

**DENTAL COUNCIL (NZ)**  
**REPORT OF AN EVALUATION OF**  
**AUCKLAND UNIVERSITY OF TECHNOLOGY**  
**Bachelor of Health Science (oral health) programme**

**September 2022**

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

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

## Site visit conducted

21-23 September 2022

## Site Evaluation Team

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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	Bachelor of Health Science in Oral Health
Programme/qualification abbreviation	BHScOH
Programme length	3 years full-time
Registration division	Oral health therapy
New Zealand Qualifications Framework Level	Level 7
Accreditation standards version	New Zealand accreditation standards for oral health practitioner programmes (2021)
Date of site evaluation	21-23 September 2022
Date of Dental Council decision	5/12/2022
Type of accreditation	Re-accreditation
Accreditation start date	1/01/2023
Accreditation end date	31/12/2027

# SUMMARY OF FINDINGS

## Background

The Dental Council ('the Council') brought forward the accreditation period for the Auckland University of Technology Bachelor of Health Science in Oral Health programme from 31 December 2023 to 31 December 2022—with a full accreditation review during quarter three of 2022 to monitor all aspects of the accreditation standards. This allowed time for the programme to address the issues following the October 2021 targeted monitoring review.

A number of conditions were placed on the programme from the October 2021 review. The programme has satisfied all the conditions placed on it before the September 2022 accreditation review.

The purpose of this accreditation review was to validate the reported changes made to the programme, and to determine whether the programme meets the accreditation standards. This review served as the cyclical re-accreditation review.

## Overview of the Evaluation

The SET considered the submission provided by the programme. Additional clarification and supplementary information were requested, and shared with the SET.

The SET completed an on-campus site visit during 21 – 23 September 2022. A comprehensive range of interviews were conducted. Groups interviewed included: AUT Faculty of Health and Environmental Sciences leadership team, programme leadership, academic staff, clinical educators, community oral health placement clinical supervisors, clinic support staff, professional bodies, recent graduates, and students. All students were invited to their sessions to give everybody an opportunity to participate. A follow-up reminder was issued to all students on the day. Unfortunately, the uptake by students was limited. However, SET members engaged with students in both the patient and simulation clinics.

On 30 September 2022, a follow-up videoconference session was held with the programme lead, where random student e-portfolios records were selected and reviewed, and the year 3 clinical experience summary (HEAT map) was reviewed and discussed.

The site visit schedule is presented as Appendix B.

# SUMMARY OF FINDINGS

## Key Findings

Overall, the SET found that the work and learning environments appeared much improved. In general, a morale shift has been observed during the visit, with staff and students generally observed as being positive and collegial. The effort of the school and department over the last few months to make changes needed to address the issues raised is recognised. The commitment and effort of staff were evident.

The SET commends the university and school's significant work on Ki Uta Ki Tai and Te Tiriti Ora, and the commitment to honour Te Tiriti o Waitangi. The school's leadership was unambiguous in their vision and commitment to honour and embed Te Tiriti o Waitangi in their programmes, have systems in place to build an environment to support culturally safe environments and practices, and to call out racism and inequities. The embedding of Te Tiriti Ora into the curriculum and assessments of the oral health programme, and assurance that students attain the Dental Council Haumarutanga ahurea - cultural safety competencies, is the next phase for the oral health programme. Monitoring of the programme achieving this will be required.

The school is recognised for their identification of and initiative to address the community needs, and the partnership established with Te Whatu Ora Te Tai Tokerau (Northland), to develop opportunities for remote learning. Under the Council's accreditation guidelines, the inclusion of remote learning delivery is considered a major change. Due to insufficient information and time available as part of this review process, the programme was advised that the review of the remote learning delivery component would be explored separately, and in more detail.

The programme has the highest admission rates of Māori and Pasifika students across New Zealand dental programmes, with good support to these students to successfully complete the programme.

Overall, the SET considers that the programme has made significant improvements, with further work on curriculum and assessment reviews underway.

# SUMMARY OF FINDINGS

Areas of potential risk or concern include:

- Ongoing limited clinical experience on paediatric restorative care

Limited paediatric patient exposure, in particular in providing restorative care, and the heavy reliance on the community oral health placement centres for this clinical exposure, continue to be of concern.

Although goodwill exists amongst the community oral health placement centres, the sustainability is uncertain – and in the SET's view, potentially at-risk. Especially with the increased places required between the two New Zealand oral health programmes, expanding the AUT placements to second year students with increased student numbers across both years 2 and 3.

Sometimes the first hands-on paediatric patient treatment is during the community oral health placement, within a busy service environment, with supervision by an experienced clinician – not an educator. Although, the SET considers that both the programme and clinical supervisors at the community oral health placements work together to protect the safety of students and patients, this is not an ideal scenario.

Further, students who cannot travel outside of Auckland, or those allocated to private practices may not be guaranteed comparable exposure to restorative care during their placements.

The programme has introduced a dedicated clinical placement coordinator, tasked with oversight of clinical placements. They aim to place students at community placement providers where the student could gain access to the patients they need. However, this may not always be possible.

Exploring alternative models to ensure increased, consistent, and equal access to paediatric patients across years 2 and 3 remains an urgent priority.

The SET acknowledges there is value in the community oral health placements for exposing final year students to real-life practice environments and different approaches to care, but this cannot be the sole reliance of the programme for clinical teaching of restorative care on paediatric patients. Especially given the uncertain and stretched environments of Te Whatu Ora community oral health services.

Overall, those involved in the clinical supervision of these students confirmed that the students have sound foundation knowledge and skills, and once given the opportunities - quickly gained competence and confidence in providing restorative care, and would be considered at an entry level graduate across all the areas of the oral health therapy scope of practice.

Final year students and graduates were confident in their capabilities, and considered that they were ready for practice.

The SET had no concern about the entry level competence of the graduates, following completion of their clinical requirements and community oral health placements.

# SUMMARY OF FINDINGS

- Future location of Auckland Integrated Health Northmed clinic

The SET was concerned about the lack of information or articulation of a potential risk to the programme in the submission or leadership interviews, with the imminent end-of-lease of the AIH clinic. During the site visit the SET became aware of a discussion document on proposed changes with a potential option to return of the clinics to the North campus. The SET acknowledges the participation and information shared by the faculty leadership during the site review, after the SET became aware of this potential change.

The SET concern stems from the heavy reliance of this patient clinic for oral health students to attain clinical competence, and the reported under-utilisation of Buckland Road clinic due to low patient uptake over recent times.

Monitoring developments on the future of the patient clinic is considered necessary. In particular around access for students at the end of 2022 to complete any remediation or gain additional clinical experience to meet their programme requirements, assured access to patient clinics at the start of 2023, and appropriate risk management through this process.

More open and timely ongoing communication with stakeholders on this is strongly encouraged.

## Accreditation Decision

The Council approved the accreditation of the Auckland University of Technology Bachelor of Health Science in Oral Health programme until 31 December 2027, subject to the following conditions being met:

*To fully meet accreditation standards 2 - Academic governance and 3 - Curriculum:*

1. On the future of the Auckland Integrated Health Northmed clinic, a monitoring requirement on the following aspects until conclusion of this matter:
  - a. By 19 December 2022 or earlier: Report the outcome of the change proposal on the future location of the Northmed clinic.
  - b. By 19 December 2022 or earlier: Provide assurance of available clinical spaces for any student who may need to fulfil their competence requirements after the 2022 examinations, to allow for satisfactory completion of their qualification/year.
  - c. Before the start of the 2023 academic year: Provide assurance of a functional and safe patient clinic/s for the start of the 2023 academic year to satisfy the clinical learning needs; or secured placement arrangements that would meet the expected accreditation standards.



# SUMMARY OF FINDINGS

d. As part of above reporting: Provide evidence of robust risk management of this project.

