.
2. The recent engagement with New Zealand stakeholders and Australian dental academics to develop the curriculum. The level of dental academic collaboration in the curriculum development, and ongoing involvement in the didactic teaching will benefit the programme, while developing a local pool of expertise.
3. The commitment to the programme through the appointment of a full-time programme coordinator.
4. The departmental appointment of a kaiwhakaako lecturer with specialised knowledge and expertise in Māori.

Recommendations

The recommendations are as follows:

1. The programme monitors whether the clinical access agreement is a barrier for students to enter the course and explore solutions if that is the case (for example a condensed, simplified version suitable for small/medium businesses).
2. Where possible, have an on-campus induction for students to build rapport between students and staff, among the student group themselves, and enable students' initial access to any specific support they may need.
3. During the mentor induction session and within their guidelines, highlight the student support services available to students, to enable the mentors to better direct students if they identify a concern.

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2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

Standard Statement	Criteria	Evidence	Assessment
1. Public safety is assured	1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the programme, clinical education and learning outcomes.	<ul style="list-style-type: none"> Students will be registered dental therapists or oral health therapists, which are required to comply with the Dental Council Standards framework for oral health practitioners (standards framework). One of the graduate profiles is: Practice safely and competently as a member of the oral health team. All pre- and clinical care are provided under supervision by registered oral health practitioners. During the interviews the programme's focus on protection of public safety was evident. This was supported by documentation submitted – for example clinical guidelines, health and safety protocols, passing ORAH702 before clinical care starts etc. 	<i>Standard is substantially met</i>
	1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> The same provisions that apply for undergraduate students would apply for these students – such as police clearance, immunisation and AUT's fitness to practise declaration compliance monitoring. Students are practising oral health practitioners that must comply with the Council's standards. Any health concerns potentially impacting on practice will be managed by the Council through their annual practising certificate. Students have access to a range of health and wellbeing support services at AUT. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	1.3 Students achieve the relevant competencies before providing patient care as part of the programme.	<ul style="list-style-type: none"> Students must pass the didactic and pre-clinical component before starting the clinical component (ORAH702). 	
	1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.	<ul style="list-style-type: none"> Staff and mentors within the pre-clinical environment are registered oral health practitioners with practising certificates. A registered dentist has been employed as course coordinator, and to provide lecturers, and calibrate clinical educators (internal)/mentors(external) to meet the restorative care requirement to treat adult patients in collaboration with the head of department (HoD) and head of programme. Patient care will be delivered during the placements by a programme-approved dentist/dental specialist, or an oral health therapist/dental therapist whose scope allows them to offer restorative care to adults. 	
	1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety and quality and care policies and processes and meet all relevant regulations and standards.	<ul style="list-style-type: none"> On campus, extensive health and safety policies, processes and safety measures are in place. Clinical placements are in facilities where dental services are delivered. As registered practitioners, both the student and mentor have responsibility to comply with the relevant standards. AUT has clinical access agreements with health service providers that offer clinical placements for students. The template agreement outlines the responsibilities of both parties, and include aspects of public safety, appropriately qualified and registered 	