*To fully meet accreditation standard 3 Curriculum:*

2. Explore alternative models to ensure increased, consistent, and equal access to paediatric patients across years 2 and 3.

a. By 30 June 2023, demonstrate alternative or additional arrangements secured to achieve the objective of increased, ongoing clinical access to paediatric restorative care patients.

*To fully meet accreditation standard 6 Cultural competence and criteria 3.2 as it relates to the Haumarutanga ahurea - cultural safety competency domain for oral health therapists:*

3. Demonstrate culturally appropriate engagement, progress on development, implementation, and initial outcomes on the embedding of Te Tiriti Ora into the oral health programme curriculum and assessments, to deliver graduates with the Dental Council Haumarutanga ahurea - cultural safety competencies.

a. By 30 June 2023, provide an update report on culturally appropriate engagement related to this workplan, progress on curriculum and assessment development to embed Te Tiriti Ora into the oral health programme, and an overview workplan and schedule for implementation.

b. By 30 October 2023, provide a report to demonstrate implementation and initial outcomes achieved, and remaining next steps. This includes evidence of how the Dental Council Haumarutanga ahurea - cultural safety competencies are embedded and assessed within the oral health programme.

*To satisfy the accreditation requirements related to a major change to a programme:*

4. Participate in the focused accreditation process to review the programme's change to include the distance learning delivery option, to determine if the accreditation standards are met within this context. This process to be completed before 30 June 2023.

# SUMMARY OF FINDINGS

## 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"> <li>The Dental Council Standards framework for oral health practitioners (standards framework) are embedded in the content and learning outcomes across the programme. These reflect ethical principles, professional and practice standards expected from oral health practitioners when practising in New Zealand.</li> <li>Learning content or clinical practice are updated where changes to Council practice standards are made, to ensure safe and appropriate clinical practice requirements are met.</li> <li>For example, following the Council's new cultural competence and safety domains the following learning outcome was added to the course material and clinical logbooks for patient care assessment: <i>Consistently demonstrate safe, accountable clinical practice and interpersonal skills, which are legally, ethically and culturally appropriate</i></li> <li>All pre- and clinical care are provided under supervision of clinical educators.</li> </ul>	<i>Standard is met</i>
	1.2 Student impairment screening and management processes are effective.	<ul style="list-style-type: none"> <li>For staff and students to participate in clinical placements, they must adhere to the university's compliance requirements, including health and conduct checks, police vetting, Children's Act, immunisation, fitness to practice declarations and clinical access agreements.</li> <li>Students must complete an annual fitness to practice declaration – containing similar questions that registered oral health</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>practitioners must complete during their annual practising certificate renewal process.</p> <ul style="list-style-type: none"> <li>Community oral health placement providers require proof of some of the university compliance requirements, such as police and Children's Act vetting, and immunisation.</li> <li>Review of random student e-portfolios confirmed the application of these requirements.</li> <li>The Council staff had earlier been advised of the management of a student with a current health condition. Protection of patient safety and support to the student were demonstrated through these interactions.</li> </ul>	
	<p>1.3 Students achieve the relevant competencies before providing patient care as part of the programme.</p>	<ul style="list-style-type: none"> <li>Clinical skills are developed first within a pre-clinical simulation environment.</li> <li>Summative assessments for ORAH 604 and 704 courses were introduced in 2021 to improve public safety by ensuring students have sufficient preclinical experience and competency to enable them to start clinical practice on patients.</li> <li>Where deficiencies or gaps are identified, strategies are in place to remediate the concerns within the preclinical environment, before proceeding or returning to patient care.</li> <li>The preparedness of students performing restorative care during their community oral health placements (outside of Auckland Integrated Health (AIH)/Northmed and Buckland Road clinics) is a concern. Due to the very limited restorative care patient contact available within the Auckland clinics, concerns were raised of</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>students undertaking their first restorative care on patients during their outplacements.</p> <ul style="list-style-type: none"> <li>• Although clinical supervision is in place in the community oral health placement centres, supported by supervisor introduction/information sessions from the programme before the placement - the challenge is that these clinical supervisors are not full-time clinical educators. They may find this responsibility challenging – especially within busy Te Whatu Ora service environments with long patient waiting lists and arrears.</li> <li>• Although, the SET considers that both the programme and clinical supervisors at the community oral health placements work together to protect the safety of students and patients, this is not an ideal scenario.</li> <li>• Further details to follow under criterion 3.3.</li> </ul>	
	<p>1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.</p>	<ul style="list-style-type: none"> <li>• Staff and clinical educators are registered oral health practitioners with practising certificates.</li> <li>• The programme is actively recruiting oral health therapists as clinical educators, to provide students the ability to undertake treatment across the oral health therapy scope of practice in any particular clinic session.</li> <li>• Ongoing involvement of a number of dentists and dental specialists within the programme is considered beneficial for the programme and student experiences. In particular, for students to develop an understanding of their own professional boundaries, experience in working with and referring to other members of the dental team etc.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>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.</p>	<ul style="list-style-type: none"> <li>• Ongoing initiatives to grow the future clinical educator workforce is strongly encouraged.</li> <li>• Extensive evidence of health and safety policies, processes and other ongoing safety assurances of equipment etc. were provided. These include alignment of procedures with the Dental Council practice standards – such as infection prevention and control, and COVID-19 guidelines/standards when it was in effect.</li> <li>• The professionalism and enthusiasm of the oral health sterilisation services team is complimented.</li> <li>• Patient information related to the Health and Disability Commission was displayed in the entry to the clinics, reminding patients of their rights and access to complaint services, if needed.</li> <li>• COVID-19 related signage about the wearing of masks were prominent, and wearing of masks and hand sanitising still applied in the clinics as per the government requirements for health services.</li> <li>• Close supervision and support by registered oral health practitioners, and the service providers' protocols, protect patient safety during community oral health placements. A recommendation to ensure consistent, robust introduction for all community placement supervisors, follow later in the report.</li> <li>• Patient feedback is collected by the clinics, and feedback shared with the programme. No serious concerns on oral healthcare delivered were reported during the interviews, or reflected in patient feedback/complaints collected at the Auckland clinics.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	1.6 Patients consent to care by students.	<ul style="list-style-type: none"> <li>• Informed consent forms were evident in the clinics.</li> <li>• Community oral health placement providers confirmed consent is required for treatment to be offered by a student.</li> <li>• Confirmation of informed consent obtained is recorded in both the e-portfolio and on the patient treatment record.</li> </ul>	
	1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner.	<ul style="list-style-type: none"> <li>• The programme has a strong focus on the Council's standards framework embedded throughout its programme.</li> <li>• Aspects such as professionalism, communication, record keeping, informed consent, cultural competence were all learning outcomes assessed of the clinical treatment provided.</li> <li>• The programme facilitates yearly presentations by the Dental Council and professional bodies to the graduating class. This reminds imminent registrants of their professional responsibilities on registration.</li> <li>• Students were described as professional, particularly in the patient clinics.</li> <li>• This statement was supported by the SET through their interactions with the students informally in the clinics, as well as engagement with students and recent graduates during the interview sessions.</li> <li>• This was further demonstrated by some of the reflections recorded by students and clinical educators in the e-portfolios.</li> </ul>	
	1.8 The programme provider holds students and staff to high levels of ethical and professional conduct.	<ul style="list-style-type: none"> <li>• The university and faculty's expectations from staff and students around conduct is clearly articulated in many of the submission resources provided.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>Although some work remains, in general a morale shift has been observed during this visit, with collegial and respectful engagement amongst programme staff and clinical educators displayed.</li> <li>Positive role modelling was evident in the patient clinics, endorsed by student and staff feedback.</li> </ul>	
<p>2. Academic governance and quality assurance processes are effective</p>	<p>2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement.</p>	<ul style="list-style-type: none"> <li>Within the Faculty of Health &amp; Environmental Sciences, the Faculty Board is responsible for the development, monitoring and review of its qualifications, teaching, and research in accordance with General Academic Statute and Regulations and the broader goals of the University. They are in turn responsible to the university's Academic Board</li> <li>The programme committee, a quorum of academics, advisors, administration support, the HOD and programme leader has academic oversight of programme academic quality and student assessments for the oral health courses.</li> <li>The programme shared evidence of the undergraduate board of studies' submissions and approvals for changes made to the course (such as new learning outcomes, changes to assessments etc.).</li> <li>Meetings are held with the programme committee, course leaders, and staff to discuss concerns or identify areas of development for the programme design and delivery.</li> <li>The SET had concerns about the very limited information made available upfront in the accreditation review process on the imminent end-of-lease of the AIH clinic. The discussion document on the proposed changes included a potential return of the clinics to North campus.</li> </ul>	<p><i>Standard is substantially met</i></p>