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Standard Statement	Criteria	Evidence	Assessment
		<p>personnel, patient records, privacy and occupational health and safety.</p>	
	<p>1.6 Patients consent to care by students.</p>	<ul style="list-style-type: none"> • In AUT clinics, patients are made aware that care is provided by students, and patients can choose to decline care being delivered by a student. • These students are registered practitioners with informed consent obligations. • The Clinical Placement Guidelines for Adult Dental Therapy Clinical Supervisors refer generally to informed consent but does not specify a requirement for consent when treatment is delivered by a student during placement. This must be highlighted in the guidance. 	
	<p>1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.</p>	<ul style="list-style-type: none"> • Students are registered oral health practitioners and must comply with the Council's standards framework. • Practice during the course of study should demonstrate compliance with these obligations. This is articulated in the learning outcomes. • Any concerns should be identified and addressed by the programme, placement supervisor. Breaches must be reported to the Council. 	
	<p>1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.</p>	<ul style="list-style-type: none"> • The university and faculty's expectations from staff and students around conduct are clearly articulated in the submission and supplementary appendices. • Students, academic staff, and mentors are all registered oral health practitioners with professional obligations. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> One of the programme's graduate profiles is: Adhere to high standards of ethical and professional behaviour. This was mapped to programme learning outcomes. 	
2. Academic governance and quality assurance processes are effective	2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.	<ul style="list-style-type: none"> Expected university academic governance structures and processes are in place. The programme will report to both the School of Clinical Sciences Undergraduate Board of Studies (UGBOS) and Assessment Board. Guidance for moderation for the programme was approved by UGBOS in December 2020; evidence was provided to the SET. The programme committee comprises of a quorum of academics, advisors, administration support, course coordinators, the HOD and programme leader have academic oversight of academic quality and student assessments. The programme committee will submit an annual programme report to the Faculty Board, which reports on student enrolment and achievement and programme development throughout the year. 	<i>Standard is met</i>
	2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.	<ul style="list-style-type: none"> Students evaluate the courses through student course experience questionnaires (SPEQ), with comparisons against other university courses at the same level. The programme will have a student representative that will be able to table agenda items for the course leader meetings, or approach programme staff with student concerns. Internal and external academics contribute to the programme through the practice of internal and external moderation. 	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Minutes of a 2023 Oral Health Advisory Committee Meeting confirmed active engagement by the committee on the proposed programme. • The HOD established an External Advisory Group (EAG) for the programme. The group comprised of Australian dental academics to provide subject matter expertise in relation to the curriculum for adult scope for dental therapists and oral health therapists. The EAG supported the department to develop a curriculum that would ensure safe, competent graduates from the course. • Many of the EAG members will offer didactic teaching for the programme. The interview sessions with these Australian academics confirmed their active participation in the curriculum development and commitment to monitor the programme once implemented to refine any aspects needed. • The constructive collaboration between the leadership of AUT and University of Otago oral health programmes was noted and encouraging. The two programmes, with input from a senior NZ dental academic, worked on common understanding of the complexity level of restorative procedures on adult patients that fell within the dental therapy and oral health therapy scopes of practice; and importantly what did not and required referral (Appendix C). • The SET was impressed with the extensive and quality of dental academic input into the development of the programme, and the enthusiasm by the EAG members for ongoing teaching into the programme. 	
	2.3 Mechanisms exist for responding within the curriculum	<ul style="list-style-type: none"> • The recent programme development demonstrated academic and clinical input to ensure it reflects contemporary practice. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	to contemporary developments in health professional education.	<ul style="list-style-type: none"> For the foreseeable future the EAG will inform the programme. Attendance of the College of Oral Health Academics annual conference facilitate meeting likeminded academics, researchers, and clinical educators teaching adult scope restorative throughout Australia, Aotearoa, and Fiji. The department collaborates with oral health programmes in NZ and Australia including colleagues from the University of Otago, Newcastle University, La Trobe University and Central Queensland University on educational material, interprofessional education and external examination moderation. 	
3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies	3.1 A coherent educational philosophy informs the programme's design and delivery.	<ul style="list-style-type: none"> The curriculum content, and clinical education progressing from pre-clinical to clinical care under clinical supervision appear cohesive and appropriate to support the learning and teaching. The approach is comparable to those of other similar training programmes accredited in Aotearoa New Zealand. 	<i>Standard is substantially met</i>
	3.2 Programme learning outcomes address all the required professional competencies.	<ul style="list-style-type: none"> The graduate profile and the learning outcomes for the two courses were considered appropriate for the programme. The range of topics, pre-clinical procedures and combination of learning and teaching methods support the attainment of the learning outcomes. Should an applicant not have undertaken a pharmacology course as part of their previous degree they will be required to complete PHMY701 Pharmacology for Professional Practice before they are offered a place in the programme. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.</p>	<ul style="list-style-type: none"> • Assurance on the range of clinical experience during the placement was a concern to the SET. Further details under criterion 3.3. <ul style="list-style-type: none"> • As a new programme, no benchmark on clinical experience was available. • A list of pre-clinical activities to be successfully completed was provided. A total of 37.5 hours of simulation clinic in semester 1 is planned. • Opportunities to develop competence providing restorative care on patients will be available during the placements in semester 2 (ORAH703). • The programme expects student to complete a minimum of 80 hours of clinical practice during placement. • The programme noted: <ul style="list-style-type: none"> ○ Clinical hours do not equate to competence. ○ Students will need to demonstrate through their portfolio that they have managed a variety of cases, including the referral process. ○ The Programme Coordinator will monitor the clinical progress. Real time data from the e-portfolio allows the coordinator to extract data to proactively respond to the ongoing needs of students. • The SET acknowledges the programme's reluctance to prescribe specific number of procedures for students – as practical 	

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Standard Statement	Criteria	Evidence	Assessment
		<p>experiences will differ, and a defined number of procedures does not equate to competence.</p> <ul style="list-style-type: none"> • However, clear guidance is needed on the range and complexity of restorative procedures needed to offer assurance of experience across the required scope of practice. • This will provide guidance to the student and mentor to: <ul style="list-style-type: none"> ○ manage expectations ○ facilitate upfront assessment by the mentor whether the workplace can offer adequate clinical material to support the student learning ○ offer transparency and support to the programme coordinator in review of clinical portfolios, and ability to raise concerns on gaps of clinical experiences, or worst case – not meeting the clinical requirements. • The programme can facilitate support where students cannot get exposure to certain procedures, to provide equity in comparable experiences. • This will ensure clinical experiences across a range of restorative procedures and patient mix, appropriate for their scope of practice. 	
	<p>3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p>	<ul style="list-style-type: none"> • An overview of the two courses were provided. Information included: <ul style="list-style-type: none"> ○ Course prescriptors and learning outcomes ○ Course content with lecturers responsible for topics 	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> ○ Assessments and additional assessment opportunity criteria, where applicable ○ Learning and teaching methods. ● Semester 1: Students will undertake a minimum of 48 hours of lectures, 7.5 hours of tutorials, 4 hours of workshops and 37.5 hours of simulation clinic. For every hour of learning, the same time is expected for self-directed learning. ● Semester 2: Students will undertake 9 hours of lectures 3 hours of tutorials, 4 hours of workshops and 80 hours of clinical practice in simple restorative adult care. ● The information identified a range of learning and teaching methods, which included lectures, tutorials, workshops, self-directed learning, simulation, and work-based learning during clinical placements. On campus, online and blended learning approaches are planned. ● The range and combination of learning and teaching methods are comparable to similar programmes; and appropriate for the programme. 	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> ● Specific research component not required by the programme – competency attained during undergraduate learning. ● The programme will require students to apply contemporary knowledge and adopt a critical problem-solving, evidence-based approach to the acquisition of information and knowledge and the accomplishment of learning tasks. 	