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Due to the heavy reliance of this patient clinic for oral health students to attain clinical competence, and the reported under-utilisation of Buckland Road clinic due to lower patient uptake, it would have been reasonable to expect this potential change to be highlighted as a potential risk to the programme delivery, either before the accreditation review, in the submission, or during the leadership sessions.</li> <li>• The SET acknowledges the participation and information shared by the faculty leadership during the site review, after the SET became aware of this potential change.</li> <li>• Concerns about lack of communication with stakeholders on proposed changes were raised.</li> <li>• Monitoring of the following aspects is considered necessary, until conclusion of this matter:               <ul style="list-style-type: none"> <li>○ assurance of available clinical spaces at the end of 2022 for any student who may need additional patient contact to fulfil their competence requirements after the examinations, until their clinical requirements have been met to allow for satisfactory completion of their qualification/year.</li> <li>○ assurance of functional and safe patient clinic/s for the start of the 2023 academic year to satisfy the clinical learning needs; or secured placement arrangements that would meet the expected accreditation standards.</li> <li>○ evidence of robust risk management.</li> </ul> </li> <li>• More open and timely ongoing communication with other stakeholders on this is strongly encouraged.</li> </ul>	



# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.</p>	<ul style="list-style-type: none"> <li>• Students evaluate the courses through student course experience questionnaires (SPEQ), with comparisons against other university courses at the same level.</li> <li>• Course leaders analyse the SPEQ results, and report to the programme committee to inform programme design, management, and quality improvement.</li> <li>• The results from the most recent SPEQs were shared with the SET, as well as examples of changes introduced as a result of feedback received.</li> <li>• Student exit surveys are conducted annually, providing graduates with an opportunity to provide open and honest feedback about their experiences and potential areas of improvement for the programme to consider.</li> <li>• Patients are invited to provide feedback following students' appointments in the clinic. These could be used to address any concern with a particular student, and generally used as learning opportunities.</li> <li>• Curriculum and assessment reviews have been initiated, but were still ongoing at the time of the accreditation review.</li> <li>• The programme has an advisory committee with various sector representatives, such as the New Zealand Oral Health Association, New Zealand Dental Association, Te Ao Mārama, clinical directors, recent graduates and Colgate Palmolive. Meetings were limited over recent years due to COVID-19.</li> <li>• In response to a Council requirement following the October 2021 review, the programme appointed a senior oral health practitioner as an interim dental academic support/mentor to the acting head of department. Besides their involvement in the recruitment and appointment process of the new head of department (HOD),</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>opportunities for discussions about the detail of the programme appeared to have been limited. Although this requirement will not be ongoing with the new HOD in place, their participation as part of the advisory committee may be beneficial for the programme.</p> <ul style="list-style-type: none"> <li>• It is the SET's opinion that the advisory committee has been underutilised, and more active and deliberate engagement with the committee on curriculum and assessment matters, beyond reporting by the programme, are strongly encouraged.</li> <li>• The advisory committee's membership could be revisited, including the involvement of a patient to have their voice represented in the programme.</li> </ul>	
	<p>2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p>	<ul style="list-style-type: none"> <li>• Academic staff engage with other Australasian oral health programmes, such as the University of Queensland and the College of Oral Health Academics forum.</li> <li>• The programme has a working relationship with the oral health programme of the University of Otago, allowing opportunities to share ideas on improvement of oral health education in New Zealand.</li> <li>• The new HOD signalled using of Australian dental academics to facilitate benchmarking of the programme.</li> <li>• The faculty is supporting academic staff to undertake further education qualifications to further improve the quality of teaching.</li> <li>• All allied and academic staff completes a 'my annual plan' to formalise their own professional development, to further develop and ensure they remain up to date with clinical developments and retain their foundation knowledge.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies</p>	<p>3.1 A coherent educational philosophy informs the programme's design and delivery.</p>	<ul style="list-style-type: none"> <li>• AUT <i>Directions</i> sets the university's overall strategic objectives, within which the oral health department aligns their philosophy and elaborate its own discipline specific vision, mission statements and course objectives.</li> <li>• The curriculum is founded in evidence-based practice, and the delivery underpinned by sound pedagogical practice.</li> <li>• The programme introduced a scaffolding educational approach in 2021, building on foundation knowledge and skills to increased complexity across the three years of the programme.</li> <li>• Improved integration between the didactic delivery and clinical education are evident through the e-portfolio, and interviews conducted.</li> </ul>	<p><i>Standard is substantially met</i></p>
	<p>3.2 Programme learning outcomes address all the required professional competencies.</p>	<ul style="list-style-type: none"> <li>• The learning outcomes were mapped against the Dental Council's entry level competencies for an oral health therapist, and covered the required areas.</li> <li>• Initial changes to the learning outcomes related to cultural competence and safety in clinical practice, was made.</li> <li>• Further work on this is ongoing – further details in standard 6.</li> </ul>	
	<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"> <li>• The embedding of the e-portfolio is well underway, with good uptake by students, clinical educators and most supervisors of community oral health placements. In cases where online access is difficult, written logbooks are maintained and information later entered into the e-portfolio.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• This allows for easy, real-time access by staff to monitor clinical exposure on an aggregate, subset or individual student level.</li> <li>• The SET observed a random sample of e-portfolios across years 2 and 3 students. The SET had access to a dashboard “HEAT” map for the year 3 students – reflecting the number of procedures across the oral health therapy scope of practice. This is colour coded to easily identify lower levels of exposure by a student in particular clinical areas. This is used to allocate patients with specific oral health needs to those students with lower levels of exposures.</li> <li>• COVID-19 continued to have some impact this year with students being unwell and isolating, and patient cancellations - but clinical exposure has increased from 2020-2021 levels.</li> <li>• Exposure to examinations, assessments, treatment planning, oral health promotion and periodontal management is good.</li> <li>• Limited paediatric patient exposure, in particular in providing restorative care, and the heavy reliance on the community oral health placement centres for this clinical exposure, continue to be of concern.</li> <li>• Previously paediatric patients were seen at the Buckland road clinic, but patient flow was reported as very poor over recent times. With current patient flow, this clinic appears to be under-utilised, and of limited value for student clinical opportunities. Consideration on the ongoing appropriateness of this as a clinic rotation is recommended.</li> <li>• Although goodwill exists amongst the community oral health placement centres, the sustainability is uncertain – and in the</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>SET's view, potentially at-risk. Especially with the increased places required between the two New Zealand oral health programmes, expanding the AUT placements to second year students with increased student numbers across both years 2 and 3.</p> <ul style="list-style-type: none"> <li>• As reported earlier, sometimes the first hands-on paediatric patient treatment is during the community oral health placement, within a busy service environment, with supervision by an experienced clinician – not an educator.</li> <li>• Students that cannot travel outside of Auckland, or those allocated to private practices may not be guaranteed comparable exposure to restorative care during their placements.</li> <li>• The programme has introduced a dedicated clinical placement coordinator, tasked with oversight of clinical placements. They aim to place students at community placement providers where the student could gain access to the patients they need. However, this may not always be possible.</li> <li>• Exploring alternative models to ensure increased, consistent and equal access to paediatric patients across years 2 and 3 remains an urgent priority.</li> <li>• Expanding patient access to care at the Buckland Road clinic other than school recruitment methods, which some consider outdated and pose a risk in the area of informed consent for minors, could be considered.</li> <li>• The SET acknowledges there is value in the community oral health placements for exposing final year students to real-life practice environments and different approaches to care, but this</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>cannot be the sole reliance of the programme for clinical teaching of restorative care on paediatric patients. Especially given the uncertain and stretched environments of Te Whatu Ora community oral health services.</p> <ul style="list-style-type: none"> <li>• Overall, those involved in the clinical supervision of these students confirmed that the students have sound foundation knowledge and skills, and once given the opportunities - quickly gained competence and confidence in providing restorative care, and would be considered at an entry level graduate across all the areas of the oral health therapy scope of practice.</li> <li>• Final year students and graduates were confident in their capabilities, and considered that they were ready for practice.</li> <li>• The SET had no concern about the entry level competence of the graduates, following completion of their clinical requirements and community oral health placements.</li> </ul>	
	<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"> <li>• Blended learning continues post COVID-19, with a combination of didactic teaching occurring online, such as interactive seminars, group work etc, with face-to-face modalities.</li> <li>• A new learning management system (LMS), Canvas, has been introduced. Feedback on this was positive. Student engagement in courses is monitored via Canvas.</li> <li>• Clinical practice is integrated with the theory, to ensure close alignment.</li> <li>• Clinical learning occurs in a variety of settings, that include the preclinical simulation room, dental laboratory, oral health clinics at</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>AIH Northmed and Buckland Road, and community private and public oral health clinics.</p> <ul style="list-style-type: none"> <li>• The e-portfolio allows for real-time monitoring of clinical exposure. Business rules can be established to ensure sign-off and reflection have been completed by the student and clinical educator.</li> <li>• Preclinical learning is used to ensure progressive development of skills and competence within the simulation environment, before progressing to patient care. It is further used for remediation, up-skilling of skills after extended breaks etc.</li> <li>• The concern about the use of clinical supervisors to take responsibility for teaching restorative care on paediatric patients have been articulated in criteria and 1.3 and 3.3.</li> <li>• The SET had concerns about the introduction of a new remote learning option.</li> <li>• The programme previously advised the Council that they were exploring learning opportunities for oral health students in Northland, similar to other health disciplines.</li> <li>• The programme submission advised that in 2022 a partnership was formed with Te Whatu Ora Te Tai Tokerau, Northtec, and the school for delivery of some of AUT's clinical science programmes by distance from Northland.</li> <li>• In Semester two, six oral health students were enrolled into a Northland occurrence. Other centres could follow on a similar model.</li> <li>• During the accreditation visit the programme was advised that the Council considers this to be a major change to the programme.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>The accreditation guidelines have defined processes for major changes that must be followed before implementation into a programme.</p> <ul style="list-style-type: none"> <li>The Head of School of Clinical Sciences accepted the Council's position, and apologised for the oversight in not following the correct accreditation process—as the school did not recognise/consider it to be a major change to the programme.</li> <li>The faculty leadership was advised that there was insufficient information and time available to fully consider this change. The accreditation review of this change to the programme would be considered separately, and require a submission from the programme. In particular, the potential resource impact this may have on academic staff with potential for multiple and diverse training centres across the country, and equitable support and integration for the students studying remotely.</li> </ul>	
	<p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p>	<ul style="list-style-type: none"> <li>Critical thinking to support a level 7 course, requires skills in applying, analysing, and evaluating information to enhance enquiry and communication as part of clinical practice.</li> <li>These skills are embedded in and assessed by the programme.</li> <li>No concerns were raised on this aspect.</li> </ul>	
	<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"> <li>AIH Northmed is an interprofessional clinic. This provides opportunities for oral health students to work together with other health disciplines to meet the health needs of the patient by collaborating before, during and after a consultation to review and</li> </ul>	



# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p>	<p>plan a patients care. It facilitates combined care patient appointments.</p> <ul style="list-style-type: none"> <li>• The health professions practising at AIH Northmed includes nursing, podiatry, physiotherapy, occupational therapy, psychotherapy, counselling psychology and oral health.</li> <li>• Other structured interprofessional learning (IPL) activities continue, such as moving and handing over of patients, and the diabetes clinics.</li> <li>• Work is underway in the school to develop shared courses in the context of IPL.</li> <li>• In 2021, a group of AUT oral health students participated in a collaborative online international learning exercise with oral health students from the Central Queensland University. This was repeated in 2022, with most of the year 2 AUT students participating.</li> <li>• The staffing profile provides for learning opportunities from a range of oral health practitioners and allied staff. Increased involvement by dentists and dental specialists in the clinical education should be further explored.</li> <li>• Referral pathways within the oral health clinic exists.</li> </ul> <p>• The appointment of the new HOD, an oral health therapist with academic and clinical experience, should provide leadership to the oral health programme, and continue to build on the many positive initiatives initiated by the previous acting HOD.</p>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• A number of new clinical educators have been appointed. The programme has strengthened its orientation for new academic staff and clinical educators, with validation that this occurred from a newly appointed clinical educator.</li> <li>• Embedding of this more robust induction process is still early days, and monitoring processes should be developed for the programme to ensure that it continues.</li> <li>• The dedication and enthusiasm from a number of academic staff and clinical educators was commendable. Their experience and confidence in the clinics were reassuring – in particular for new clinical educators joining.</li> <li>• A number of senior academic staff remains, supported by early career academics who bring fresh perspective and ideas to the table.</li> <li>• A new academic role for a Kaiwhakaako/Lecturer, with specialised knowledge and expertise in Māori approaches to oral health, has been established and was advertised in August 2022.</li> <li>• The programme continues to advance the 2021 accreditation recommendation that a specialist periodontist be involved with programme. Although guest lectures have been secured for 2022, ongoing involvement in both didactic and clinical teaching would be beneficial.</li> </ul>	
	<p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for</p>	<ul style="list-style-type: none"> <li>• In light of the October 2021 accreditation review, the SET was delighted to experience a more positive, collegial and supportive learning environment. This translated across interactions with staff, clinical educators and students.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>purpose and support the achievement of learning outcomes.</p>	<ul style="list-style-type: none"> <li>• Learning facilities include:               <ul style="list-style-type: none"> <li>○ lecture theatres, tutorial rooms, teaching spaces and facilities are equipped with computers and audio-visual equipment</li> <li>○ a 32 chair pre-clinical simulation room and plaster room opened in end of 2020 (rotation clinics scheduled)</li> <li>○ AIH Northmed clinic (15 chairs, 3 clinical sessions/day)</li> <li>○ Buckland Road clinic (4 chairs).</li> </ul> </li> <li>• The clinical spaces are considered appropriate teaching environments. Clinical educators have visibility across multiple chairs, with ability to move between students, as required.</li> <li>• Four left-handed chairs were available in the pre-clinical and AIH Northmed clinic.</li> <li>• The x-ray apparatus and sterilisation space appear fully functional, with expected safety measures in place, and evidence provided of licenses, maintenance and ongoing compliance monitoring.</li> <li>• The move to Canvas a cloud based LMS supports the shift to online didactic teaching, while Microsoft Teams are used for interactive activities.</li> <li>• The issue on the end-of-lease of the existing AIH Northmed clinic was raised under item 2.1.</li> </ul>	
	<p>3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates</p>	<ul style="list-style-type: none"> <li>• Cultural competence is articulated in the training material, and added to the e-portfolio as a new learning outcome to be assessed on clinical care provided.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment								
	equipped to provide care to diverse groups and populations.	<ul style="list-style-type: none"> <li>Further strengthening of cultural competence is a journey the school and the oral health programme are undertaking – see comments under standard 6.</li> <li>Student and staff profile is diverse, providing for learning opportunities from each other through role modelling.</li> </ul>									
	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.	<ul style="list-style-type: none"> <li>2022 student numbers reported were: <table border="1" data-bbox="1034 580 1375 710"> <thead> <tr> <th></th> <th>Students total</th> </tr> </thead> <tbody> <tr> <td>Year1</td> <td>86</td> </tr> <tr> <td>Year2</td> <td>72</td> </tr> <tr> <td>Year3</td> <td>71</td> </tr> </tbody> </table> </li> <li>The programme reported 18.2 FTE, with a total of 229 students, compared with 14.2FTE in 2018 (109 students).</li> <li>Four new clinical educators were appointed early September.</li> <li>Based on the student numbers and available staff, clinical supervision ratios were considered appropriated by the SET. In most patient clinics the supervision ratio is 1:6, and preclinical 1:8.</li> <li>No concern was raised about technology, equipment or materials.</li> <li>Access to paediatric patients and the reliance on community oral health placements have been raised as a concern earlier in the report.</li> </ul>		Students total	Year1	86	Year2	72	Year3	71	
	Students total										
Year1	86										
Year2	72										
Year3	71										
	3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to	<ul style="list-style-type: none"> <li>A copy of the memorandum of understanding with Te Whatu Ora for community oral health placements were sighted.</li> <li>Concern about the sustainability of the community oral health placements has been covered earlier.</li> </ul>									