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Standard Statement	Criteria	Evidence	Assessment
	<p>3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.</p>	<ul style="list-style-type: none"> Lecturers and programme staff comprise of a range of oral health professionals – including dentists, dental specialists, oral health therapists and dental therapists with adult scope restorative. Placements will provide opportunities for the student to work with other members of the dental team. In particular to learn from their mentor – being either a dentist, oral health therapist or dental therapist who can provide restorative care. 	
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<ul style="list-style-type: none"> A course coordinator was appointed, who is a New Zealand registered dentist with almost twenty years practice experience. The coordinator will take primary responsibility for the pre-clinical teaching. The staff matrix included an extensive list of Australian dental academics who will support the didactic component as guest lecturers. The department recently appointed a kaiwhakaako lecturer with specialised knowledge and expertise in Māori. They will lead the cultural competence and safety aspects for the undergraduate and this programme. The range and experience of staff envisaged to support the programme was appropriate and commendable. 	
	<p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> Accreditation processes for the undergraduate oral health programme confirmed that the AUT oral health facilities are appropriate for didactic, pre-clinical and patient care. 	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Placements will be at providers where oral health services are provided – and practitioners have an obligation to ensure appropriate standards are followed. 	
	<p>3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.</p>	<ul style="list-style-type: none"> As registered oral health practitioners, students will be expected to have attained cultural competence for the purpose of registration, further developed over the years through their professional development and practice experiences. The responsibility of the programme is to ensure cultural competence is demonstrated and appropriate for patient care provided. Further details to follow in accreditation standard 6. 	
	<p>3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.</p>	<ul style="list-style-type: none"> An intake of 32 students per year is planned. The full-time programme coordinator will have responsibilities for curriculum development, course coordination, student support, assessment management, and lead the pre-clinical teaching. The didactic teaching staff was secured for most lecture topics planned. Some of the undergraduate clinical staff, oral health academics and leadership team members will also support the programme. The programme indicated that additional staffing will be needed for clinical supervision in simulation and for some lectures. This will occur once the course receives accreditation. The level of support from the profession to act as mentors for the students during placement is unknown. However, similar 	

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Standard Statement	Criteria	Evidence	Assessment
		<p>programmes are already offered in New Zealand and their students are supported.</p> <ul style="list-style-type: none"> Simulation and assessment activities will occur during the semester break for the undergraduate programme period (end of semester 1), to not interfere with their resourcing. The SET was satisfied with the current level of resourcing. The programme coordinator and head of department will be responsible to monitor this once the programme has started. 	
	<p>3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies.</p>	<ul style="list-style-type: none"> Once the programme approved the mentor, a clinical access agreement will be signed. The clinical access agreement is a standard university document, with an appendix customised for the specific programme placements. The SET expressed a view that the contract may be perceived as technical and overwhelming – which could potentially impact on willingness of some smaller private practices to sign up as mentors for students. The department and programme reported that this has not previously been a barrier for undergraduate placements or with other health profession placements; but acknowledged the point raised. The programme should monitor whether the clinical access agreement becomes a barrier for students to enter the course and explore solutions if that is the case (for example an abridged version for small/medium businesses). 	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> Where patient care cannot proceed within the student's nominated placement facility, the programme will support the student with access to the Niho Ora ki Manukau clinic during undergraduate break periods. The programme indicated a potential capacity to support up to 4 students, if needed. 	
<p>4 Students are provided with equitable and timely access to information and support</p>	<p>4.1 Course information is clear and accessible.</p>	<ul style="list-style-type: none"> Course information will be made available on Canvas. An induction will be held at the start of the programme. It is recommended that where possible, this be done on-campus to build rapport between students and staff, and enable them to access support they may need etc. The <i>Clinical Placement Guidelines for Adult Dental Therapy Clinical Supervisors document</i> needs some refinement before the programme starts. The guideline is framed mostly in the context of multiple students, and a team of mentors. This will not be scenario in most placements. The programme expectation on the level of clinical supervision required during the placement is not clearly articulated. This will create uncertainty for the student and mentor, and may impact on patient safety and student development. Criterion 3.3 articulated the need for guidance on the anticipated clinical experiences required during the placement. 	<p><i>Standard is met</i></p>
	<p>4.2 Admission and progression requirements and processes are fair and transparent.</p>	<ul style="list-style-type: none"> The admission criteria for the programme are: <ul style="list-style-type: none"> an applicant must have completed: <ul style="list-style-type: none"> (a) A bachelor's degree in oral health or 	

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Standard Statement	Criteria	Evidence	Assessment
		<p>OR</p> <p>ii. (b) A relevant professional qualification or experience approved by the Head of Program</p> <p>iii. AND at least three years restorative dental clinical experience.</p> <ul style="list-style-type: none"> ○ Should an applicant not have undertaken a pharmacology course as part of their previous degree they will be required to complete PHMY701 Pharmacology for Professional Practice before they are offered a place in the program. ○ An applicant's course of study must be approved by the Head of Programme prior to enrolment. <ul style="list-style-type: none"> ● If there were any concerns about recency of practice, the programme can contact the referees. ● Pre-requirements for each semester course was clear, and summative assessments articulated. ● If the student is practising in their currently registered scope of practice during their studies, they also need a current practising certificate (not only registration). ● A reminder for the programme to ensure the website and academic calendar accurately reflects the requirement for three years <u>restorative</u> dental clinical experience. 	
	<p>4.3 Students have access to effective grievance and appeals processes.</p>	<ul style="list-style-type: none"> ● Students are entitled to the same processes as students enrolled in the undergraduate programme including moderation, grade reconsideration, general application to assessment board and appeals to the Dean. 	

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Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> A three-step process is described for when a student is dissatisfied with any aspect of the university service being given – being it staff, a university provider etc. <p>These processes are articulated in the student handbook and academic calendar; copies provided to the SET.</p> <ul style="list-style-type: none"> In simulation and clinical settings, clear and constructive feedback will be provided at the time of the clinical experience, both verbally and documented in the e-portfolio. This will support any complaints or concerns. 	
	<p>4.4 The provider identifies and provides support to meet the academic learning needs of students.</p>	<ul style="list-style-type: none"> Through formative and summative assessments, workshops, simulation, and clinical practice, staff can identify and provide support to meet the learning needs of students. Students can seek academic support from staff via email or by appointment using the contact information provided on CANVAS. The clinical coordinator will monitor clinical progress via the e-portfolio and interaction with the mentors and students; remediation plans can be set in place. For general academic support students can seek support from AUT library advisors in person or online access to examples and videos about academic writing and presenting ideas. Students can book to attend workshops about academic writing, paraphrasing, referencing, and presentations. These are accessible remotely for part-time students. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>4.5 Students are informed of and have access to personal support services provided by qualified personnel.</p>	<ul style="list-style-type: none"> • Information on support services available can be found on the university website, with a link in the student handbook. • Students are informed of these services during induction. • Students can self-refer, or with the support from programme staff. • A range of services are available ranging from health and wellbeing, financial support, services for the diverse communities etc. • This is available remotely. • During induction of mentors, information on university support services should be shared, for them to know how to better support their student, if needed. 	
	<p>4.6 Students are represented within the deliberative and decision making processes for the programme.</p>	<ul style="list-style-type: none"> • The programme will have a student representative and will be invited to submit agenda items for the monthly course leaders meetings. • Students will be able to influence changes to the programme and its delivery through their feedback in the SPEQs. 	
	<p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> • The university has: <ul style="list-style-type: none"> ○ <i>Diversity Strategy and Action Plan</i> – expressing its commitment to a diverse student and staff community, how to support them and to remove potential barriers for them to achieve success. ○ <i>‘Ki Uta Ki Tai’</i> - a student success plan 2022-2025. The plan provides a whole of university approach to support student learning and success, resulting in improved achievement and 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>retention. The proposal focusses on student success and how an inclusive vision for different populations of priority learners can improve outcomes for all AUT students.</p> <ul style="list-style-type: none"> • Māori and Pasifika students have priority for enrolment in all programmes. • Students have access to support (not limited to) Māori, Pasifika, students living with disabilities and members of the LGBTQIA+ community. • Places into this programme will be allocated based on geographical location and priority groups. The school and programme leadership has demonstrated a strong commitment to addressing inequity in oral health care. 	