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	achieve the relevant professional competencies.		
4 Students are provided with equitable and timely access to information and support	4.1 Course information is clear and accessible.	<ul style="list-style-type: none"> <li>• There was a low uptake by students during the dedicated student sessions. All students were invited, and reminders issued.</li> <li>• However, SET members engaged with students across all years of study during visits to pre-clinical and patient clinical spaces.</li> <li>• Course information is available on Canvas.</li> <li>• Information viewed by the SET was clear.</li> </ul>	<i>Standard is met</i>
	4.2 Admission and progression requirements and processes are fair and transparent.	<ul style="list-style-type: none"> <li>• Entry requirements are clearly articulated on the AUT website, and aligned with other health sciences programmes.</li> <li>• Faculty representatives advised that oral health had one of the highest student retention rates within clinical sciences.</li> <li>• Progression requirements are clearly articulated in the student material available on the LMS.</li> <li>• Various contact points are available to students to gain further clarity on admission or progression, if needed.</li> </ul>	
	4.3 Students have access to effective grievance and appeals processes.	<ul style="list-style-type: none"> <li>• An escalation pathway to dispute assessment grades or processes is available to students.</li> <li>• This process is articulated in the student handbook.</li> <li>• Updated criteria on additional assessment opportunities (AAO) were published. Feedback during interviews confirmed there was awareness of the changes by students and staff, and no concerns about ambiguity were raised.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>4.4 The provider identifies and provides support to meet the academic learning needs of students.</p>	<ul style="list-style-type: none"> <li>• Feedback provided to students are available in written and electronic form, which allows course leaders access to information when required.</li> <li>• Academic staff offer workshops and individual tutorials to students, when requested or the need identified.</li> <li>• Additional university academic support is available to students.</li> <li>• A dedicated community placement coordinator role has enabled the department to identify and provide students with support to better meet their clinical training needs.</li> </ul>	
	<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"> <li>• A range of services are available through student health and wellbeing services and disability support, with support from student advisors.</li> <li>• Students can be supported in a variety of ways to meet academic learning needs including peer mentoring, financially, and health, wellbeing, and counselling.</li> <li>• The programme has many mature students, often with young families. Interviews demonstrated the programme's commitment to identify and support those students who need it.</li> <li>• Students who needed time away from the programme were supported to do so, and on return into the programme.</li> </ul>	
	<p>4.6 Students are represented within the deliberative and decision making processes for the programme.</p>	<ul style="list-style-type: none"> <li>• Student representatives participate in the course leaders' meetings.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• They are encouraged to raise any issues they are aware of, and are asked to share information with their classes.</li> <li>• More deliberate feedback back to students on issues raised, and the outcome of these discussions, should be encouraged.</li> <li>• In 2021 staff supported students to set up an AUT oral health student association, to support and arrange activities for oral health students.</li> <li>• Students can influence changes to the programme and its delivery through their feedback in the SPEQs.</li> </ul>	
	<p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p>	<ul style="list-style-type: none"> <li>• The university's <i>Diversity Strategy and Action Plan</i> demonstrates its commitment to a diverse student and staff community, how to support them and to remove potential barriers for them to achieve success.</li> <li>• Students have access to support (not limited to) Māori, Pasifika, students living with disabilities and members of the LGBTQIA+ community.</li> <li>• The active use of the Whānau room by Māori and other students was evident through interviews, demonstrating awareness and support for Māori student communities.</li> <li>• The programme has a diverse staff and student profile, demonstrating diversity in employment and student entry opportunities.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment																																																															
		<ul style="list-style-type: none"> <li>Figures of student ethnicity, as at 17 August 2022: <table border="1"> <thead> <tr> <th>Ethnicity</th> <th colspan="2">1st year (86)</th> <th colspan="2">2nd year (73)</th> <th colspan="2">3rd year (71)</th> </tr> </thead> <tbody> <tr> <td>Maori</td> <td>21</td> <td>24%</td> <td>11</td> <td>15%</td> <td>6</td> <td>9%</td> </tr> <tr> <td>Pasifika</td> <td>8</td> <td>9%</td> <td>8</td> <td>11%</td> <td>4</td> <td>6%</td> </tr> <tr> <td>Asian</td> <td>26</td> <td>30%</td> <td>27</td> <td>37%</td> <td>27</td> <td>38%</td> </tr> <tr> <td>Asian (Intl)</td> <td>1</td> <td>1%</td> <td>1</td> <td>1%</td> <td>1</td> <td>1%</td> </tr> <tr> <td>European</td> <td>19</td> <td>22%</td> <td>19</td> <td>26%</td> <td>22</td> <td>31%</td> </tr> <tr> <td>European (Intl)</td> <td>0</td> <td>1%</td> <td>0</td> <td>0%</td> <td>1</td> <td>1%</td> </tr> <tr> <td>Other</td> <td>11</td> <td>13%</td> <td>7</td> <td>10%</td> <td>10</td> <td>14%</td> </tr> <tr> <td><b>Total</b></td> <td>86</td> <td></td> <td>73<sup>1</sup></td> <td></td> <td>71</td> <td></td> </tr> </tbody> </table> </li> <li>The above student numbers indicate a range of ethnicities and progression into senior years of the programme. In 2021 the Council introduced updated annual reporting on ethnicity, which will provide the Council with further data on retention and progression rates and trends.</li> <li>Work has been done with programme staff to respect cultural diversity in teaching and learning of oral health therapy practice, with a focus on personal space, professional presentation, hand hygiene and observing cultural norms. This work was done in conjunction with the AUT Imam, students and staff.</li> </ul>	Ethnicity	1st year (86)		2nd year (73)		3rd year (71)		Maori	21	24%	11	15%	6	9%	Pasifika	8	9%	8	11%	4	6%	Asian	26	30%	27	37%	27	38%	Asian (Intl)	1	1%	1	1%	1	1%	European	19	22%	19	26%	22	31%	European (Intl)	0	1%	0	0%	1	1%	Other	11	13%	7	10%	10	14%	<b>Total</b>	86		73 <sup>1</sup>		71		
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<sup>1</sup> Data as provided in submission, year 2 total varies between total student numbers and ethnicity breakdown (+1).



# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
<p>5 Assessment is fair, valid and reliable</p>	<p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p>	<ul style="list-style-type: none"> <li>The course descriptors available to students on canvas, lists the learning outcomes and details of the assessment (number, types and learning outcomes assessed). Detailed explanations of the assessments and marking criteria are available.</li> <li>Canvas contains information to students about the formative and summative assessments, compulsory elements of the course, and criteria for AAOs.</li> <li>The e-portfolio facilitates clinical assessments against specific learning outcomes.</li> </ul>	<p><i>Standard is met</i></p>
	<p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p>	<ul style="list-style-type: none"> <li>Mapping of the assessments against the oral health therapists' competencies was provided, but this requires updating after completion of the curriculum and assessment reviews.</li> <li>No concern of a particular area not being assessed was identified.</li> </ul>	
	<p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p>	<ul style="list-style-type: none"> <li>A comprehensive range of assessment methods are being used, including examinations, group work, oral presentations, and assignments.</li> <li>Practical or clinical assessments include direct observation of student performance, portfolios, structured oral examinations, oral presentations, and tests.</li> <li>Both formative and summative assessments are used.</li> <li>The programme has started an assessment review process, with support from FHES academic advisors. The reported focus of the review is to explore potential rationalisation of the number of assessments, as well as ensuring they are fit-for-purpose.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p>	<ul style="list-style-type: none"> <li>• On completion of the assessment review process, an update to the Council on the outcome and key proposed assessment changes would be required.</li> <li>• A range of moderation and calibration activities was reported in line with the moderation log and health sciences moderation guidelines.</li> <li>• Written assessments are pre- and post-moderated. Occurrence of this was demonstrated.</li> <li>• Calibration among markers occurs to ensure marking is consistent and fair and that the marking/grading is in accordance with the marking criteria. Cross marking occurs.</li> <li>• Student grades should usually be available within three weeks, and students provided with sufficient feedback to clearly identify areas requiring improvement or justification of grades recommended. With the exception of one instance, no further concerns about timely assessment results and feedback were raised.</li> <li>• Students who are unable to submit or participate in an assessment may apply for an extension and have an alternative date for submission approved, managed by the Faculty Assessment Board.</li> <li>• The e-portfolio grading rubrics was simplified for clinical educators and community placement supervisors, to remove the subtle nuances between grade ranges i.e., an A+ or A-.</li> <li>• Guidance on clinical supervision is provided as part of community oral health placement induction sessions and information, with the</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>aim to support clinical supervisors to conduct the clinical assessment and provide constructive feedback to the students during placements, aligned with those at the AUT clinics. This includes information about the role of the supervisor, how to give constructive feedback, marking rubrics, introduction to the e-portfolio etc.</p> <ul style="list-style-type: none"> <li>• The information shared with community oral health placements were provided to the SET, and was comprehensive.</li> <li>• Although this process has been strengthened since the 2021 review, there still appear to be gaps in reaching all the clinical supervisors involved in a timely manner before the placement.</li> <li>• Standard setting exercises among the clinical supervisors and clinical educators would be beneficial for both the students and clinical supervisors.</li> </ul>	
	<p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p>	<ul style="list-style-type: none"> <li>• The programme uses external examiners in their final end-of-year assessments.</li> <li>• In 2021 the programme did not appoint an external examiner, as Dr Kay Franks observed the final assessments on behalf of the Dental Council.</li> <li>• The feedback provided by Dr Franks was reviewed and some changes introduced. A status update on the recommendations and changes were provided to the SET, and the responses were considered appropriate.</li> <li>• The programme confirmed the external examiner for 2022.</li> </ul>	

# 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>	<ul style="list-style-type: none"> <li>• The school of clinical sciences' co-design of Te Tiriti Ora, and the university's commitment to honour Te Tiriti o Waitangi, demonstrated through Ki Uta Ki Tai, are commended.</li> <li>• The school's leadership was unambiguous in their vision and commitment to honour and embed Te Tiriti o Waitangi in their programmes, have culturally safe work and learning environments, and to call out racism and inequities.</li> <li>• Development work within the school vision and values are reflective of Te Tiriti o Waitangi through:               <ul style="list-style-type: none"> <li>○ Whakawhanaungatanga: intentional and reciprocal relationships</li> <li>○ Kawanatanga: working respectfully and leading equally in partnership as tangata whenua and tangata Tiriti, producing outcomes of mutual benefit</li> <li>○ tino rangatiratanga: recognition of the authority and autonomy of tangata whenua which leads to recognise authority and autonomy for all groups within our faculty</li> <li>○ ōritetanga: ensuring outcomes have equitable outcomes for tangata whenua and for the many different groups in our faculty</li> <li>○ wairuatanga: upholding belief systems and spirituality.</li> </ul> </li> <li>• Te Tiriti Ora is a Te Tiriti o Waitangi honouring curriculum framework to support the decolonisation and indigenisation of health education curriculum across the school.</li> </ul>	<p><i>Standard is substantially met</i></p>

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>Te Tiriti Ora puts Te Tiriti o Waitangi at the centre of teaching and learning (ako) within the AUT health education context.</li> <li>Further, under Ki Utu Ki Tai, and over the next 18 months, AUT will develop Tērā Te Haeata, an “AUT Tiriti responsiveness framework that will guide and inform priority objectives to support the operationalisation of Te Tiriti o Waitangi and the desired future state of AUT”.</li> <li>The aim of Tērā Te Haeata is to optimise current activities in meaningfully incorporating mātauranga into teaching practices, and Te Ao and Te Reo Māori into everyday work.</li> </ul>	
	<p>6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.</p>	<ul style="list-style-type: none"> <li>During the development of Te Tiriti Ora, a rahui was placed on programme curriculum developments.</li> <li>The finalisation of Te Tiriti Ora will now allow for a coordinated and structured approach to curriculum development to strengthen embedding of Te Tiriti o Waitangi into the various programmes, and protect significant demand on limited Māori resources.</li> <li>Within this overarching framework, changes will be explored across the oral health curriculum, assessments and programme delivery.</li> <li>Although at its very early stages, the initiatives are commended – and it will take time to translate this into practice.</li> </ul>	
	<p>6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural</p>	<ul style="list-style-type: none"> <li>Going forward all staff are expected to participate in the School's Te Tiriti o Waitangi workshop to strengthen their understanding of the obligations under Te Tiriti o Waitangi.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	<p>practices as it pertains to oral health in particular.</p>	<ul style="list-style-type: none"> <li>All staff are expected to include professional development activities aligned with Dental Council expectations around cultural competence and safety in their e-MAP (e- professional learning plan).</li> <li>A new role has been created and advertised in August 2022 for a Kaiwhakaako with specialised knowledge and expertise in Māori approaches to oral health.</li> <li>This will strengthen the programme capabilities in hauora Māori.</li> </ul>	
	<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>	<ul style="list-style-type: none"> <li>The department recognises that significant disparities persist in oral health, which are over-represented by Māori, Pacific people and those living in areas of social deprivation.</li> <li>As such, the programme seeks to ensure that students are capable of developing programmes that meet the needs of communities at individual and group levels.</li> <li>In 2020/2021 a new learning outcome was incorporated into oral health courses across the curriculum which addresses protection of the public and care of patients: <i>‘Consistently demonstrate safe, accountable clinical practice and interpersonal skills, which are legally, ethically and culturally appropriate’.</i></li> <li>As such, assessments in oral health courses require students to demonstrate competence with regards to safe, accountable clinical practice and interpersonal skills, which are legally, ethically and culturally appropriate.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"> <li>• Further work on required changes to learning outcomes and assessment thereof will now commence within the Te Tiriti Ora framework.</li> <li>• Te Tiriti Ora includes graduate attribute statements and L7 learning outcomes.</li> </ul>	
	<p>6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed.</p>	<ul style="list-style-type: none"> <li>• The location of the AIH and Buckland Road clinics, as well as the community oral health placements (i.e., Northland), provide students with opportunities to see patients from a broad range of diverse backgrounds. This is across a range of demographics including age, gender, ethnicity, cultural backgrounds, and patients with varying needs.</li> <li>• With the Buckland Road clinic geographically located in South Auckland the majority of patients identify as Māori or Pacific.</li> <li>• The Te Tiriti Ora steering committee was aware of the work needed on appropriate assessment of cultural safety. This will form part of the upcoming workplan.</li> <li>• There is an expectation under Te Tiriti Ora, that negotiation of clinical experiences for every taura enrolled in a clinical science major will include:               <ul style="list-style-type: none"> <li>○ opportunities to visit/work alongside Māori health providers and services</li> <li>○ to work alongside Māori health clinicians</li> <li>○ to utilise a range of learning methods to reinforce Māori health models aligned to content expectations; to utilise a range of learning methods to reinforce role of (for example)</li> </ul> </li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<p>the hui process and Meihana model to clinical practice across asynchronous and synchronous delivery and platforms</p> <ul style="list-style-type: none"> <li>○ interviewing Māori patients within clinical environments which supports application of the models relevant to clinical practice; and</li> <li>○ working within a team that has Māori patients within their care.</li> </ul> <ul style="list-style-type: none"> <li>● Work to translate this into the oral health programme can now commence.</li> </ul>	
	<p>6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.</p>	<ul style="list-style-type: none"> <li>● Te Tiriti Ora was co-designed by a steering group that included Māori and non-Māori representatives from across the school (including oral health) to co-design Te Tiriti Ora.</li> <li>● The faculty and programme leadership demonstrated ongoing commitment to a co-design approach in the next phase of programme development.</li> <li>● Leadership discussions on programme developments, include engagement with local iwi – in Auckland and in Northland for the new remote learning initiative. The faculty leadership was aware and respectful of engagement in a culturally relevant way.</li> <li>● If successful, recruitment of a Kaiwhakaako with specialised knowledge and expertise in Māori approaches to oral health would further support the programme in co-design of future changes to the programme.</li> </ul>	



# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment																
		<ul style="list-style-type: none"> <li>Minutes and interviews confirmed that Te Aō Marama is an active participant on the programme’s advisory committee, and has an established relationship with the Māori oral health students and programme staff.</li> </ul>																	
	<p>6.7 The programme provider promotes and supports the recruitment, admission, participation, retention and completion of the programme by Māori and Pacific peoples.</p>	<ul style="list-style-type: none"> <li>The Department priority enrolls Maori and Pacific applicants in the BHSc (Oral Health) programme.</li> <li>The following is a breakdown of Māori and Pasifika student numbers in the oral health programme for 2022: <table border="1"> <thead> <tr> <th>Year</th> <th>Total students</th> <th>Māori</th> <th>Pasifika</th> </tr> </thead> <tbody> <tr> <td>Year 1</td> <td>86</td> <td>21</td> <td>8</td> </tr> <tr> <td>Year 2</td> <td>72</td> <td>11</td> <td>8</td> </tr> <tr> <td>Year 3</td> <td>71</td> <td>6</td> <td>4</td> </tr> </tbody> </table> </li> <li>This programme has the most enrolled Māori and Pasifika students in a dental programme in Aotearoa New Zealand. The programme is commended for their initiatives and student support in this area.</li> <li>AUT has specialist Māori and Pasifika student advisors who are trained to provide support and advice within a culturally appropriate context.</li> <li>Students can access Taura Kaiwhatu – Māori learning mentors to help with academic transition to university.</li> <li>Te Tari Takawaenga Māori (Māori Liaison Services) provides further personal support to Māori students and their whānau.</li> </ul>	Year	Total students	Māori	Pasifika	Year 1	86	21	8	Year 2	72	11	8	Year 3	71	6	4	
Year	Total students	Māori	Pasifika																
Year 1	86	21	8																
Year 2	72	11	8																
Year 3	71	6	4																

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
	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.	<ul style="list-style-type: none"> <li>• Foundation training is in place across the three years on hauora Māori.</li> <li>• Course leaders are encouraged to review course resources by ensuring access to readings and other materials that represent a range of worldviews and perspectives, including hauora Māori.</li> <li>• Further strengthening is expected within the context of Tē Tiriti Ora and Terā Te Haeata, where a range of strategies for meaningfully incorporating mātauranga into teaching practices, and to incorporate Te Ao and Te Reo Māori into everyday work.</li> </ul>	
	6.9 The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Maori Dental Association) in achieving cultural competence to oral health practitioners.	<ul style="list-style-type: none"> <li>• Te Aō Marama is an active member of the programme advisory committee, and participates in the annual Hui ā Tau to celebrate student achievement and successes.</li> <li>• Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) helps support and promote participation, development, and success of Māori oral health students.</li> <li>• An oral health taura (student) is the current Tūmuaki (leader) of Ngā Mokai o Ngā Whetu ki Tamaki Makaurau (in Auckland), who is supported by a Te Aō Marama executive committee member who is a former graduate of AUT.</li> <li>• Te Reo signage is used in the learning environments and at AIH clinic.</li> </ul>	
	6.10 Staff and students work and learn in a culturally appropriate environment.	<ul style="list-style-type: none"> <li>• The university, school and programme demonstrated commitment to having culturally safe learning and workplaces.</li> </ul>	

# SUMMARY OF FINDINGS

Standard Statement	Criteria	Evidence	Assessment
		<ul style="list-style-type: none"><li>• During this review no concerns related to a cultural safe environment was raised.</li><li>• As reported earlier, morale amongst staff and students was generally observed as positive and collegial.</li><li>• In the clinics, students were friendly, engaging, appeared relaxed, with positive energy levels in the clinics.</li></ul>	

# SUMMARY OF FINDINGS

## 3. QUALITY IMPROVEMENT

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The following commendations and recommendations have been made by the SET following its evaluation of the programme.

### Commendations

The commendations are as follows:

1. The effort of the school and department over the last few months to make changes needed to address the issues raised. It is evident that staff and student culture and morale have improved significantly.
2. The commitment and effort of the staff are evident.
3. The university and school's significant work on Ki Uta Ki Tai and Te Tiriti Ora, and the commitment to honour Te Tiriti o Waitangi.
4. The school's recognition and initiative to address the community needs, and the partnership with Te Whatu Ora Te Tai Tokerau (Northland) to explore opportunities for remote learning.
5. The high admission level of Māori and Pasifika students in the oral health programme, and the support to these students to successfully complete the programme.

# SUMMARY OF FINDINGS

## Recommendations

The recommendations are as follows:

### *Governance*

1. Explore opportunities to utilise the external programme advisory committee more deliberately and effectively on curriculum and assessment matters, beyond status reporting by the programme. This could include reconsideration of how it functions and its composition – in particular the inclusion of community voices.

### *Staffing*

2. Ensure ongoing involvement from dentists, and increased dental specialist participation in the clinical education, including in the patient clinics. This includes continuing efforts to secure a periodontist to support the didactic and clinical teaching related to periodontal management.
3. Monitor that the programme-specific orientation processes occur for all new academic and clinical staff.

### *Community oral health placements*

4. Explore ways to ensure that all the clinical supervisors involved in the community placements receives their clinical supervision induction sessions and information in a timely manner before the placement.
5. Introduce standard setting exercises across the clinical educators and community oral health clinical supervisors.