<p>5 Assessment is fair, valid and reliable</p>	<p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p> <p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> • The course prescriptors, learning outcomes and assessments for the courses were provided; and were cohesive. 	<p><i>Standard is substantially met</i></p>
	<p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> • A variety of formative and summative assessments will be used, and the modes of assessment considered appropriate. Examples include written examinations, quizzes, case studies, workshops, formative and practical assessments. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • Formative assessment through the courses will be conducted to help the student assess their learning and constructive feedback will allow critical reflection on the learning progress. • Additional assessment opportunities (AAO) are available for students in semester one for those students who fail up to one learning outcome, but not when they failed any of the pre-clinical components. • For semester two, no AAO is offered for summative assessments. • The programme introduced the policy position to protect patient safety. • The SET accept the programme's position on this. However, considered that more learning and remedial opportunities for pre-clinical practice be available. The current pre-clinical competency assessment over a week across all the procedures are very tight; and competence may not be achievable by all students within this timeframe. • With such strong summative assessment positions, the programme must introduce: <ul style="list-style-type: none"> ○ more flexible pre-clinical opportunities before the summative assessments ○ formalised, documented monitoring and remedial processes during the placement between the programme coordinator, student and mentor. <p>This would provide structured opportunities for gaps or concerns to be identified, and additional learning opportunities to be created. It also offers another clinical perspective on</p> 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>student performance – supporting ongoing calibration and building a stronger case for the programme in case of a student failing a summative examination.</p>	
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> • A range of standard-setting activities, including pre- and post-moderation and calibration, was reported. • Assessments are marked against marking rubrics; the rubrics was available to the SET. • Comprehensive mentor induction and monitoring of the e-portfolio by the course coordinator will be essential to ensure consistency between formative assessments during placements. • Evidence that this occurred will be requested during the early annual reporting by the programme. • Information presented to the SET indicated that the verbal assessment in ORAH703 would include cases from the student's e-portfolio. • For equity and moderation purposes, the SET considered it appropriate to include an unseen case scenario into this final assessment. 	
	<p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> • The staffing profile provided was suitable for the course. • The programme reported that some of the Australian dental academics teaching into the programme will be involved in the final clinical assessment. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.</p>	<p>6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.</p> <p>6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.</p> <p>6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.</p> <p>6.9 The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Ao Marama (The New Zealand Māori Dental Association) in achieving cultural competence to oral health practitioners.</p>	<ul style="list-style-type: none"> • The Department of Oral Health is accountable to the University Student Success Plan - Ki Uta Ki Tai, a holistic approach to uplift student achievement and learning. Goal Two in Ki Uta Ki Tai speaks specifically to responding to Te Tiriti o Waitangi and how AUT's intentions, values, and actions align with our evolving organisational commitment to Te Tiriti. • Under Ki Uta Ki Tai, AUT developed Tērā Te Haeata – beyond the horizon, an AUT Tiriti responsiveness framework that will guide and inform priority objectives to support the operationalisation of Te Tiriti and the future direction of AUT. • The school of clinical sciences co-designed Te Tiriti Ora, an educational framework that will allow for a coordinated and structured approach to curriculum development to strengthen embedding of Te Tiriti o Waitangi into the various programmes. • In the context of Tē Tiriti Ora and Terā Te Haeata a range of strategies to incorporate mātauranga into oral health teaching practices, and te ao and te reo Māori into everyday work is being developed and implemented in collaboration with Te Ao Mārama. • Constructive working relationships are developed with the Te Ao Mārama executive, with representation on the oral health advisory committee. • Ngā Mokai o Ngā Whetu helps support and promote participation, development, and success of Māori oral health students. The AUT Department of Oral Health is committed to the objectives of Ngā Mōkai to enhance the whakawhanaungatanga between students and staff. • An oral health taura is the current Tūmuaki of Ngā Mokai o Ngā Whetu. 	<p><i>Standard is met</i></p>

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • These frameworks and relationships provide the foundation for programmes delivered by the Department of Oral Health. • The university, school and department recognise the disparities in oral health outcomes, and the value that this programme can bring towards meeting community oral health needs, support workforce demands, and contribute positively to the health outcomes of the population of Aotearoa New Zealand. 	
	<p>6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular.</p> <p>6.8 The programme provider ensures students are provided with access to appropriate resources, and to staff and the community with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Māori health.</p>	<ul style="list-style-type: none"> • The Office of Māori Advancement works closely with staff, students and the wider community in advising and implementing Mātauranga Māori kaupapa throughout AUT. • All AUT staff must undergo Te Tiriti o Waitangi workshops to strengthen their understanding of the obligations under Te Tiriti o Waitangi. • Te Tiriti Ora, is the framework the department utilises to ensure that Te Tiriti is honoured in the design of content material, graduate attributes, level 7 LO's, and assessments. • Course coordinators are encouraged to review course resources by ensuring access to readings and other materials represent a range of worldviews and perspectives related to oral health, Māori health, and health and wellbeing. • The development of Ki Uta Ki Tai, a holistic approach to uplift student achievement and learning, demonstrates commitment to student success. • AUT has specialist Māori and Pasifika student advisors who are trained to provide support and advice to those groups within a culturally appropriate context. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • The department recently appointed a kaiwhakaako lecturer with specialised knowledge and expertise in Māori. They will lead the cultural competence and safety aspects for the undergraduate and GradCertHSc(Oral Health) programme. • Content, expertise and experience related to te Tiriti, te ao Māori, and hauora Māori will all be leveraged off for the GradCertHSc(Oral Health) programme. • A range of cultural safety lecture topics and seminars were included in the content list: <ul style="list-style-type: none"> ○ Unconscious Bias ○ Racism ○ Who defines cultural safety? Feedback for informing practice ○ Two workshops on Critical Consciousness- and redressing power relationships. 	
	<p>6.4 Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori).</p> <p>6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of</p>	<ul style="list-style-type: none"> • As registered oral health practitioners, these students will be expected to have attained cultural competence for the purpose of registration, and further developed over the years through their professional development and practice experiences. • However, the programme recognises their role in ensuring cultural competence and safety, and ongoing learning. • The School of Clinical Sciences, and in the context of Ki Uta Ki Tai and Te Tiriti Ora, utilise a range of learning methods to reinforce the importance of Māori health models, the hui process and the Meihana model for clinical practice. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	cultural competence is appropriately assessed.	<ul style="list-style-type: none"> One of the learning outcomes in the e-portfolio relates to cultural competence, and forms part of the assessment of patient care. 	
	6.7 The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples.	<ul style="list-style-type: none"> The Department of Oral Health continues to attract and retain Māori and Pasifika students in the undergraduate oral health programme and the numbers have been steadily increasing from 9% and 6% in 2020 to 24% and 9% in 2022 with a slight drop in Māori students in 2023 to 20% but an increase in Pasifika students to 16%. Aligned with workforce priorities, successful enrolment of Māori applicants and Pasifika applicants in the GradCertHSc (Oral Health) is essential. Oral Health has regular hui with the Māori Kaiarataki, Equity Academic and with the Pasifika Equity Academic Leader. These staff provide support to oral health students in the whānau space at AUT North, and a recently opened whānau room at South Campus, Manukau - next door to the new oral health clinic. Students can also access Ngā Wai o Horotiu, AUT marae. There are a wide range of scholarships and awards available to Māori students. Te Tari Takawaenga Māori (Māori Liaison Services) provides further personal support to Māori students and their whānau. Students have access to Tuakana (Māori Peer Mentors) who provide academic support for tauira Māori, and Kaiārahi Māori who provide pastoral care. 	

SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> • AUT has specialist Māori and Pasifika student advisors who offer support to these students within a culturally appropriate context. • Other initiatives include the Piki Ake Kaipakihi Māori /Tuakana-Teina initiative to provide peer mentoring, connection, and communication to Māori students in the faculty and Māori student peer support. • The programme's commitment to recruit and support Māori and Pasifika students was evident. 	
	<p>6.10 Staff and students work and learn in a culturally appropriate environment.</p>	<ul style="list-style-type: none"> • During the review no concerns related to a cultural safe environment was raised. 	