### *Clinical rotations*

6. Consider how patient flow could be improved at the Buckland Road clinic to increase the value of this clinical rotation.

### *Student feedback*

7. Utilise deliberate feedback mechanisms back to students on the outcome of issues they have raised, to ensure the “loop” is closed to those who raised the concern.

# SUMMARY OF FINDINGS

## Further reporting requirements

1. Provide updated mapping against the Dental Council oral health therapist competencies following completion of the curriculum and assessment reviews.
2. On completion of the assessment review process, advise the Council on the outcome and key proposed changes to existing assessments.

# SUMMARY OF FINDINGS

## Appendix A – List of acronyms used in this report

Acronym	Description
AAO	additional assessment opportunities
AIH	Auckland Integrated Health
FHES	Faculty of Health and Environmental Sciences
FTE	full time equivalent
HOD	head of department
IPL	interprofessional learning
LMS	learning management system
SET	site evaluation team
SPEQ	student course experience questionnaires

# SUMMARY OF FINDINGS

## Appendix B – Site visit schedule

Site Evaluation Team (SET) accreditation review Auckland University of Technology Bachelor of Health Science (oral health)

21-23 September 2022

<b>Team</b>	<p><b>SET members:</b></p> <p>Co-chair/Australian Oral Health Academic – Dr Kay Franks</p> <p>Co-chair/Australian Dental Academic – Prof Menaka Abuzar</p> <p>New Zealand practising clinician understanding the practice of oral health therapy – Barbara Dewson</p> <p>Laymember – Mania Maniapoto-Ngaia (Ngāti Paretekawa, Ngāti Unu)</p> <p><b>DC Staff:</b></p> <p>Suzanne Bornman – Standards &amp; Accreditation Manager</p> <p>Marie Warner – Chief Executive</p>
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# SUMMARY OF FINDINGS

Wednesday, 21 September 2022		
Room details	Room AA220, AUT	Participants
9:00 – 9:40	Faculty leadership team	Dean FHES – Professor Fiona Brooks Head of School of Clinical Sciences– Professor Judith McAra-Couper Deputy Head of School – Teaching and Learning Lead – Dr Ellen Nicholson Associate Professor, Associate Head of School, Maori Advancement Jackie Kidd (Zoom) School Manager Michael Delaney (in person) Associate Dean - Learning & Teaching Bill Ashraf (Zoom)
9:45 – 10:30	Programme leadership team	Previous Head of Department and Deputy Head of School – Teaching and Learning Lead Ellen Nicholson Head of Department – Karen Lansdown Programme Leader, undergraduate – Tanya Cleland
10:30 – 10:40	Break	
10:40 – 11:25	Permanent teaching staff – Year 1	Tanya Cleland (in person) Heuiwon Han (in person) Donna Kennedy (in person)
11:30 – 12:15	Permanent teaching staff – Year 2	Dr Rohini Khareedi (in person) Daniel Fernandez (in person) Heuiwon Han (in person) Mina Jawadi (in person)
12:15 – 12:30	Break	
12:30 – 13:15	Permanent teaching staff – Year 3	Erekle Sesiashvili (in person) Heather Nicholls (Zoom) Sara Jawadi (Zoom)
13:20 – 13:55	Embedding Te Tiriti ō Waitangi and cultural safety	Te Tiriti Ora Steering Group representatives involved with programme Others closely involved with programme on embedding these aspects into the programme

# SUMMARY OF FINDINGS

		Dr Ellen Nicholson (in person) Dr Rohini Khareedi (in person) Associate Professor Jackie Kidd (Zoom)
14:00	<i>Travel to Buckland Road Clinic, South Auckland &amp; lunch en-route – AUT to organise</i>	
14:40 - 15:00	Tour with Clinic Manager	Anika Siraj
15:00 – 15:25	Auckland Regional Dental Services (ARDS) Outplacement Lead	Carmen Denyer (confirmed Zoom)
15:30 – 16:10	ARDS Clinical Educators	Reem Ibrahim (confirmed Zoom) Shoma Sami (confirmed Zoom)

## Thursday, 22 September 2022

8:00	<i>Travel to Northmed clinic (Room AX155 available 8:30 – 10am)</i>	
8:30 – 9:00	Tour of clinical facilities and services	Theresa Coleman Julie Walker Sara Jawadi Megan Catterall
9:00 – 9:40	Clinic Manager, Northmed Clinic Core clinic support staff (sterilisation, administration)	Theresa Coleman Julie Walker Megan Catterall Sara Jawadi
9:45 – 10:15	<i>Travel to AUT, Akoranga Drive</i> Set-up & tea	AUT Organise Transport
Room details	<b>Room AJ100</b>	Participants
10:15 – 11:00	Students – year 1	
11:05 – 11:50	Students – year 2	

# SUMMARY OF FINDINGS

11:50 – 12:00	Break	
12:00 – 12:45	Students – year 3	
13:00 – 13:45	Clinical educators (casual & part-time staff)	Christine Murthi (Zoom) Farzana Sarkisova (Zoom) Jessica Praganta (Zoom) Sara Jawadi (Zoom) Leanne Jones (Zoom) <b>Note:</b> Mina Jawadi (confirmed attend Wednesday, 21 Sep at 11.30 am)
13:45 – 14:15	Lunch & SET closed session	
14:15 – 14:45	Assessment review	Todd Stretton
14:50 – 15:20	Advisory Committee Chair	Leslea Eilenberg (Zoom)
15:20 – 15:30	Break	
15:30 – 16:10	Te Whatu Ora Te Tai Tokerau , Representatives involved in remote student learning	Tanya Cleland, Dr Ellen Nicholson
16:20 – 17:00	Placement providers (community oral health services & private)	Zoom <b>Te Whatu Ora Health New Zealand – district below:</b> Northland: Kelly Larkins, Karen Boyce-Bacon Waitemata: Carmen Denyer Hawkes Bay; Jeanette Frechtling, Bay of Plenty (BOP) - Leeann Waaka Hutt Valley – Linda Douglas; Hauora Tairāwhiti) - Bonita Mackey Te Whatu Ora Health New Zealand (Nelson-Marlborough) COHS clinical - Gill Bird <b>NGOs:</b> Te Manu Toroa (BOP): Barbara Laing (Teresa Nepia – apologies)
17:15 – 17:45	Professional bodies: • New Zealand Oral Health Association	Zoom Anna Holyoake (NZOHA) (Zoom)

# SUMMARY OF FINDINGS

	<ul style="list-style-type: none"> <li>Te Aō Marama – NZ Māori Dental Association</li> </ul>	Leeann Waaka (Te Aō Marama) (Zoom)
18.00 – 18.30	Interim Dental Academic Support/mentor	Dr Helen Tane (Zoom)
18.30 – 19.00	AUT Integrated Health Clinic (Request by accreditation team)	In person: Judith McAra-Couper Zoom: Michael Delaney, Ellen Nicholson, Jacquie Kidd

## Friday, 23 September 2022 (AA220)

8:30 – 9:10	Recent graduates	Zoom
		Miriam Ngaue (2020) (Zoom) Tony Min (2021) (Zoom) Annie Taylor (2021) (Zoom)
9:15 – 9:45	Associate Head of School, Maori Advancement Maori Kaiarataki, Equity Academic	Associate professor Jacquie Kidd (Zoom) Tammi Wilson Uluinayau (Zoom)
10:00 – 10:30	Employers of recent graduates	No responses received
11.00 – 11.15	Faculty leadership team summary feedback	In person: Michael Delaney, Fiona Brooks, Karen Lansdown, Tanya Cleland, Judith McAra-Couper Zoom: Jacquie Kidd (remote)
10:30 – 11.15	SET closed session	