SUMMARY OF FINDINGS

Appendix A – List of acronyms used in this report

Acronym	Description
AAO	Additional assessment opportunity
AUT	Auckland University of Technology
EAG	External advisory group
FHES	Faculty of Health and Environmental Sciences
HOD	head of department
SET	site evaluation team
SPEQ	student course experience questionnaires
UGBOS	Undergraduate Board of Studies

SUMMARY OF FINDINGS

Appendix B – Site visit schedule

Site Evaluation Team (SET) accreditation review Auckland University of Technology - Adult Dental Therapy Practice

15 April 2024

Team	SET members: Dr Jennifer Gray (chair) Ms Barbara Dewson (dental therapist with adult care) Ms Charlotte Metcalfe (oral health therapist without adult restorative exclusion) Dr Mark Goodhew (dentist) Dr Hiria McRae (laymember) Council Staff: Ms Suzanne Bornman – Prevention Manager
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SUMMARY OF FINDINGS

Monday, 15 April 2024		
10:00 – 10:25 (Adelaide: 7:30-7:55)	Closed session: SET briefing	
Zoom link:		
10:25 – 10:35 (Adelaide: 7:55-8:05)	Karakia & Introductions	
10:35 – 11:00 (Adelaide: 8:05-8:30)	Faculty leadership team	Dean FHES – Dean Brett Cowan Head of School of Clinical Sciences – Judith McAra-Couper Deputy Head of School – Teaching & Learning Lead – Ellen Nicholson Head of Department – Karen Lansdown
11:00 – 11:20 (Adelaide: 8:30-8:50)	Governance of programme	Head of Department – Karen Lansdown Programme Leader – Tanya Cleland Programme convenor – Sonika Ghaie Programme Development Team: Karen Lansdown, Tanya Cleland, Donna Kennedy and Daniel Fernandez
11:25 – 12:00 (Adelaide: 8:55-9:30)	Didactic teaching component	<i>Lecturers involved:</i> Kelly-Jean Burden Tanya Cleland Wendy Currie Dr Susie Dracopoulos Sonika Ghaie Chanae Ihimaera Donna Kennedy

SUMMARY OF FINDINGS

		Karen Lansdown Heidi Peacock Professor Hans Zoellner
12:00 – 12:30 (Adelaide: 9:30-10:00)	Break	
12:30 – 13:15 (Adelaide: 10:00-10:45)	Clinical teaching component	<i>Clinical educators/supervisors involved:</i> Tanya Cleland Sonika Ghaie Karen Lansdown
13:15 – 13:30 (Adelaide: 10:45-11:00)	Student support	Joanne Wilkins Nicholas Arnott
13:30 – 13:35 (Adelaide: 11:00-11:05)	Karakia & Conclusion	Head of Department – Karen Lansdown Programme Leader, undergraduate – Tanya Cleland
13:35 – 14:00 (AEST: 11:05 – 11:30)	Closed session: SET debrief	

SUMMARY OF FINDINGS

Appendix C – Adult restorative treatment within dental therapy and oral health therapy scopes of practice

Developed by NZ adult restorative training providers

Direct restorations of permanent teeth* (Class I, II, III, IV and V)

- Those easily accessed and simple to isolate at the gingival margin
- Does not include more than four surfaces
- Does not require pins or complex retentive features
- Does not appear to involve the pulp pre-operatively
- Consideration must be given to complexity, and referral made, when necessary, in the following situations:
 - o In an endodontically-treated tooth
 - o When adjacent to a dental prosthesis (fixed or removable)
 - o When the patient presents with an unfavourable occlusion (may include Class 2 Division 2, Class 3, deep overbite, loss of OVD depending on complexity).

**With the exception of cases covered and under the care of ACC.*